



Minnesota
e-Health

Minnesota e-Health Bridging Information & Care Work Group

December 19, 2025

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

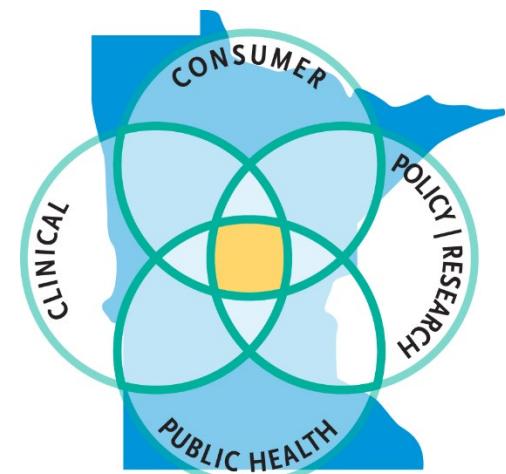
Housekeeping

- The meeting will be recorded for notetaking purposes.
- Cameras may be turned off to preserve bandwidth.
- Please mute your microphone when not speaking.
- Use the “raise hand” feature and say your name before speaking. Please feel free to turn camera on when speaking.
- Feel free to use the chat to share content, comments, questions and/or share thoughts in the work group input form <https://forms.office.com/g/3Cc6VBRApA>.
- If you’re experiencing technical problems, use chat or email Susie Blake or Sarah Shaw at Susie.Blake@state.mn.us or Sarah.Shaw@state.mn.us.

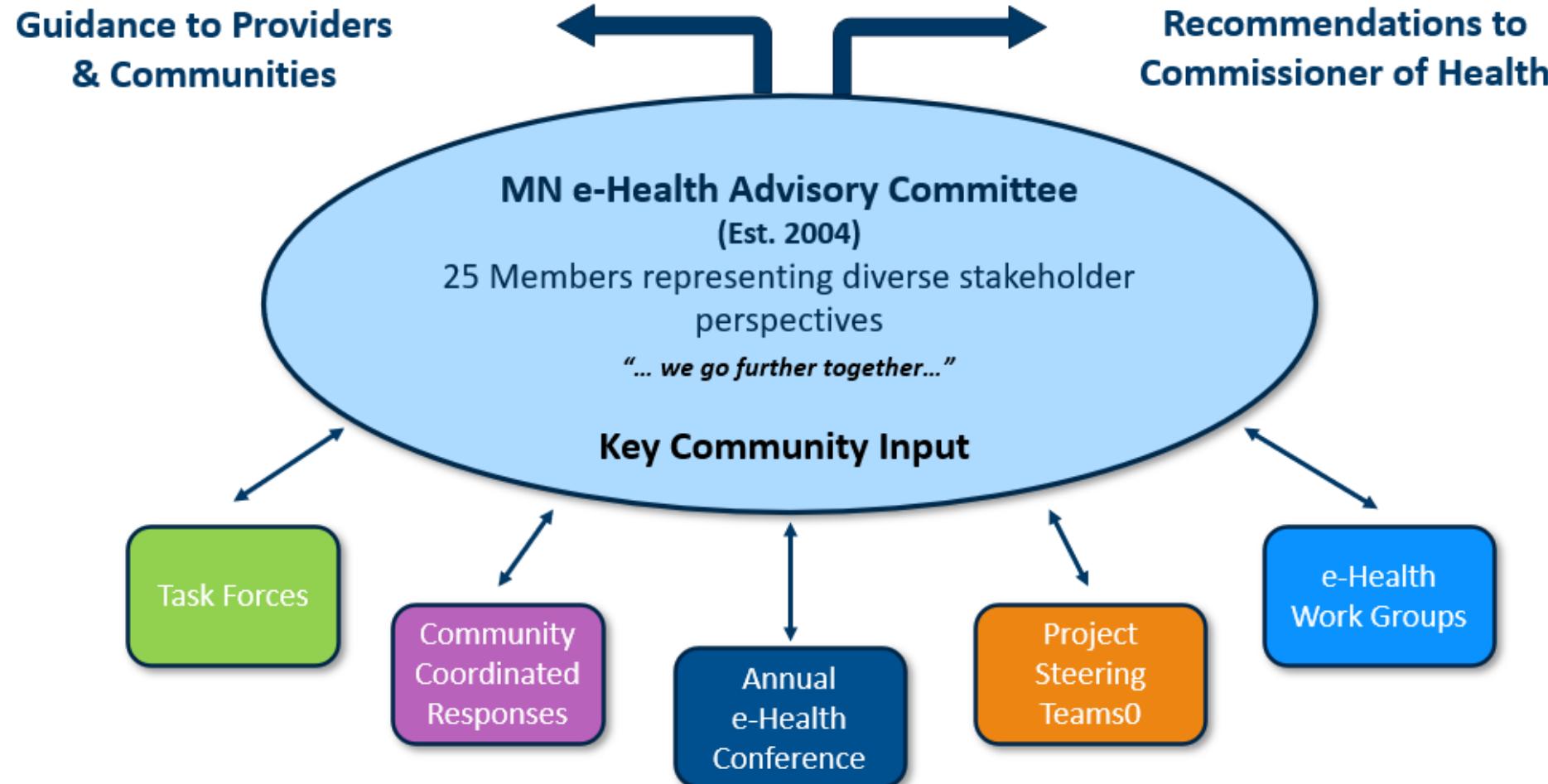
Minnesota e-Health Initiative

Vision: *All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.*

- A public-private collaboration established in 2004
- Legislatively chartered, appointed 25-member Advisory Committee
- Coordinates and recommends statewide policy on e-health
- Reflects the health community's strong commitment to act in a coordinated, systematic and focused way



The Paths to e-Health Policy Action



Co-chair introductions



Steve Johnson
University of Minnesota



Laura Topor
Granada Health

Agenda

10:00 - 10:10 a.m.	Welcome and housekeeping
10:10 - 10:25 a.m.	Member introductions
10:25 - 10:35 a.m.	Health information exchange definitions
10:35 - 11:00 a.m.	Review and discuss draft work group charge
11:00 - 11:10 a.m.	Environmental scan
11:10 - 11:55 a.m.	Identify use cases
11:55 a.m. - 12:00 p.m.	Next steps

Member introductions

Please raise your hand to introduce yourself. You will be called on in the Teams order. Be prepared to share:

- Name
- Organization
- Role

Note: There will be a post-meeting survey emailed to all participants to gather additional information about members and comments on work group activities.

Work group member expectations

- Attend and participate in work group meetings and activities.
- Review meeting materials and be prepared to contribute insights and expertise; engage your network as needed to provide additional expertise.
- Bring the perspective of the represented stakeholder group (for AC members) and/or your expertise to discussions and decision-making.
- Act as the liaison between work group and related groups or partners, sharing reports and information as directed.
- Keep the statewide interests of the Initiative foremost in decisions and recommendations, in particular health equity.
- Communicate with others in a professional manner.

Definitions: Minnesota statutes

Health information exchange (HIE) verb means the electronic transmission of health-related information between organizations according to nationally recognized standards. <https://www.revisor.mn.gov/statutes/cite/62J.498>

Health information organization (HIO) means an organization that oversees, governs, and/or facilitates the exchange of health-related information among organizations according to nationally recognized standards.

<https://www.revisor.mn.gov/statutes/cite/62J.498>

Definitions: Examples of organizations

Health information network (HIN)/ Health information exchange (HIE) noun means an individual or entity that determines, controls, or has the discretion to administer any requirement, policy, or agreement that permits, enables, or requires the use of any technology or services for access, exchange, or use of electronic health information: (1) Among more than two unaffiliated individuals or entities (other than the individual or entity to which this definition might apply) that are enabled to exchange with each other; and (2) That is for a treatment, payment, or health care operations purpose, as such terms are defined in 45 CFR 164.501 regardless of whether such individuals or entities are subject to the requirements of 45 CFR parts 160 and 164. (Other resources: TEFCA Glossary https://rce.sequoiaproject.org/wp-content/uploads/2025/12/TEFCA-Glossary_Dec-2025-Update_final.pdf and Information Blocking <45 CFR 171.102 Definitions>.)

Qualified health information network (QHIN) to the extent permitted by applicable SOP(s), a Health Information Network that is a U.S. Entity that has been Designated by the RCE and is a Party to the Common Agreement countersigned by the RCE. https://rce.sequoiaproject.org/wp-content/uploads/2024/11/Common-Agreement-2.1_ASTP-508.pdf

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. (<https://thecsri.org/health-data-utility>) HDU capability model Guidebook <https://thecsri.org/wp-content/uploads/2025/10/CSRI-HDU-Capability-Model-Guidebook.pdf>

Definitions: Exchange types and use cases

Health Information Exchange (HIE)

Direct Exchange (Push)

Known recipient, point-to-point, message (ADTs) and document-based (C-CDA)

Use Cases: Notifications, referrals, transition of care, lab results, case reports

Limitations: No query, must know recipient and address

Query-Based Exchange (Pull/Search)

Find records across networks/HIOs/HIEs, community-level (CCD, HL7v2)

Use cases: ED lookups, unplanned care, care management, population health

Limitations: Depends on patient matching

FHIR-Based Exchange (API/Real-Time)

Granular data via RESTful APIs, resource-level data (JSON/XML)

Use cases: Patient access apps, payer-provider exchange (e.g., prior auth), payer-payer and population health

Limitations: Requires API infrastructure, adoption varies

Definitions: Example use cases with detail

Exchange Type	Direct Exchange (Push)	Query-Based Exchange (Pull/Search)	FHIR-Based Exchange (API)
Use Cases	<ul style="list-style-type: none">Admission/Discharge/Transfer (ADT): Real-time notifications from hospitals/EDs to primary care or care coordinators or managersTransitions of Care/Referrals: Send Continuity of Care documents (CCDs) or discharge summaries; receiving updates when referrals are completedCare Coordination: Push documents to specialists, home health, SNFsLab/Imaging Results Delivery: Labs push results to ordering providersPublic Health Reporting: Send case reports, immunization updates	<ul style="list-style-type: none">Emergency Department (ED) Access: Query for medications, problems, allergiesUnplanned Care: Access records for unconscious or traveling patientsCare Management: Aggregate data from hospitals, clinics, labsPopulation Health Analytics: HIEs can provide longitudinal community health dataHigh-utilizer Identification: See frequent ED or inpatient visits across organizations	<ul style="list-style-type: none">Patient Access APIs: (Payer to Patient) information available to patients about prior authorization requests and decisionsProvider Access API (Payer-Provider Data Exchange) Prior authorization, coverage decisions, risk adjustment -pull specific, discrete data elementsPayer-to-Payer APIs (claims and encounter data)Bulk Data Exchange (Flat FHIR): Population health, analytics, quality reportingSmart-on-FHIR Apps: Point-of-care decision support embedded in EHRs

Work group charge

The purpose of this work group is to provide expert input on actions to advance the sharing and use of health and health-related information to support individual health care and public health in Minnesota.

Interoperability and other health data exchange activities play an important role in bridging information and care and will be a key focus of this work group.

The work group will also serve as the forum to discuss and respond to any related issues from the e-Health Advisory Committee, the Minnesota Department of Health, other state agencies, and care partners.

Work group charge: Context

- The goal of interoperability and health data exchange is to help make health information available, when and where it is needed, to improve the quality and safety of health and health care.
- In Minnesota, many efforts are underway to help achieve the secure electronic exchange of clinical information between organizations using nationally recognized standards.
- Minnesota's approach has been to support a market-based strategy that allows health information organizations (HIOs) and other HIE service providers to bring innovation and initiative to the state, while maintaining state government oversight to ensure fair practices, sustainability and compliance with state and federal privacy, security and consent protections.

Work group charge: Context (continued)

- Federal and national efforts have greatly advanced health data exchange throughout the state and country. The development, adoption and increasing use of the Trusted Exchange Framework and Common Agreement™ (TEFCA) (a nationwide framework for health information sharing).
- TEFCA is intended to remove barriers for sharing health records electronically among healthcare providers, patients, public health agencies, and payers.
- Although TEFCA is gaining momentum and other interoperability and health data exchange mechanisms are widely used, gaps remain particularly for exchange between organizations using the Epic EHR and non-Epic using organizations, and between non-Epic users.
- This work group is charged with identifying opportunities and strategies to increase the electronic exchange of health information in Minnesota to enhance the use of information to bridge and support both individual and public health.

Work group charge: Key activities and tentative timeline

December 2025 - February 2026

- Review and provide input on environmental scan/status of current data sharing environment in Minnesota
- Review and discuss past efforts and lessons learned on root causes for the lack of interoperability in Minnesota
- Develop inventory of use cases where exchanged information is supporting care and where there are gaps and/or challenges

Work group charge: Key activities and tentative timeline

March - April 2026

- Prioritize use cases, with an initial focus on high priority use cases, and identify opportunities to address gaps
- Learn about and discuss options for information sharing and use/reuse including health information organizations (HIOs), community information exchanges (CIEs), TEFCA - QHINs, health data utilities (HDUs), networks of networks, and other examples
- Review strategies used by other states to address information sharing needs and identify strategies that could be adapted for use in Minnesota

Work group charge: Key activities and tentative timeline

April - May 2026

- Develop recommendations that are trusted and sustainable to meet identified needs to bridge information and care including, but not limited to:
 - Support for entirety of health ecosystem, specifically smaller, independent providers including specialty clinics, long-term and post-acute care, pharmacies, and others
 - Getting organizations connected for health information sharing (consider options such as a Minnesota HIO, Qualified Health Information Network (QHIN - TEFCA), Minnesota Department of Human Services Encounter alerting service (EAS) or other)

Work group charge: Ongoing related activities

- Monitor and respond to rulemaking, policy, and other federal and state government activities. (e.g., progress of TEFCA implementation and QHIN use, and CMS - Make Health Tech Great Again initiative)
- Provide updates to the Minnesota e-Health Advisory Committee.

Work group charge: Deliverables

Any materials created are expected to be widely shared and used by the Minnesota e-Health Advisory Committee, the Minnesota Department of Health, and other local and state partners.

- Complete an inventory of assets, successes and information sharing needs (e.g., not able to get information, information not easily useable) and identify ways to address unmet needs.
- Recommend actions that are trusted, practical, achievable, and sustainable to address the information sharing needs identified in the inventory, ensuring that any recommended actions align with, federal, and state-level activities.

- HIO connections
 - Koble MN – entered Minnesota market in November 2014; MDH Public health reporting contractor
 - National syndromic surveillance program (NSSP) 104 of 129 (81%) NSSP **eligible** hospitals
 - Electronic lab reporting (ELR) - 51 of 129 (40%) NSSP eligible hospitals
 - Traumatic Brain Injury (TBI) - 37 of 129 (29%) NSSP eligible hospitals
 - Additional use cases in process include immunizations and newborn screening among others
 - CyncHealth – entered Minnesota market in July 2024
- Epic “Care Everywhere” connections
 - Hospitals: 109 of 135 (81%) using Epic; anticipated to be 121 (90%) in two years
 - Clinics: approximately 67% of health system and primary care clinics using Epic
 - Specialty clinics (includes behavioral health) for the most part do not

Environmental scan (continued)

Minnesota Department of Human Services - Encounter Alert Service (EAS) - 2018

- Nearly all hospitals send admit, discharge transfer (ADTs) messages for the alerting service
- Organizations receiving notifications include:

Hospital/Health system	114
FQHC/Primary Care Clinic (not part of health system)	24
Long-term care	17
Health Plan/Insurer/Payer	8
Specialty care clinic (includes Mental Health)	35
Community-based organization	17
County or tribal governments	37

Potential QHIN connections

- Organizations using the Epic EHR are anticipated to participate with the Epic-Nexus QHIN
- Koble MN and CyncHealth - possible connection with the eHealth Exchange QHIN
- Some state HIEs are not planning to participate in TEFCA/QHIN

Identify use cases

- What health information is currently being exchanged and what problem is it addressing?
 - Are there “unfinished” use cases?
- Where are the gaps? (e.g., organization/provider types, geographic region, city, county, state)
- What problem(s) still need to be solved? (e.g., where, and with whom, does information need to be shared)

Example use cases with detail

Exchange Type	Direct Exchange (Push)	Query-Based Exchange (Pull/Search)	FHIR-Based Exchange (API)
Use Cases	<ul style="list-style-type: none"> Admission/Discharge/Transfer (ADT): Real-time notifications from hospitals/EDs to primary care or care coordinators or managers Transitions of Care/Referrals: Send Continuity of Care documents (CCDs) or discharge summaries; receiving updates when referrals are completed Care Coordination: Push documents to specialists, home health, SNFs Lab/Imaging Results Delivery: Labs push results to ordering providers Public Health Reporting: Send case reports, immunization updates 	<ul style="list-style-type: none"> Emergency Department (ED) Access: Query for medications, problems, allergies Unplanned Care: Access records for unconscious or traveling patients Care Management: Aggregate data from hospitals, clinics, labs Population Health Analytics: HIEs can provide longitudinal community health data High-utilizer Identification: See frequent ED or inpatient visits across organizations 	<ul style="list-style-type: none"> Patient Access APIs: Apps retrieving data for consumers Payer-Provider Data Exchange: Prior authorization, coverage decisions, risk adjustment Provider-to-Provider APIs: Pull specific, discrete data elements Bulk Data Exchange (Flat FHIR): Population health, analytics, quality reporting Smart-on-FHIR Apps: Point-of-care decision support embedded in EHRs

Use case prioritization considerations/criteria

- Impact (small versus large)?
- Feasibility/ease of implementation?
 - What existing resources are available? (e.g., what data infrastructure already exists)
- What should/could be avoided?
- What is out of scope?

Agreement on principles for recommendations

- For example, align with what's happening federal/national

Next steps

- Complete the post-meeting survey - please complete <https://forms.office.com/g/Uy3td3Yw7f>
- Reminder - please email mn.ehealth@state.mn.us to be added to the work group list to get all the meeting invitations and materials
- Send additional comments and resources to the work group input form at <https://forms.office.com/g/3Cc6VBRApA>
- Add future meetings on calendar:
<https://www.health.state.mn.us/facilities/ehealth/workgroups/index.html>
- If you are not receiving emails/not a participant, please join us by emailing anne.schloegel@state.mn.us
- Sign-up for MN e-Health Updates at
<https://www.health.state.mn.us/facilities/ehealth/updates/index.html>

Upcoming meetings

- Bridging Information & Care Work Group
 - January 16, 2026
 - February 27, 2026
 - March 13, 2026
 - April 17, 2026
 - May 22, 2026
 - June 26, 2026
- Minnesota e-Health Advisory Committee
 - January 15, 2026 (10:00 a.m. – 12:00 p.m.)
- AI Work Group
 - January 26, 2026 (11:00 a.m. – 1:00 p.m.)



Thank You!