DEPARTMENT OF HEALTH

Minnesota e-Health

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

Meeting Date: June 12, 2026

The work group meeting included 26 participants with co-chairs Steve Johnson and Laura Topor.

Meeting objective

- Approve final 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

The work group reviewed recommendations that were discussed at the May meeting. The recommendations had also been "assigned" a level of support based on votes from work group members (during and after the meeting). The work group made slight changes to the recommendations. The final work group recommendations to advance the priority use cases are shown here.

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 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. *(highest level of support)*

2. The state and e-Health Advisory Committee promote participation in national networks, including TEFCA through QHINs. Health organizations may also connect through an HIO and/or EHR. *(high level of support)*

3. The state identifies state government incentives to drive health information exchange and fill interoperability gaps by monitoring and reporting activity. *(highest level of support)*

4. The state identifies state government incentives to drive health information exchange and fill interoperability gaps by monitoring and reporting activity. *(highest level of support)*

5. The state and e-Health Advisory Committee recommend Minnesota statutes be more explicit in requirements and consider incentives or potential enforcement authority/penalties for non-compliance with Interoperable Electronic Health Record Requirements. See [Minnesota Statute, 62J.495 Electronic Health Record Technology (/www.revisor.mn.gov/statutes/cite/62j.495)](/www.revisor.mn.gov/statutes/cite/62j.495).
(moderate level of support)

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. *(high level of support)*

7. The state and e-Health Advisory Committee explore funding sources (e.g., federal sources such as Centers for Medicare and Medicaid Services [CMS], 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. *(highest level of support)*

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 health information exchange. *(highest level of support)*

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 convene one or more health system and skilled nursing facility to develop an implementation plan to deploy nationally developed standard (e.g., [PACIO (Post-Acute Care InterOperability) Project (https://pacioproject.org)](https://pacioproject.org) for "usable transitions of care" guidance for hospital to skilled nursing facility transitions. Use the resulting implementation plan to execute a pilot. Promote pilot results as a model for hospital to skilled nursing facility transitions and for other transitions of care e.g., home care transitions. *(high level of support)*

10. The state, HIOs, and e-Health Advisory Committee communicate best practices for exchanging information for hospital – skilled nursing facility transitions. *(moderate level of support)*

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 establishes 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. *(highest level of support)*

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 but not limited to, how TEFCA may be leveraged. *(moderate level of support)*

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, clinics, local health departments, and others) understand expectations and available services. *(moderate level of support)*

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, to eliminate requests for data that are not actively used. *(moderate level of support)*

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

Working definition: A health data utility (HDU) is a not-for-profit organization or state government entity 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. *What is a Health Data Utility? (https://thecsri.org/health-data-utility)*

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 to create and support an HDU (e.g., HIE Oversight, Minnesota Health Records Act, CMS aligned networks). *(highest level of support)*

16. The state, e-Health Advisory Committee, and partners leverage/align the HDU with existing Minnesota health information exchange infrastructure (e.g., HIO services, encounter alerting services [EAS]) to support transitions, but ensure the next step is bidirectional clinical context and details about patient care and what is needed next, beyond notifications. *(high level of support)*

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) among others. *(highest level of support)*

Looking ahead and next steps

These final recommendations will be presented to the Minnesota e-Health Advisory Committee for review and endorsement at the June 18 meeting.

Minnesota Department of Health
Center for Health Information Policy and Transformation
651-201-5979
mn.ehealth@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call 651-201-5979.