



Minnesota e-Health Bridging Information & Care Work Group

January 16, 2026

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@state.mn.us or sarah.shaw@state.mn.us.

Agenda

11:00 – 11:10 a.m.	Welcome and housekeeping
11:10 – 11:25 a.m.	Advisory Committee updates
11:25 – 11:30 a.m.	Revisit environmental scan
11:30 a.m. – 12:45 p.m.	Identify use cases
12:45 – 12:55 p.m.	Prioritization criteria
12:55 – 1:00 p.m.	Next steps

Advisory committee updates

- HTI-5 coordinated response
- Rural Health Transformation Program (summary from AC meeting)

HTI-5 Proposed Rule Coordinated Response

Feedback opportunity

- The Minnesota e-Health Initiative provides feedback on state and federal definitions, criteria, standards, and/or proposed regulations relating to e-health.
- Feedback is collected through a coordinated response that engages the Initiative, workgroups and public.
- Stakeholders can provide feedback during meetings or as written feedback.
- Submitted on behalf of the Initiative
 - You can also submit your own response as well

Questions and considerations for your review

- Minnesota e-Health Initiative's [vision, mission, and guiding principles](#)
 - Vision: *All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.*
- Areas of interest for the advisory committee
 - Artificial intelligence
 - Health information exchange
 - Transitions of care and care coordination
 - Health equity
 - Health-related social needs and social referral services
 - Patient data privacy and consent

Questions and considerations for your review

- Will the proposed activities achieve its goals?
 - Better promote the health and wellbeing of patients, particularly in relation to chronic disease
 - Streamline and reduce administrative burden on providers, health IT developers
 - Improve patient and provider access to electronic health information (EHI)
 - Support providers in being able to have more choices in health IT tools
 - Support developers in creating health IT tools that better meet provider needs

Coordinated Response

- Timeline

- January 16: Comment form available
- February 13: All feedback due
- February 16-20: Compile and review
- February 26: Submit (comments due February 27 to ASTP)

- Tools Available

- Microsoft Form to submit feedback (page numbers for respective questions included)
- ASTP/ONC fact sheet, chart, recorded information session on HTI-5 Proposed Rule webpage: [Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity \(HTI-5\) Proposed Rule | HealthIT.gov](#)
- [Minnesota e-Health Coordinated Responses](#)
- mn.ehealth@state.mn.us

- Ask
 - Engage and encourage others to participate
- Reminders
 - You don't have to answer every question
 - You can ask questions
 - The coordinated response does not require consensus
 - Leverage previous work (yours, ours, or others)

Rural Health Transformation Program

Rural Health Transformation Program (1 of 4)

Disclaimer- the following slides contain details about Minnesota's initial RHTP program proposal and does not reflect any possible future amendments made during the grant-making process in partnership with the Centers for Medicare and Medicaid Services (CMS)

- \$50 billion over 5 Fiscal Years (2026 -2030)
 - \$10 billion annually to be distributed to all 50 states each Fiscal Year
- Minnesota received \$193 million
 - MDH is in process of clarifying and revising budget
 - Continued funding after first year will be dependent on “satisfactory progress”

Rural Health Transformation Program (2 of 4)



Rural Health Transformation Program (3 of 4)

Initiative #5: Invest in Technology, Infrastructure, and Collaboration Needed for Financial Viability

- Supporting the acquisition of data management software, licenses, or technical assistance and skill-building for health care providers to boost capabilities for internal data management and utilization needs
- Providing funding to rural health care providers to leverage a range of AI applications to improve the efficiency of their clinical operations and increase the capacity for clinical staff to work at the top of their license
- Investing in a secure statewide integrated rural health data network
- Investing in cybersecurity as a necessary tool to secure safe and secure operations of advanced technologies
- Investing in revenue cycle management tools

Additional detail available on page 36 of Project Narrative

Sutter, Laura (She/Her/Hers) (MDH)

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Rural Health Transformation Program (4 of 4)

Year 1 focus:

- Efficient dissemination of funding to hospitals, FQHCs, CCBHCs, CMHCs and Tribal Nations
- Some competitive grant funding available
- Some expansion of existing MDH workforce initiatives
- Metrics and targets associated with each initiative
- Overall key performance objectives

For more information

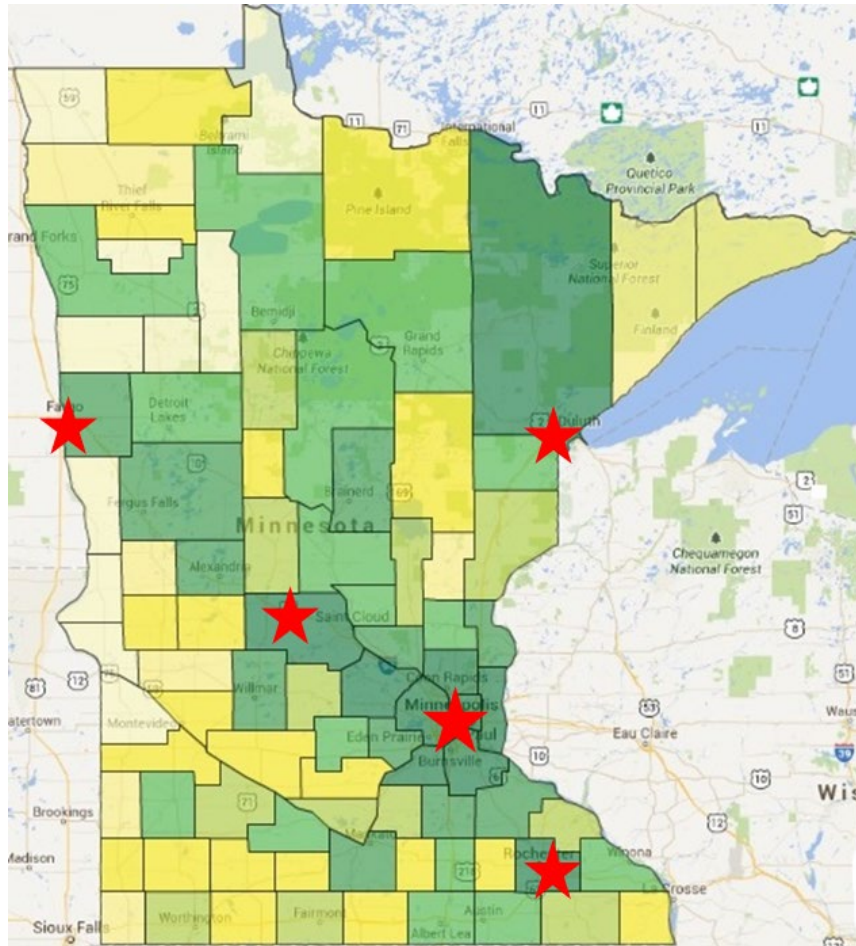
- Rural Health Transformation Program (Minnesota) Website
<https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html>
- Contact us: rural.transformation.mdh@state.mn.us

Revisit Environmental Scan

Examples of exchange partners

- Adult day services
- Behavioral health
- Birth centers
- Chiropractic offices
- Complementary/
integrative care
- Dental practices
- Government agencies
- Habilitation therapy
- Health Plans
- Home care
- Hospice
- Hospitals
- Laboratories
- Local Public Health
- Long-term and post-
acute care
- Patients/Caregivers
- Pharmacies
- Primary care clinics
- Social services
- Specialty clinics
- Surgical centers

Minnesota's health care landscape



5.8 million people in 87 counties
~ 60% live in “Twin Cities” metro area

Health Care System

- ~ 135 hospitals (76 CAHs)
- ~ 1,314 Clinics
 - ~ 700 primary care (~ 107 RHCs and 18 FQHCs)
 - ~ 542 specialty (~ 120 mental health)
- ~ 338 Nursing Homes
- ~ 200 home health care agencies

Public Health/Government services

- ~ 78 “Local” Health Departments
 - City (5), single-county (66) multi-county (7)
- 11 Tribal Governments

Environmental scan

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

# EAS participants	# EAS participants	Estimated total # organizations	% EAS participants
Hospital/Health system	114	135	84%
FQHC or similar	16	18	89%
Primary care clinic (part of health system or other)*	122	682	18%
Specialty care clinic	5	662	1%
Behavioral/mental health clinic	30	120	25%
Nursing homes	17	338	5%
Community-based organization	17	?	?
County governments	36	78	46%
Tribal governments	1	11	9%
Health Plan/Insurer/Payer	8	12	67%

** Clinic numbers continued to be updated and refined*

Environmental scan (continued)

Koble MN – MDH Public health reporting

Transactions	September 2025	Organizations/ Endpoints	Estimated Eligible Endpoints	% Endpoints participating
NSSP total	4,667,081	107	129	81%
ELR total	3,570	51	129	40%
TBI	28,850	38	129	29%
Newborn screening	496	1	129	1%
ORU (Observation Result Unsolicited)	22,966	1	?	?

Use Case Inventory

Use case inventory prompts

- What health information is currently being exchanged and what problem is it addressing?
- 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)

Use Case Inventory (draft)

DRAFT FOR DISCUSSION ONLY



Use Case Inventory

MINNESOTA E-HEALTH BRIDGING INFORMATION AND CARE WORK GROUP



Use Case Example	Brief description of need and/or problem it solves	Type of exchange (direct/ query/ FHIR)	Is there an existing solution or existing standards	Who needs to participate (senders and receivers)	Barriers (e.g., policy implications)	How can success be measured?	Potential impacts
Pharmacists/ Pharmacies receive ADTs and discharge summaries (and other actionable-useful information)	Notifications to help with care transitions & medication reconciliations	Direct	Yes? EAS, HIO, TECCA QHIN	Health systems, pharmacies	Awareness and pharmacy system readiness, reimbursement	Number of pharmacies receiving notifications, other information and number of discontinued prescriptions	Reduced readmissions, adverse events
Long term and post-acute care providers receive information needed in useable format	Data needed to support patient transitions (timeliness, relevancy and usability issues)						

Prioritization criteria for consideration

- What is the potential impact?
- What is the feasibility/ease of implementation?
- What existing resources are available? (e.g., what infrastructure already exists)
- Which use cases should be lower priority? (e.g., use cases that require changes in law)
- What is within scope?
- What is out of scope?

Next steps

- Send additional comments and resources to the work group input form at <https://forms.office.com/g/3Cc6VBRApA>
- Reminder - please email anne.schloegel@state.mn.us to be added to the work group list to get all the meeting invitations and materials
- 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
 - February 27, 2026
 - March 13, 2026
 - April 17, 2026
 - May 22, 2026
 - June 26, 2026
- Minnesota e-Health Advisory Committee
 - March 19, 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!