

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

**Meeting Date:** February 27, 2026

The Bridging Information and Care Work Group meeting included 29 participants with co-chairs Steve Johnson and Laura Topor.

Meeting slides: [2/27/26 Minnesota e-Health Bridging Information and Care Work Group Meeting Slides \(www.health.state.mn.us/facilities/ehealth/workgroups/bic/docs/022726bicslides.pdf\)](http://www.health.state.mn.us/facilities/ehealth/workgroups/bic/docs/022726bicslides.pdf)

## Meeting objectives

- Review of work group activities and status
- Review and discuss prioritization criteria and methodology
- Discuss use cases and rating survey

## Welcome and agenda (slides 1-6)

Work group members were welcomed, land acknowledgement read, and meeting logistics reviewed. Co-chair Laura Topor reviewed the agenda and asked for any new members to introduce themselves. An update on work group activities and progress was shared.

## Prioritization methodology (slides 7-11)

Steve Johnson reviewed the prioritization methodology including how to “quantify” a use case’s potential impact and potential effort required.

**Potential Impact: Assess how expected outcomes and extent of effect, considering groups called out here:**

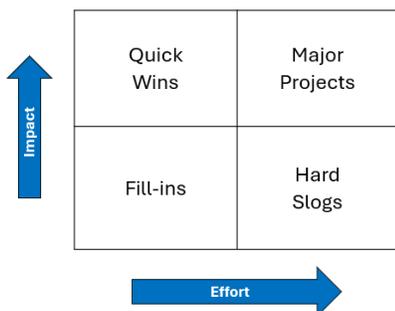
- Patients, individuals, caregivers: improved care quality and satisfaction, receive patient-centered, whole-person care
- Providers, payers and/or public health: improved care, reduction in administrative burden, provide patient-centered, whole-person care
- Public health: increased and/or enhanced safety benefit, improved population health, provide patient-centered, whole-person care
- Research: Ease of application of aggregated data
- Policy: meets health ecosystem, state or federal policy goals
- Cross-organization value: diversity of or number of groups expected to benefit

**Potential Effort Assess feasibility and resource costs (e.g., financial, staff) considering the questions here:**

- How complex is the implementation?
- How quickly could any barriers be removed/addressed?
- How does the use case align with current regulations and/or policy? (e.g., supports state or federal requirements, oversight)

- How does it align with Rural Health Transformation Program? (e.g., would it qualify for any funding opportunities?) [Rural Health Transformation Program \(www.health.state.mn.us/facilities/ruralhealth/ruraltrans/index.html\)](http://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/index.html)
- How likely is it to be accomplished within 12-18 months?
- How sustainable would it be over time?
- How could this implementation be reused with other use cases?

A rating survey has been developed to collect input from work group members, e-Health Advisory Committee and broader audience from February 27 - March 6. The results will be used to generate a scatter plot, bar charts showing average impact and effort ratings of all responses sorted high to low as well as any comments submitted.



## Use case inventory discussion (slides 12-28)

The co-chairs walked through each use case using the information on the meeting slides (link above) and in the revised [2/27/26 Minnesota e-Health Bridging Information and Care Work Group Meeting Use Case Inventory \(www.health.state.mn.us/facilities/ehealth/workgroups/bic/docs/022726bicusecase.xlsx\)](http://www.health.state.mn.us/facilities/ehealth/workgroups/bic/docs/022726bicusecase.xlsx). Work group members shared their perspectives, expertise and more details about the use cases. Members also commented on the potential impact and effort needed for each to help inform and support the completion of the use case rating survey.

The use cases being rated are here:

1. Pharmacists/Pharmacies receive ADTs and other actionable-useful information (e.g., discharge summaries) [Pharmacy Care: Use Cases for Health Information Exchange Feedback - The Sequoia Project \(https://sequoiaproject.org/interoperability-matters/pharmacy-care-use-cases-for-health-information-exchange-feedback\)](https://sequoiaproject.org/interoperability-matters/pharmacy-care-use-cases-for-health-information-exchange-feedback)
2. Long term and post-acute care providers and hospitals achieve bi-directional exchange of information needed for hospital to nursing home transition or nursing home to hospital transitions
3. Providers can send and receive information needed in a useable format for patient transitions
4. Providers receive/obtain death "confirmation" more quickly/automatically from Minnesota Department of Health (MDH) death record data to allow cancellation of reminders/notifications
5. Improve death registration process for hospitals/health systems by implementing bi-directional electronic exchange with Minnesota Registration and Certification system (MDH)
6. Public Health Use Case: Increase number of facilities sending Traumatic Brain Injury and Spinal Cord Injury (TBI/SCI) data to MDH using an HIO
7. Public Health Use Case: Increase Newborn Screening Electronic Test Orders and Results (MDH Public Health Lab) using an HIO

8. Public Health Use Case: Increase Infectious Disease Electronic Test Orders and Results (MDH Public Health Lab) using an HIO
9. Smaller organizations (e.g., rural, independent, public health) receive health information electronically regardless of which EHR they use
10. Process for submitting health information for disability benefit determinations
11. Prior authorizations
12. Patient Access API (health plan/payer information available to patients)
13. Provider Access API (health plan/payer information available to providers)

## Out-of-Scope use cases for the prioritization process (slides 29-32)

Several use cases were categorized as out of scope for the prioritization process for a number of reasons including e.g., current information access method is working well; electronic health information exchange (HIE) may not significantly advance the use case; organizations involved are already moving towards bi-directional exchange; working on standards; past studies and efforts have addressed and recommended actions for use case; Current national or federal efforts underway (keep in alignment, not get ahead of these).

Some example alternate recommendations to consider included:

- Monitor and respond to rulemaking, policy, or other federal and state government activities (continued)
  - Registry for Provider Order for Life Sustaining Treatment (POLST) forms
  - Onboard new providers (Credentialing)
  - Medicaid redeterminations
- Identify best practices for comprehensive, longitudinal records including opportunities for patients to store and manage their records
- Explore opportunities directly with health systems (EHR use case)
  - Send resources for traumatic brain injury (TBI)
- Encourage organizations to participate with current information sharing process
  - Emergency Medical Services (EMS) information sent directly to hospital or nursing home
  - Bed availability at nursing homes/transitional care units

## Looking ahead, next steps and upcoming meetings (slides 33-37)

Use case rating survey tool link was shared. The survey tool, with use case revisions added during the meeting included, will be shared via email with the work group, Minnesota e-Health Advisory Committee and the Minnesota e-Health list serv. All survey submissions, due March 6, will be compiled so that discussion and selection of priority use cases can happen at the next work group meeting on March 13, 2026.

Minnesota Department of Health  
Center for Health Information Policy and Transformation  
651-201-5979  
[mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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