



HEALTHCARE INTEGRATION BARRIER FOLLOW UP

Submitted By: _____ Date: _____

Contact Info (phone &/or email): _____

<p>Description of the Submitted Barrier</p> <p>(1) Summary of the system barrier:</p> <hr/> <hr/> <hr/> <hr/> <p>(2) Submitter's recommendations:</p> <hr/> <hr/> <hr/> <hr/>
<p>Background information and data related to the barrier or concern. What supports exist for this concern/barrier?</p> <p>(1) The barrier is demonstrated by the following data: _____</p> <p>(2) Who is impacted by this barrier? _____</p> <p>(3) Does it fit within the intended scope of the HIC? ___ YES ___ NO If no, HIC Reviewers recommend alternative avenues: _____</p>
<p><i>List of Attachments:</i></p>

<p>Summary of discussion/action by HIC: (Include dates as needed)</p> <p>Prioritized recommendations:</p> <hr/> <hr/> <hr/> <hr/> <p>Dissemination of recommendations:</p> <hr/> <hr/> <hr/> <hr/> <p>Suggested work for the HIC:</p> <hr/> <hr/> <hr/> <hr/>



Follow-up Task/Action Items:
1.
2.
3.
4.
5.