Bridging Information and Care Work Group Charge 2025-2026

DRAFT 09/25/2025

Work group charge

The purpose of this work group is to provide expert input on actions to advance the exchange and use of health information to support individual health care and public health in Minnesota. Health information exchange (HIE) and other HIE-related activities play a significant role in bridging information and care. The work group will also serve as the forum to discuss and respond to any HIE-related issues that arise from the e-Health Advisory Committee, the Minnesota Department of Health and other state agencies, as well as care partners.

Context

The goal of HIE 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 to health information exchange has been to support a market-based strategy for secure HIE that allows for private sector innovation and initiative, yet uses state government oversight to ensure fair practices, sustainability and compliance with state and federal privacy, security and consent protections.

In recent years, federal and national efforts have greatly advanced HIE throughout the state and country. The development, adoption and increasing use of the Trusted Exchange Framework and Common Agreement™ (TEFCA) is a nationwide framework for health information sharing (Assistant Secretary for Technology Policy, 2025). 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 HIE mechanisms are widely used, gaps remain particularly for exchange between those using the Epic EHR and non-Epic users, 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 individual and public health.

Key activities

November - February 2026

- Review and provide input on environmental scan/status of current HIE environment, including, but not limited to, information on the following:

  - Transitions of care and care coordination across the health ecosystem
  - Public health data reporting and case management
  - Health-related social needs information and referrals
- Review and discuss prior work on root causes of lack of interoperability
- Develop inventory of use cases where exchanged information is supporting care and where there are gaps and/or challenges

March - April 2026

- Prioritize use cases and identify opportunities to address gaps
- Learn about health data utilities (HDUs)
- Review strategies used by other states to bridge information and care and identify strategies that could be adapted for use in Minnesota

April - May 2026

- Develop recommendations 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 to HIE (consider options such as TEFCA, a Minnesota HIO, DHS event alerting or other)

Ongoing related activities

- Monitor and respond to rulemaking, policy, and other federal and state government HIE activities (e.g., progress of TEFCA implementation and use).
- Provide updates to the Minnesota e-Health Advisory Committee.

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 needs (e.g., not able to get information, information not easily useable) and identify ways to address unmet needs.
- Recommend actions to address the information needs identified in the inventory, ensuring that any recommended actions align with, federal, and state-level activities.

Timeframe and expectations

In-person and virtual meetings will begin by November or December 2025 and every 4-6 weeks thereafter. All members of the community and advisory committee are welcome to join the work group.

Work group participants are expected to:

- 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.

Leadership

Co-chairs:

TBD

MDH lead staff:

Anne Schloegel