The goal of health information exchange (HIE) is to help make health information available when and where it is needed, to improve the quality and safety of health care while honoring each patient’s decision on how – or if - they want their data to be shared. In Minnesota, while many efforts are underway to help achieve the secure electronic exchange of clinical information between organizations in alignment with patient preferences, many providers and patients continue to report barriers to this process happening as envisioned.

The Care Delivery & Sustainability workgroup discussed a range of options for supporting secure health information exchange (HIE) in Minnesota to achieve statewide goals related to both individual and population health while continuing to prioritize patient control of information. The group identified several options that should be prioritized for action in the short term, while recognizing that other options, though not as feasible in the short term, still had merit.

**Preliminary Recommendations for immediate action:**

1. Make technical updates and clarifications to Minnesota’s Health Records Act to leave a patient’s ability to specify how their information can be shared intact but allow patient consent preferences to be more easily operationalized at the provider level.
2. Provide ongoing education and technical assistance to health and health care providers and patients, about state and federal laws that govern how clinical health information can be stored, used, and shared, and about best practices for appropriately securing information and preventing inappropriate use.
3. Conduct a broad study on the appropriate future structure, legal/regulatory framework, financing, and governance for HIE in Minnesota, building on lessons from other states and countries.

**Options that need further discussion:**

1. Dependent on results of HIE study, consider other modifications to Minnesota’s Health Records Act, to align with federal HIPAA standards or to update opt-in or opt-out requirements.
2. Support expanded health information technology capabilities (ex. EHRs) in a broad range of care settings, to enable smaller and specialty providers to participate in HIE.
3. Consider developing a funding mechanism for core HIE transactions, such as admission/discharge/transfer alerts, care summaries, or care plans, to ensure basic information can be exchanged statewide.
4. Support the establishment of robust, sustainable HIE “shared services,” such as consent management, that would be available statewide through a central vendor.