

Summary: Minnesota e-Health Bridging Information and Care Work Group Meeting

Meeting Date: May 15, 2026

The work group meeting included 29 participants with co-chairs Steve Johnson and Laura Topor.

Meeting objective

- Develop recommendations for the priority use case groups

Welcome, agenda, and work group status

Work group members were welcomed, land acknowledgement read, and meeting logistics reviewed.

Review and discuss draft recommendations

MDH and the co-chairs synthesized survey comments (requested after April meeting) into overarching goals/objectives with 16 corresponding recommended actions. Some actions support both use case groups. Draft recommendations were sent ahead of time for work group members to review. During the meeting edits and additions were made to the recommendations, including adding a new recommendation #17.

Objective 1: Drive adoption of statewide HIO services for clinical data exchange, public health reporting, quality measurement and other use cases

1. The state and e-Health Advisory Committee strongly encourage healthcare organizations participate with an HIO for exchange of individual clinical information and public health reporting, and other allowed uses to secure a critical mass of users and close connectivity gaps, which is essential for both data quality and financial sustainability.
2. The state and e-Health Advisory Committee promote participation in national networks, including TEFCA, through a QHIN either via EHR or HIO.
3. The HIOs, state and e-Health Advisory Committee work with partners such as MN HIMSS, Minnesota Hospital Association, Minnesota Medical Association and licensing boards to develop educational resources and identify ways to increase health information exchange.
4. The state identifies state government incentives to drive HIO participation and fill interoperability gaps by monitoring and reporting activity.
5. Minnesota legislature updates statute to be more explicit in requirements and considers incentives or potential enforcement authority/penalties for non-compliance with Interoperable Electronic Health Record Requirements.

[Minnesota Statute, 62J.495 Electronic Health Record Technology \(www.revisor.mn.gov/statutes/cite/62j.495\)](http://www.revisor.mn.gov/statutes/cite/62j.495)

6. The e-Health Advisory Committee develops shared messaging for all Advisory Committee members and work groups to use in engaging their organizations and partners.
7. The state and e-Health Advisory Committee explore funding sources (e.g., federal sources such as Centers for Medicare and Medicaid Services [CMS], Minnesota Rural Health Transformation Program, etc.) to support onboarding, modernization and potentially ongoing support for less-resourced organizations to improve patient care and reporting efficiency through electronic health information exchange.
8. The state and e-Health Advisory Committee monitor implementation of use cases and establish key metrics to measure success and communicate the impact of bidirectional information exchange.

Objective 2: Establish an implementation work group to advance and support use cases by developing statewide guidance and best practices

9. The state, HIOs, and e-Health Advisory Committee convenes one or more health system and skilled nursing facility to develop “usable transitions of care” guidance that defines a minimum, actionable transition dataset (e.g., encounters, notes, medications, labs, and images) for hospital to skilled nursing facility transitions. Use this work as a model or template for other transitions of care in the future e.g., home care transitions.
10. The state, HIOs, and e-Health Advisory Committee communicate best practices for exchanging information for hospital – skilled nursing facility transitions.

Objective 3: MDH, with partner input, develops an interoperability roadmap for the agency that includes strategies for public health reporting, FHIR, TEFCA

11. MDH develops and implements an agency interoperability roadmap and establish clear roles, priorities, and decision processes so data exchange efforts are aligned, transparent, and not fragmented, including reporting pathways through an HIO to minimize program-by-program interfaces that aligns with state, federal and national activities.
12. MDH develops and publishes an Implementation Guide for each use case (TBI, newborn screening, infectious disease reporting) with best practices and success stories including how the TEFCA Public Health exchange purpose may be leveraged for these use cases and others.
13. MDH develops and delivers targeted communication to increase statewide awareness and progress on the MDH interoperability roadmap, priority use cases, implementation guides, and onboarding process so health data exchange partners (e.g., health systems, hospitals, Hospitals, clinics, local health departments, and others) understand expectations and available services.
14. MDH should implement a required process for MDH programs to assess data needs (e.g., why data is being collected, how it will be used and how often it is needed, eliminate requests for data that are not actively used).

Objective 4: Evaluate the state policy landscape and identify what's needed for a coordinated state agency strategy to move toward a model that supports a fully functioning and sustainable statewide Health Data Utility (HDU) in alignment with the Minnesota e-Health Initiative vision

15. The state and e-Health Advisory Committee complete an environmental scan of HIE-related statutes in Minnesota and across the country to identify opportunities or places where Minnesota legislation or informal policy may need to be updated or added (e.g., HIE Oversight, Minnesota Health Records Act, CMS aligned networks).
16. The state, e-Health Advisory Committee, and partners leverage/align with existing Minnesota exchange infrastructure (e.g., HIO services, encounter alerting services) to support transitions, but ensure the next step is bidirectional clinical context and details about patient care and what is needed next, beyond notifications.
17. The state, e-Health Advisory Committee, partners and HIOs explore how an HDU could support health information exchange necessary to support eligibility determinations (e.g., Medicaid enrollment, paid family medical leave), access to social supports, and addressing social determinants of health (social drivers of health, upstream drivers of health) concerns among others.

Level of support for draft recommendations

The March meeting discussion concluded with an assessment of the level of support the members indicated for each recommendation. Live polls were used to gauge the level of support on a scale of 0-5 for each recommended action. Members not in attendance were given an opportunity to weigh in with a survey sent after the meeting.

Looking ahead and next steps

The co-chairs shared a preview of the next meeting which will be on June 12, 2026. The draft recommendations will be finalized and presented for endorsement.

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