

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

Date: December 19, 2025

The first meeting of the Bridging Information and Care Work Group included 31 participants with co-chairs Steve Johnson and Laura Topor.

Co-chair and member introductions (slides 1-9)

Work group members were welcomed, meeting logistics reviewed, and participants introduced to the Minnesota e-Health Initiative and work group policy paths. Co-chairs Steve Johnson and Laura Topor reviewed the agenda and introduced themselves. Meeting attendees (work group members) were asked to introduce themselves. Members shared their names, role and organization. Work group member expectations were reviewed.

Definitions (slides 10-13)

A brief overview of acronyms, definitions and uses cases for types of health information exchange, data organizations (see meeting slides for more specifics).

Work group charge (slides 14-21)

DRAFT Bridging Information and Care Work Group Charge (PDF)

The co-chairs introduced the discussion by walking through the charge, context, and key activities and timeline. Discussion topics included scope, what is needed to move forward, and types of providers. The work group will identify needs, prioritize using criteria developed by the work group and then focus on recommendations to advance the priority use cases. The continuum of health and health care organizations will be included. The work group discussed how best to develop both an inventory of use cases and the recommendations to address them.

Environmental scan (slides 22-23)

A high-level overview of the current state of health information exchange in Minnesota was presented. Concepts of Direct (push), Query (search) and FHIR-based exchange were covered. Common use cases with the information being shared and limitations were outlined.

Specifics regarding public health reporting, admission, discharge transfer (ADT) alerts and other information sharing were detailed. Information shared included how organizations are currently sharing information whether through their EHRs, a Minnesota certified health information organization (HIO) or the Minnesota Department of Human Services Encounter Alerting Service (EAS).

There was also a brief discussion about the federal Rural Health Transformation Program and potential tie-ins. There will be an update at the January 15, 2026, Advisory Committee meeting.

Identify use cases (slides 24-26)

The co-chairs introduced the brainstorming activity to gather use cases from work group members.

- What health information is currently being exchanged and what problem is it addressing?
- Where are the gaps? (e.g., organization types, geographic region, city, county, state)
- What is the greatest need?
- What problem(s) still need to be solved?

Examples of use cases

- Pharmacies/pharmacists receive ADTs.
- E-Prescribing is working very well.
- Long term and post-acute care providers are not receiving the information needed (timeliness, relevancy and usability issues) to support the transitions of patients between hospitals, post-acute transitional care, home/community, and emergency departments.
- How do you make the information usable to whoever needs to use it, while ensuring it follows standards and is sorted in a way that is suitable to the end user's workflow.
- Fill the gap in what smaller organizations receive/exchange to match the more significant sharing of EHR data between large health systems.
- Prevent and respond to drug overdoses.
- Death notifications to health and care providers.
- Large health systems have been partnering with DEED related to the new Paid Family Medical Leave program to first setup faxing but then add the API connection in a few months.
- Disability benefit determinations.
- Medicaid redeterminations.
- Resources with services and supports to traumatic brain injury (TBI) patients based on their care needs.
- Prior authorizations - all payers in the state are required to stand up prior auth APIs by January 1, 2027.

Next steps and upcoming meeting (slides 27-28)

- A survey will gather more information about participants and their thoughts on the work group tasks.
Next work group meeting is on January 16, 2026, from 11:00 a.m. - 1:00 p.m.

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