

Introducing the CSRI Health Data Utility Capability Model

October 28, 2025



Housekeeping Reminders



- This is a Zoom webinar.
- All webinar participants are automatically muted, and your video is not displayed.
- Use the chat feature to introduce yourself (name, org, location), share resources, etc.
- If you would like to ask a question, please use the Q&A function on the taskbar.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, reach out to contact@civitasforhealth.org.

Agenda

- **Welcome + Civitas and CSRI Introduction**
 - *Jolie Ritzo, Interim CEO, Civitas*
- **Introducing the CSRI Health Data Utility (HDU) Capability Model**
 - *Jolie Ritzo*
 - *John Kansky, President & CEO, Indiana Health Information Exchange*
 - *J. Marc Overhage, M.D., Ph.D., Principal, The Overhage Group and Professor, The Fairbanks School of Public Health*



Civitas Networks for Health (Civitas) is a national, mission- and member-driven organization that brings together HIEs, HDUs, CIEs, RHICs, APCDs, QIOs, and other groups to promote data-driven collaboration. Focused on improving community health, Civitas serves as a leading voice and convener to create local impact with national reach.



The Consortium for State and Regional Interoperability (CSRI) is a coalition focused on HDU advancement comprised of some of the nation's largest and most robust nonprofit health data networks. The organization serves as a platform for collaboration, knowledge sharing, and the development of model capabilities to advance CSRI's vision that every state should have a statewide HDU.

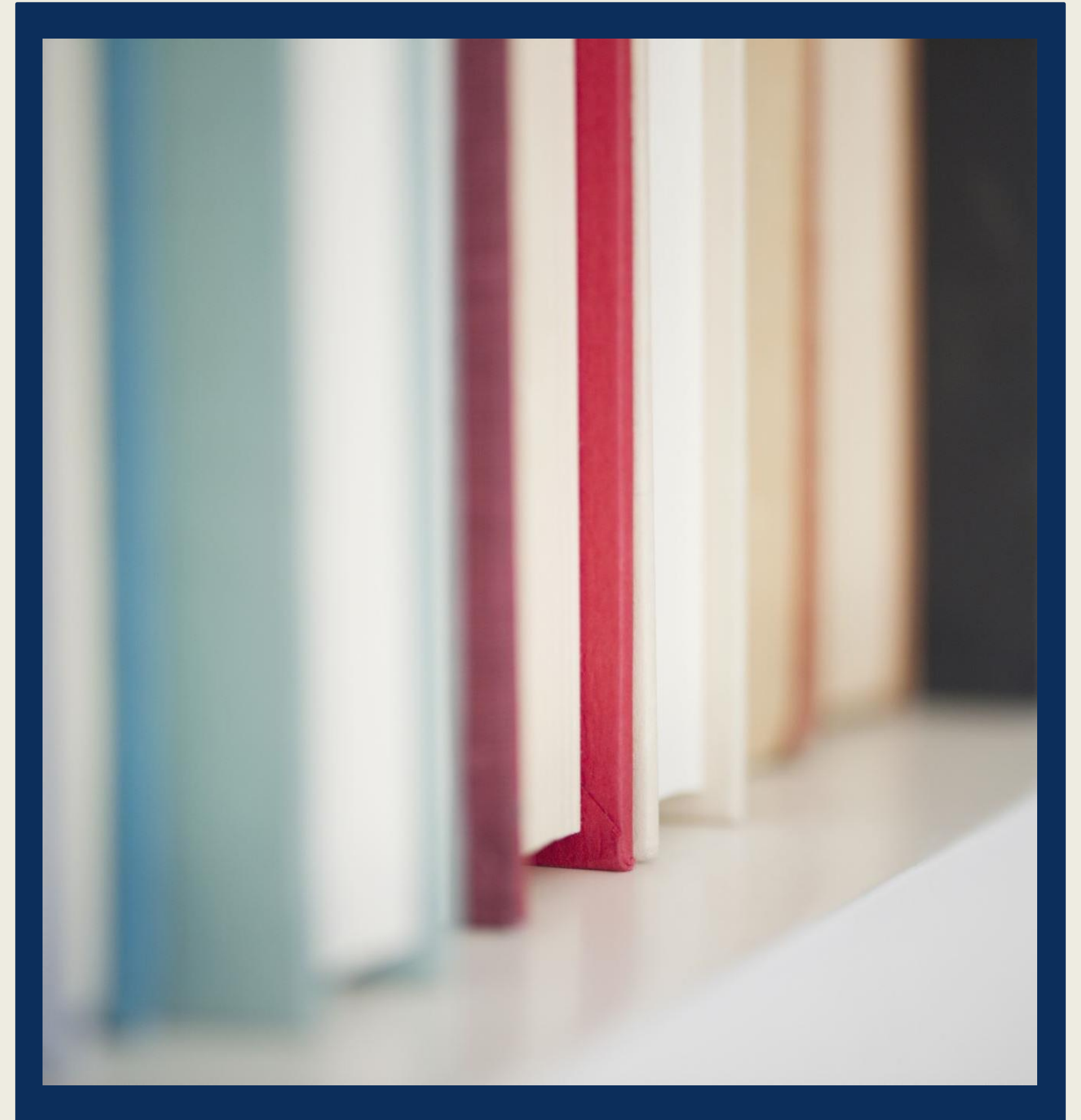
Check Out Our Blog!

Partnering to Advance Health Data Utility Nationwide

- Civitas and CSRI have a long-standing partnership dedicated to advancing the HDU model.
- Through collaboration, education, and advocacy, they have worked to align stakeholders on how state and local health infrastructure can optimize data collection, analysis, and exchange to improve health care, reduce disparities, and modernize public health systems.

To read the full blog, please visit

<https://civitasforhealth.org/csri-partnership-hdu/>





**Consortium for State and
Regional Interoperability**

Introducing the CSRI Health Data Utility Capability Model

October 28, 2025



Agenda

- 1 Opening and Welcome
- 2 Background and Context
- 3 Deep Dive into the HDU Capability Model
- 4 Next Steps
- 5 Q&A
- 6 Wrap-up and Closing



Introductions



John Kansky
President and CEO,
Indiana Health Information
Exchange

Board President and
Interim CEO,
CSRI



J. Marc Overhage, M.D., Ph.D.
Principal, The Overhage Group
and Professor, The Fairbanks
School of Public Health

CEO (*effective 1/1/2026*), CSRI



What is a Health Data Utility?

- A Health Data Utility (HDU) is a not-for-profit organization with information exchange at its core and multi-stakeholder governance, which, through its mission and function, seeks to meet the comprehensive health data delivery and analytics needs of a state's public and private sectors.

An HDU definition should not constitute a binary litmus test for whether an organization is or is not an HDU

BUT...every state should have an HDU, and every state has a different set of circumstances



Achieving Our CSRI Vision: Raise Awareness

- Elevate and raise awareness of HDUs and HDU capabilities
- Target state and federal governments, policymakers, HIE leaders, and other stakeholders
- Highlight HDU as data infrastructure that enables real-time health data exchange and analytics for the public and private sectors, including support for public health, CMS programs, and research. For example:
 - Syndromic surveillance
 - Electronic lab reporting and electronic case reporting
 - Identifying and eliminating waste and streamlining care in Medicaid and Medicare programs (e.g., reducing readmissions)









HDU Maturity Model v1.0



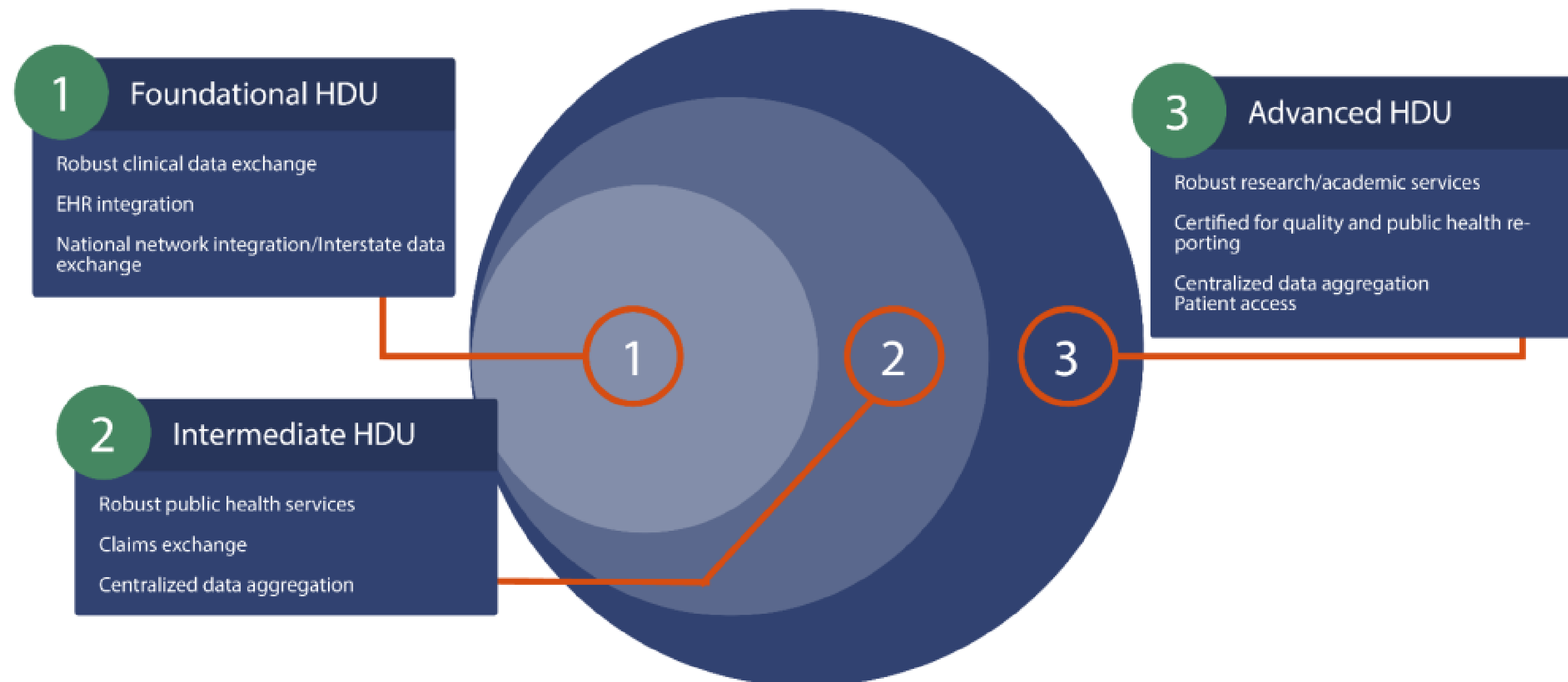
Why Create a New Model Now?

-  Respond to the federal government's expanded focus on and recognition of the need to address current gaps in interoperability and health data exchange.
-  The initial model provided a valuable foundation but had several limitations that became clear in practice.
-  Improve awareness, clarity, and understanding of the concept of the Health Data Utility within the U.S.
-  Build stronger recognition of the value and services provided by both HDUs and HIEs seeking HDU status among public and private sector stakeholders, including those seeking services.



CSRI HDU Maturity Model – April 2023

An organization being guided by the HDU Maturity Model can build the depth and breadth of its value propositions.








Development of the HDU Capability Model

- CSRI HDU Maturity Model Version 1.0 as the starting point that created opportunities to:
 - Take a deeper dive on stakeholder-specific capabilities and requirements
 - Obtain significant input from a range of stakeholders
 - Review of survey data and input from UCSF and Civitas
- Directly informed the design of the Capability Model, which introduces:
 - Clearer definitions
 - Evidence requirements
 - Normalized scoring
 - Stakeholder-specific weighting to support more consistent, transparent, and actionable assessments



Who Benefits from the HDU Capability Model?

-  Public and private sector stakeholders that rely on health data to support their needs, including healthcare providers, payers, public health, researchers, and patients.
-  Policymakers who are considering the designation of HDUs to support health data connectivity at the state and national levels.
-  HDUs, as well as other organizations—such as HIEs—that are guided by the HDU model, need both a roadmap and standardized ways to communicate the value and alignment of their data services with the needs of key stakeholders.



HDU Capability Model

Capabilities, Methodologies, and Expected Impact

The HDU Maturity Model gave the community a shared map; the HDU Capability Model turns that map into a measurable, evidence verifiable GPS that is actionable for strategy, procurement, and designation, while remaining adaptable to evolving policy and stakeholder needs.



New HDU Capability Model

- A new approach for characterizing and assessing the maturity level of health data utilities (HDUs) to support the advancement of interoperability and health data exchange to promote improvements in health and healthcare.
- Provides a practical, stakeholder-driven approach that describes 160+ core capabilities of HDUs and those required to deliver value and services to the five key stakeholders they serve — providers, public and private sector payers, public health agencies, researchers, and patients.



Consortium for State and
Regional Interoperability

■ The Health Data Utility
■ Capability Model **Guidebook**



Stakeholder Domain Capabilities

Provider

Payer

Public Health

Researcher

Patient

Level 4
Aspirational

Level 3
Advanced

Level 2
Foundational

Level 1
Emerging

Shared Domain Capabilities



Advancement Levels

Level 4 – Aspirational – Statewide or multi-state operations with a broad profile of value propositions and continuous improvement processes, independent or third-party validation of performance, and demonstrable equity considerations embedded in operations, reporting, and governance.

Level 3 – Advanced – Scaled operation with established quality controls, active monitoring, and documented incident response procedures. Capabilities are deployed broadly within the declared scope, with performance tracked against agreed-upon metrics.

Level 2 – Foundational – Possesses key essential requirements, repeatable operation of capabilities at defined coverage and timeliness, meeting baseline functional requirements, and demonstrating consistent delivery of core services.

Level 1 – Emerging – Early-stage operations that are in planning or pilot phases, with limited coverage, inconsistent processes, and incomplete evidence of performance. Capabilities may be partially implemented or only available for a subset of the intended scope, and repeatability has not yet been established.



Thresholds and Gates

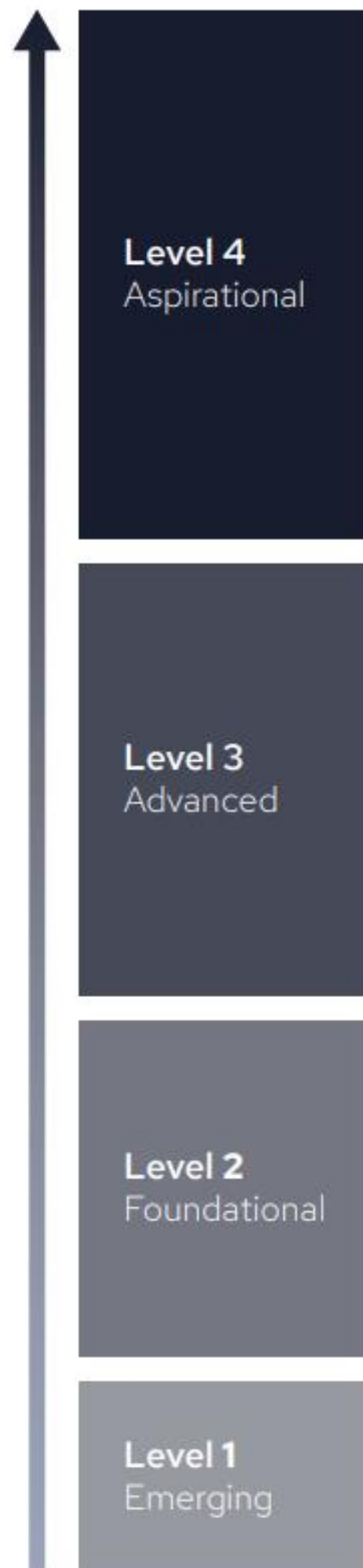
The Capability Model and related scoring methodology use defined tier **thresholds** as a standard framework for interpreting readiness. These thresholds offer a consistent reference point across assessments. This ensures that scoring remains transparent and defensible, even when localized accommodations are made.

Advancement Level	Tier Thresholds
Aspirational	76-100
Advanced	51-75
Foundational	26-50
Emerging	0-25



Thresholds and Gates *(continued...)*

- The Capability Model incorporates **49 critical capability gates** — required capabilities like privacy and consent management, identity resolution, and incident response – which function as limiters.
 - If an HDU fails to meet the minimum level (a capability score of 2 or 3) for any gate, its capability score is capped, often at the Foundational tier, until remediation is completed.
- This design ensures that essential safeguards and operational prerequisites are in place before higher performance levels are recognized, maintaining both the integrity of the model and the trust of stakeholders who depend on these capabilities.



Behavioral Health Notes Ingestion • **Capability for Terminology and Code Mapping (LOINC, SNOMED CT, RxNorm, ICD-10, CPT, HCPCS, Z-codes) Supported by a Formal Terminology Server** • **Capability to "Tag" Data Requiring Special Access or Additional Controls** • Care Plan and Goals Ingestion • Conflict Resolution Frameworks • Consumer-Mediated Exchange Gateway (SMART/OAuth) • Cross-Sector Data Integration • Data Quality Improvement Process • De-duplication/Harmonization of Data • **Digital Identity and Trust Services (IAL2/CIAL)** • Display DICOM Images Whether Stored or Available as Links to Image Archives • Execute Clinical Logic Expressed in a Standard Formalism (Clinical Query Language) in Near Time • FHIR Questionnaire Generation • Genomic Data Exchange and Repository • Granular Consent/Authorization Service Supporting Opt-In/Opt-Out and Segmented Sharing • Health Plan Connectivity • Immunization Records Ingestion • Integrate Data from Remote-Patient-Monitoring (RPM) Devices • Laboratory Orders Ingestion • Long-Term and Post-Acute-Care (LTPAC) Data Exchange • **Master Provider Index** • Medication Orders Ingestion • Patient Roster and Attribution Management (Provider-Patient, Payer-Member, Care Team Panels) • Prescription Fill Status • Public Utility Designation or Legislation • Radiology Orders Ingestion • Social Drivers of Health Observations Ingestion • Social Service Agency Connectivity • Stakeholder Feedback Mechanisms • Unique Device Identifiers (Implants) Ingestion • Vital Signs Ingestion • Vital-Records (Birth and Death) Integration • WIC, HUD, USDA Data Integration

Capability for Terminology and Code Mapping (LOINC, SNOMED CT, RxNorm, ICD-10, CPT, HCPCS, Z-codes) • Cross HDU Connectivity • Data Aggregator Validation • **Data Quality Validation Engine** • Diagnostic Imaging Reports Ingestion • **Diversified Funding Strategy** • Execute Standard Clinical Logic In Batch Mode Using an NCQA Certified Engine • Execute Standard Clinical Logic in Batch Mode • Extract a Narrow Set of Structured Data From Unstructured Sources Such As Notes • Ingest DICOM Images or Links to Image Archives • **Ingest HL7 FHIR Resources** • Ingest Pharmacy Claims • Inpatient or Surgical Center Procedures Ingestion • Office Procedures Ingestion • Pharmacy Connectivity • Point of Care Laboratory Results Ingestion • Provide a Bulk FHIR API • Public Health Authority Connectivity • Real-Time Health Information Exchange Performance Dashboards • Real-Time Health Information Exchange Utilization Dashboards • Risk and Contingency Planning • **Support for IHE Query and Retrieve Service (Record Locator + Longitudinal Composite Patient Summary) • TEFCA™ and Federal Interoperability Alignment**

Clinical Laboratory Connectivity • Execute Clinical Logic in Batch Mode • Financial Forecasting and Sustainability • Imaging Center Connectivity • Ingest Provider Claims • **Inpatient or Surgical Center Major Procedures Ingestion** • **Maintain Audit Trails and Immutable Access Logs** • **Maintain HITRUST® Certification** • **Maintain Longitudinal Patient Records** • **Monitoring and Service Management** • **Number of Unique Patients in the Master Patient Index (MPI)** • **Patient Consent Management for Data Sharing** • Provide a Gateway for Supporting Bi-Directional Transport and Routing Services • **Provide Patient Opt-Out of Data Sharing** • **Sustainable Business Model** • **Transparent Data Access Practices**

Acute Care Hospital Connectivity • **Allergies / Intolerances Ingestion** • **Ambulatory Physician Connectivity** • **Ingest HL7 CCD Messages** • **Ingest HL7 V2 Messages** • **Laboratory Results Ingestion** • **MPI to Support Patient Matching** • **Multi-Sector Governance Body** • **Not for Profit Status** • **Number of Unique Patients With More Than One Clinical Data Element in the MPI** • **Problems / Diagnoses Ingestion**



Capability Weights, Capability Scoring, and Capability Index

- Each capability also carries a domain relevance weight, indicating its importance to the specific use cases of different stakeholders.
- Each capability within the model is scored based on the extent to which the HDU provides the capability (assessed on a 0-3 scale), the maturity level of the capability (Emerging to Aspirational), and a capability weight.
- The Capability Model also generates a single score, known as the Capability Index, for each stakeholder domain, which ranges from 0 to 100.
 - Scoring methodology detailed in Guidebook on CSRI website



Capability Index Example

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Clinical Event Notification Routing to Care Team	Provider	0	4	50			0		
Clinical Event Notifications	Provider	3	3	100	TRUE	✓	900	900	
Clinician Portal with Longitudinal Records	Provider	3	2	100	TRUE	✓	600	600	
Closed-loop Referral Tracking	Provider	1	3	50			150	450	
Community-Based Organization (CBO) Referral Exchange	Provider	0	4	50			0		
Electronic Results Delivery	Provider	3	2	50			300	300	
Emergency Medical Services (EMS) Portal Access	Provider	3	4	50			600		
Image Sharing Across Organizations	Provider	3	3	50			450	450	
Integrated Clinical Decision Support via HIE	Provider	0	4	50			0		
Manage Advanced Directives (POLST/MOLST)	Provider	0	3	50			0	450	
Medication Reconciliation Support Services	Provider	0	4	50			0		
Prescription Drug Monitoring Program (PDMP) Integration	Provider	0	3	50			0	450	
Prior Auth/UM Support Services	Provider	0	4	50			0		
Provider API Access	Provider	3	3	50			450	450	
Push Delivery of CCDAs	Provider	3	2	100	TRUE	✓	600	600	
Single Sign-On (SSO) to Clinical Portal	Provider	3	2	100			600	600	
Social Determinants of Health Referral Integration	Provider	1	4	50			200		
Support For Disaster Recovery as a Redundant Clinical Source	Provider	3	4	50			600		
PROVIDER DOMAIN INDEX							5,450	10,950	49.8
Allergies / Intolerances Ingestion	Shared	3	1	100	TRUE	✓	300	300	
Ingest HL7 CCDAs Messages	Shared	3	1	100	TRUE	✓	300	300	
Ingest HL7 V2 Messages	Shared	3	1	100	TRUE	✓	300	300	
Laboratory Results Ingestion	Shared	3	1	100	TRUE	✓	300	300	
Multi-Sector Governance Body	Shared	3	1	100	TRUE	✓	300	300	
Problems / Diagnoses Ingestion	Shared	3	1	100	TRUE	✓	300	300	

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Acute Care Hospital Connectivity	Shared	3	1	100	TRUE	✓	300	300	
Ambulatory Physician Connectivity	Shared	2	1	100	TRUE	✓	200	300	
Capability for Terminology and Code Mapping (LOINC, SNOMED CT, RxNorm, ICD-10, CPT, HCPCS, Z-codes) Supported by a Formal Terminology Server	Shared	0	4	100	TRUE	x	0		
De-duplication, Harmonization of Data	Shared	1	4	50			200		
Execute Clinical Logic Expressed in a Standard Formalism (Clinical Query Language) in Near Time	Shared	0	4	50			0		
Extract a Broad Set of Structured Data From Unstructured Sources Such as Notes	Shared	0	4	50			0		
Health Plan Connectivity	Shared	3	4	75			900		
Master Patient Index (MPI) to Support Patient Matching	Shared	3	1	100	TRUE	✓	300	300	
Master Provider Index	Shared	1	4	100	TRUE	x	400		
Not for Profit	Shared	3	1	100	TRUE	✓	300	300	
Number of Unique Patients With More Than One Clinical Data Element in the MPI	Shared	3	1	100	TRUE	✓	300	300	
Prescription Fill Status	Shared	1	4	50			200		
Social Service Agency Connectivity	Shared	1	4	75			300		
Vital-Records (Birth and Death) Integration	Shared	2	4	50			400		
Shared Domain Index	Shared						39,950	59,250	67.4
Capability Index									58.6



Individual Capability Score

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Clinical Event Notification Routing to Care Team	Provider	0	4	50			0		
Clinical Event Notifications	Provider	3	3	100	TRUE	✓	900	900	
Clinician Portal with Longitudinal Records	Provider	3	2	100	TRUE	✓	600	600	



Capability Index Scoring Methodology

Calculate the actual score for each capability within the domain (e.g., stakeholder or shared):

$$\text{Capability performance} * \text{Level Value} * \text{Weight}$$

Calculate the possible score for each capability within the domain:

$$3 \text{ (highest possible value)} * \text{Level Value} * \text{Weight}$$

Calculate the Capability Index:

$$\text{Sum of all actual scores divided by the sum of all possible scores}$$



Possible Score

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Clinical Event Notification Routing to Care Team	Provider	0	4	50			0		
Clinical Event Notifications	Provider	3	3	100	TRUE	✓	900	900	
Clinician Portal with Longitudinal Records	Provider	3	2	100	TRUE	✓	600	600	
Closed-loop Referral Tracking	Provider	1	3	50			150	450	
Community-Based Organization (CBO) Referral Exchange	Provider	0	4	50			0		
Electronic Results Delivery	Provider	3	2	50			300	300	



Stakeholder Domain Capabilities Component

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Clinical Event Notification Routing to Care Team	Provider	0	4	50			0		
Clinical Event Notifications	Provider	3	3	100	TRUE	✓	900	900	
Clinician Portal with Longitudinal Records	Provider	3	2	100	TRUE	✓	600	600	
Closed-loop Referral Tracking	Provider	1	3	50			150	450	
Community-Based Organization (CBO) Referral Exchange	Provider	0	4	50			0		
Electronic Results Delivery	Provider	3	2	50			300	300	
Emergency Medical Services (EMS) Portal Access	Provider	3	4	50			600		
Image Sharing Across Organizations	Provider	3	3	50			450	450	
Integrated Clinical Decision Support via HIE	Provider	0	4	50			0		
Manage Advanced Directives (POLST/MOLST)	Provider	0	3	50			0	450	
Medication Reconciliation Support Services	Provider	0	4	50			0		
Prescription Drug Monitoring Program (PDMP) Integration	Provider	0	3	50			0	450	
Prior Auth/UM Support Services	Provider	0	4	50			0		
Provider API Access	Provider	3	3	50			450	450	
Push Delivery of CCDAs	Provider	3	2	100	TRUE	✓	600	600	
Single Sign-On (SSO) to Clinical Portal	Provider	3	2	100			600	600	
Social Determinants of Health Referral Integration	Provider	1	4	50			200		
Support For Disaster Recovery as a Redundant Clinical Source	Provider	3	4	50			600		
PROVIDER DOMAIN INDEX							5,450	10,950	49.8
Allergies / Intolerances Ingestion	Shared	3	1	100	TRUE	✓	300	300	
Ingest HL7 CCDAs Messages	Shared	3	1	100	TRUE	✓	300	300	
Ingest HL7 V2 Messages	Shared	3	1	100	TRUE	✓	300	300	
Laboratory Results Ingestion	Shared	3	1	100	TRUE	✓	300	300	
Multi-Sector Governance Body	Shared	3	1	100	TRUE	✓	300	300	
Problems / Diagnoses Ingestion	Shared	3	1	100	TRUE	✓	300	300	

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Acute Care Hospital Connectivity	Shared	3	1	100	TRUE	✓	300	300	
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De-duplication, Harmonization of Data	Shared	1	4	50			200		
Execute Clinical Logic Expressed in a Standard Formalism (Clinical Query Language) in Near Time	Shared	0	4	50			0		
Extract a Broad Set of Structured Data From Unstructured Sources Such as Notes	Shared	0	4	50			0		
Health Plan Connectivity	Shared	3	4	75			900		
Master Patient Index (MPI) to Support Patient Matching	Shared	3	1	100	TRUE	✓	300	300	
Master Provider Index	Shared	1	4	100	TRUE	x	400		
Not for Profit	Shared	3	1	100	TRUE	✓	300	300	
Number of Unique Patients With More Than One Clinical Data Element in the MPI	Shared	3	1	100	TRUE	✓	300	300	
Prescription Fill Status	Shared	1	4	50			200		
Social Service Agency Connectivity	Shared	1	4	75			300		
Vital-Records (Birth and Death) Integration	Shared	2	4	50			400		
Shared Domain Index	Shared						39,950	59,250	67.4
Capability Index									58.6



Shared Capabilities Component

Capability Name	Domain	Capability Performance	Level Value	Weight	Gate	Gate Passed	Actual Score	Possible Score	Index
Clinical Event Notification Routing to Care Team	Provider	0	4	50			0		
Clinical Event Notifications	Provider	3	3	100	TRUE	✓	900	900	
Clinician Portal with Longitudinal Records	Provider	3	2	100	TRUE	✓	600	600	
Closed-loop Referral Tracking	Provider	1	3	50			150	450	
Community-Based Organization (CBO) Referral Exchange	Provider	0	4	50			0		
Electronic Results Delivery	Provider	3	2	50			300	300	
Emergency Medical Services (EMS) Portal Access	Provider	3	4	50			600		
Image Sharing Across Organizations	Provider	3	3	50			450	450	
Integrated Clinical Decision Support via HIE	Provider	0	4	50			0		
Manage Advanced Directives (POLST/MOLST)	Provider	0	3	50			0	450	
Medication Reconciliation Support Services	Provider	0	4	50			0		
Prescription Drug Monitoring Program (PDMP) Integration	Provider	0	3	50			0	450	
Prior Auth/UM Support Services	Provider	0	4	50			0		
Provider API Access	Provider	3	3	50			450	450	
Push Delivery of CCDAs	Provider	3	2	100	TRUE	✓	600	600	
Single Sign-On (SSO) to Clinical Portal	Provider	3	2	100			600	600	
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Laboratory Results Ingestion	Shared	3	1	100	TRUE	✓	300	300	
Multi-Sector Governance Body	Shared	3	1	100	TRUE	✓	300	300	
Problems / Diagnoses Ingestion	Shared	3	1	100	TRUE	✓	300	300	

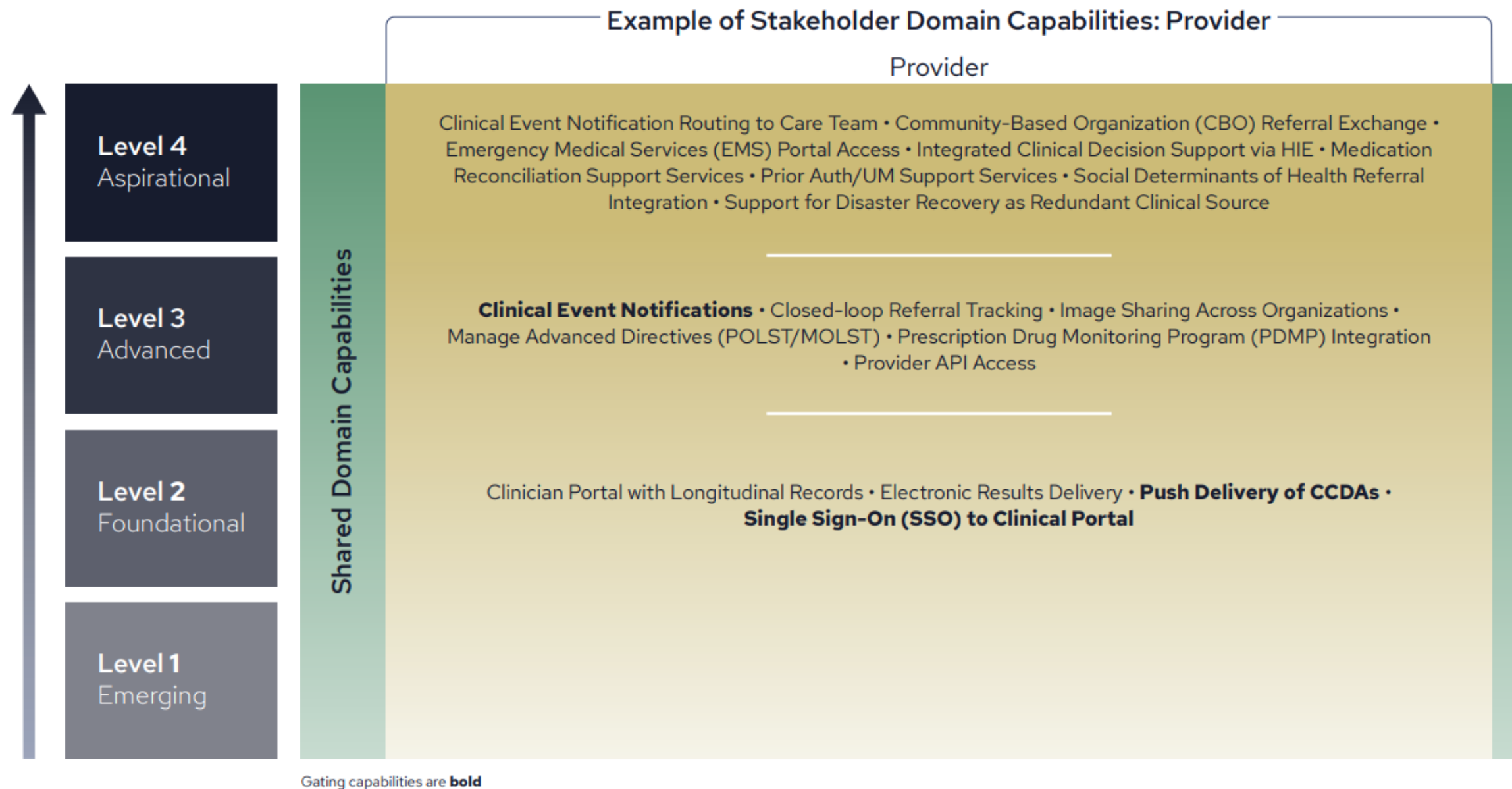
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Shared Domain Index	Shared						39,950	59,250	67.4
Capability Index									58.6



Stakeholder Domains - Providers

Through the Capability Model, **providers** will gain a deeper understanding of the level at which HDUs access data from other healthcare providers, thereby:

- Improving clinical decision-making
- Promoting better care coordination
- Enhancing quality measurement processes
- Reducing the number of duplicative tests
- Ensuring the ability to implement value-based care models

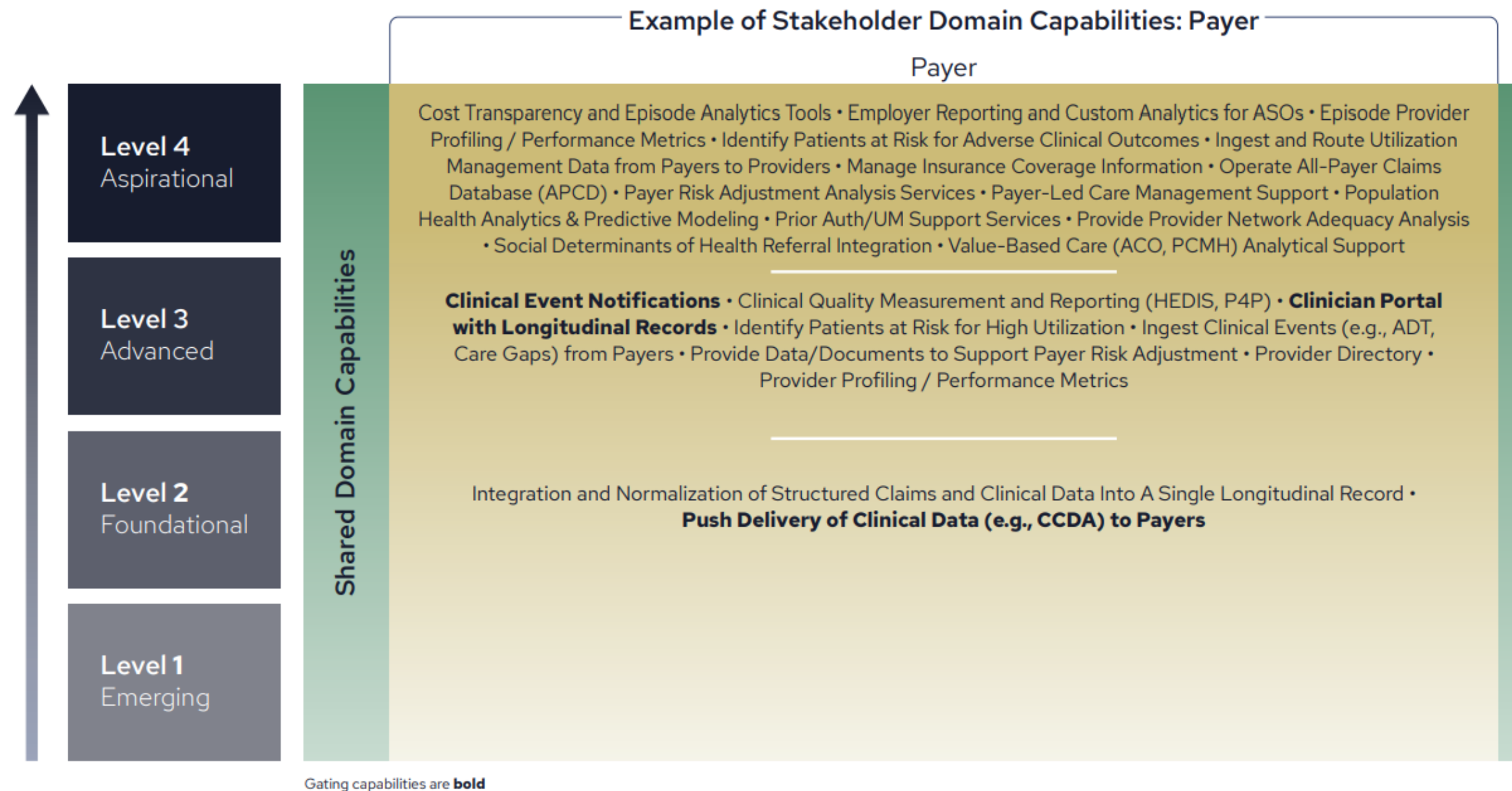




Stakeholder Domains - Payers

Through the Capability Model, **payers** will gain a better understanding of the level at which HDUs are:

- Generating more accurate and timely quality measurement and reporting
- Accessing data for value-based care models
- Improving prior authorization processes
- Driving faster, more accurate claims adjudication

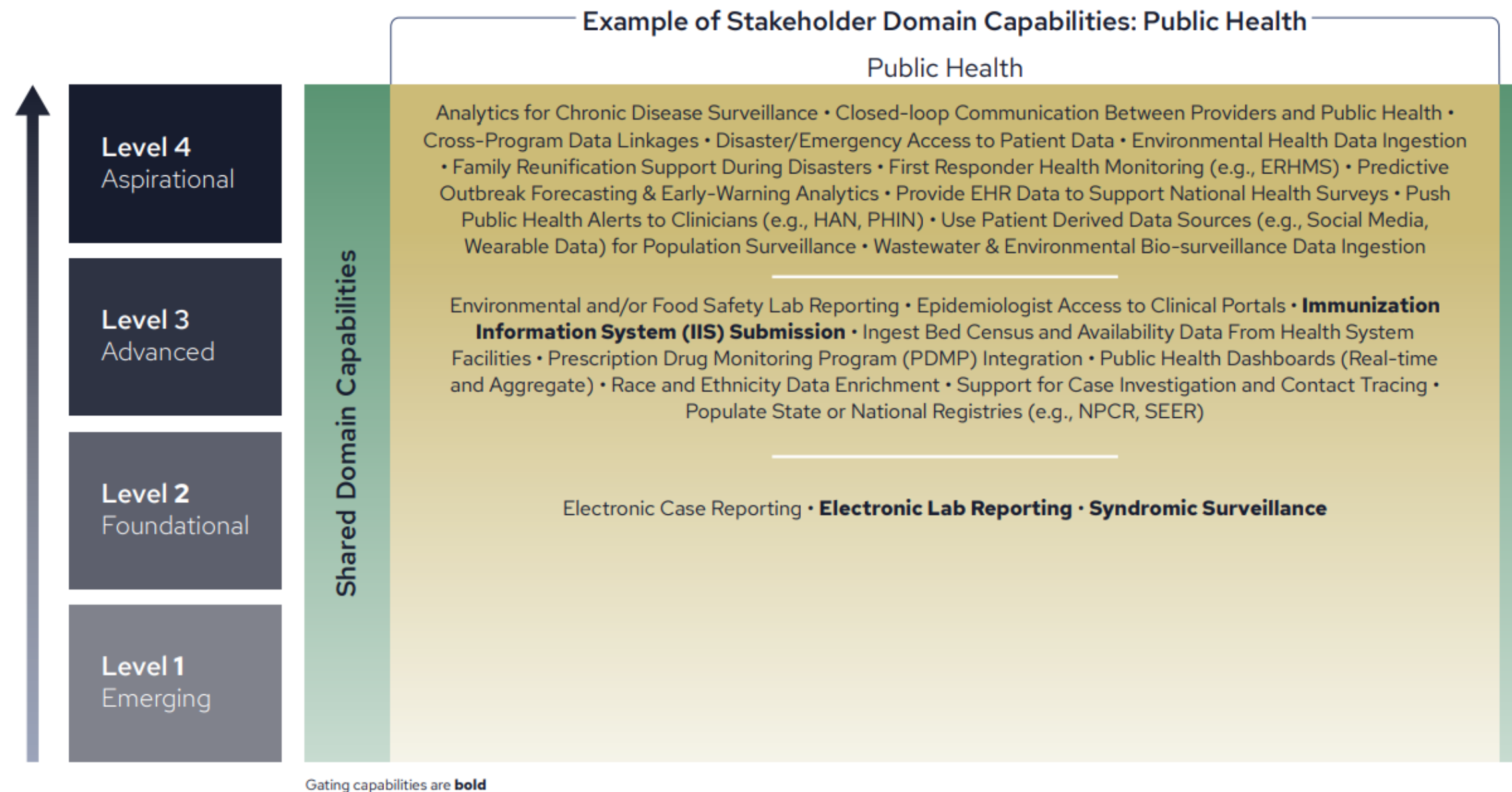




Stakeholder Domains – Public Health

Through the Capability Model, **public health agencies** will gain a greater understanding of the level at which HDUs support:

- Early detection and response to public health threats
- Real-time disease surveillance and outbreak detection
- Enhanced emergency preparedness and response

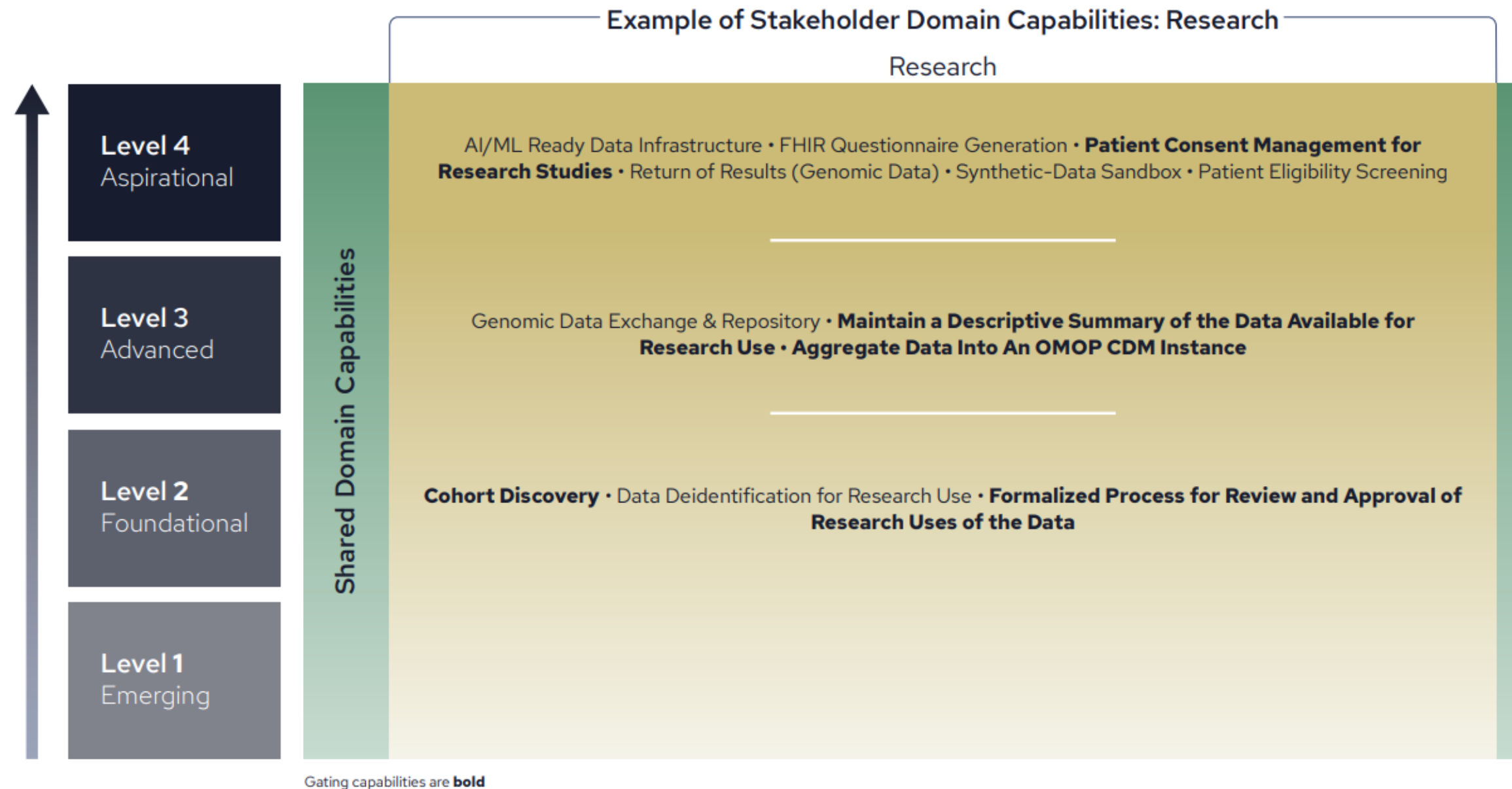




Stakeholder Domains - Researchers

Through the Capability Model, **researchers** will be able to understand the level at which HDUs support:

- Faster and more efficient clinical research
- Post-market monitoring
- Enhanced collaboration across institutions and disciplines

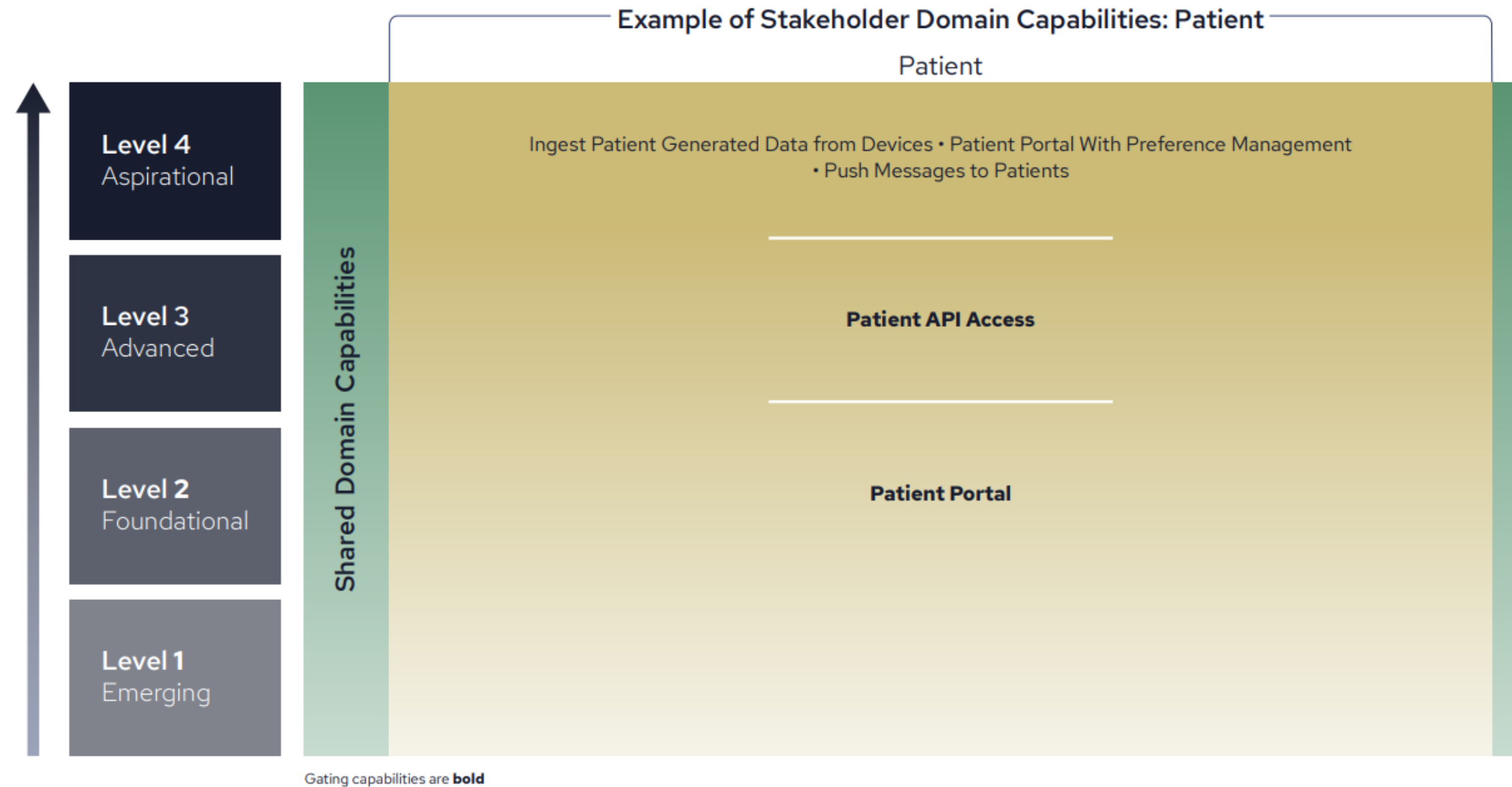




Stakeholder Domains - Patients

Through the Capability Model, **patients** will be able to understand the level at which HDUs support:

- Access to their health information
- Care coordination among their healthcare providers
- Reduced administrative burdens





Next Steps



Looking Ahead

- Further engage stakeholders, including HDUs and HIEs, to gain input on HDU Capability Model
- Raise awareness among and gain additional input from an expanded set of organizations representing stakeholders who will rely on HDUs to address their data needs
- Operationalize methods for HDUs to demonstrate the existence of capabilities to public and private stakeholders (e.g., self-assessment, followed by third-party assessment)





Questions?

Call for Public Comment on the CSRI HDU Capability Model

We invite your feedback!

This model is designed to help characterize and assess the maturity of HDUs across the country, supporting enhanced interoperability and health data exchange.

Why Your Feedback Matters: We highly value your insights and expertise, as they play a crucial role in helping us refine, improve, and enhance the HDU Capability Model to ensure it has a greater impact in advancing health data interoperability and meets the needs of the broader health care community.

Key Details:

- **Public Comment Period:** Now through December 12, 2025
- **How to Participate:** Submit your comments by emailing us at hdu@civitasforhealth.org
- **For Capability Model access, please visit** <https://thecsri.org/>



Keep in Touch with the Civitas Networks for Health Team

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