

# Summary: Minnesota e-Health Advisory Committee Meeting

**Date:** 4/2/2025

## Objectives

- Learn about and discuss MDH's data modernization efforts and public health reporting
- Learn about and discuss Stratis Health's project on a common approach for social needs referrals
- Overview of the annual MN HIMSS & Minnesota e-Health Initiative Conference Series

## Summary

A list of acronyms is included in Appendix A on page 7.

### January meeting summary

There were no comments and Minnesota e-Health Advisory Committee (AC) member Genevieve Melton-Meaux moved to approve.

### Remarks from Commissioner Brooke Cunningham

Commissioner of Health Brooke Cunningham joined the meeting to comment on the impacts of the recent federal funding cuts to the Minnesota Department of Health (MDH). The cuts included \$226 million of Centers for Disease Control and Prevention (CDC) grants that support several public health efforts, notably infectious disease and local public health. The loss of the funds not only results in staff layoffs but impacts the data modernization and interoperability efforts the agency has been working on for the past five years. Consequences of note for the e-Health Initiative include:

- Reverting to manual processes for public health data reporting
- Lack of support for health information exchange
- Inhibits our ability, as a state, to get out in front of infectious diseases
- Loss of technical assistance support to long-term care facilities and hospitals

Commissioner Cunningham emphasized the importance of the AC supporting the role of public health as a partner to health care. In addition, the importance of the health care sector in communicating the message that public health systems support the health of our communities, and allows Minnesota to respond to the next "big thing" that comes our way. Furthermore, the commissioner was concerned that this is not the last federal funding cut, and yet state funding is already not sufficient.

When asked how the AC can support public health, the commissioner responded that we need to identify and explore alternative models for funding. The current funding model is not sustainable, and now MDH doesn't even have all those funds. She asked for creative ideas from the AC to identify possible opportunities and solutions.

Committee members asked for facts to help frame the message that they can bring forward. The commissioner responded that MDH is working on this and will share in the near future.

**Action:** Bryan moved to support MDH in coming up with a statement supporting the modernization of data systems; Sarah Manney seconded; the motion was approved. MDH staff followed up with the co-chairs to draft and send this letter.

## MDH data modernization & public health reporting

Nila Hines and others from MDH presented MDH's data modernization efforts, acknowledging that this work is in jeopardy due to recent federal funding cuts. Nila described the vision and approach the agency is using to partner with health care organizations to streamline data submission processes, use the data for near real-time assessment, and share data as appropriate with the community.

Vision for data: "MDH's data systems support strategic goals and advance health equity by being consistent, transparent, responsive, community centered, and equity-driven whenever public health data is collected, analyzed, used, and shared."

The MDH approach is to develop and sustain data products and services that are connected, resilient, and responsive to Minnesota's most pressing public health challenges for both individuals and community.

Nila also shared goals for each stage of the value stream: provide, manage, and use.

- Provide - specify data and IT infrastructure requirements and optimize the movement of data into and out of reliable, secure and managed systems
- Manage - ensure there are sufficient policies, procedures, and roles to responsibly manage data throughout the lifecycle
- Use - provide timely access to trustworthy data to inform decision making

MDH is currently focused on syndromic surveillance (SyS), electronic lab reporting (ELR), electronic case reporting (eCR), and electronic testing, orders, and results (ETOR).

Nila was joined Chris Brueske from the Office of Data Strategy and Interoperability, who shared an overview of our data modernization efforts; Nate Wright from our Injury Prevention unit who described how syndromic surveillance is working in Minnesota; and Bill Flatley from MNIT services who described how MDH is leveraging a partnership with Amazon Web Services (AWS) to go beyond traditional data interoperability tools and methods.

Chris shared that 100% of hospitals are onboarded or in process of onboarding with Koble-MN Health Information Organization to submit to MDH and the National Syndromic Surveillance Program (NSSP). MDH is trying to identify similar economies of scale across other public health reporting requirements. This office also helps support coordination of attestation letters for providers and helps support data visualization tools to help use data more effectively.

Nate provided a definition of syndromic surveillance: broad term whose umbrella can include activity related to emergency department visits, inpatient admission, mortality data, poison control system data, commercial lab orders and results, urgent care visits, clinic visits, and non-health care. The focus at MDH is “*Real-time, pre-diagnosis patient and clinical data* from Minnesota healthcare facilities for *detecting, monitoring, and understanding* public health risks” using information from every emergency department and inpatient hospitalization that can serve as an early warning system. This surveillance can help identify clusters, trends to quickly understand events of public health importance. Future goals include: improve the syndromic surveillance information systems, expand the program, analyze and share data and open possibilities for other public health data and programs.

## Discussion

Committee discussion focused on:

- How can Minnesota keep this work moving forward in light of funding cuts?
- How can long-term care organizations be integrated?
  - Minnesota’s long-term care facilities use predominately two EHR vendors (Point Click Care and MatrixCare). These vendors rely on their custom interoperability standards and not standards used by the health system EHR vendors.

A potential point of focus for the AC may be to address the transition of care use case.

## MDH data modernization efforts and public health reporting

Sue Severson and Senka Hadzic from Stratis Health presented on the co-creation work they led to develop a common referral approach for social needs. This work focused on identifying strategies to move upstream to address health-related social needs/drivers. Community-based organizations (CBOs) have managed these resources for Minnesotans for a long time, but there has been a disconnect between clinical care and social needs referrals. This co-creation process sought to close that gap and bring CBOs to the forefront on developing solutions. Payers, including the Minnesota Department of Human Services, health plans, and local public health representatives were at the table.

They described:

- Current landscape to address health-related social needs in Minnesota and nationally
- Process for identifying and deciding on principles
- Funding and participants (Guiding Council)
- Strategies

The work resulted in a decision to leverage CBO directories. Several directories are used in Minnesota; however, without standardization of information sets or processes CBOs contributing information face additional administrative burdens. Stratis Health hosted a workshop in October 2024 to identify opportunities to address these issues.

## Discussion

Discussion focused on what opportunities there may be for the AC to support this work. Key suggestions are to focus on how to standardize data and establish infrastructure (e.g., health information exchange) to support the directories.

## MN HIMSS & Minnesota e-Health Initiative Conference Series overview

Sarah Shaw from MDH presented some information and background about the Minnesota HIMSS and Minnesota e-Health Conference series, scheduled for fall of 2025. She invited committee members to submit suggestions for topics and speakers, and let them know that members are welcome to participate in the sessions. Suggestions can be submitted to [sarah.shaw@state.mn.us](mailto:sarah.shaw@state.mn.us).

## Next steps and closing remarks

Bilqis Amatus-Salaam from MDH reminded the AC that the next meeting will be in-person and focused on planning and identifying action items for 2025-2026 year. Additional information will be provided to committee members to help prepare for the meeting. AC members were encouraged to share the names of individuals with subject matter expertise that should be invited to attend the meeting and participate in the discussion. Names of individuals can be shared at [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us).

## Comments submitted by survey form

Meeting attendees (including the public) were invited to submit comments using a web-based form. These comments must be sent within two weeks of the meeting date:

- Additional discussions around the CMS-0057 interoperability Prior Auth rule and getting awareness out to providers and all payers

## Attendance

### Members present

Bryan Jarabek, MD, PhD, Chief Medical Informatics Officer, M Health Fairview

*Co-chair, Representing: Large Hospitals*

Lindsey Sand, LHSE, NHA, Vice President of Population Health, Vivie

*Co-chair, Representing: Health Care Administrators*

Najma Abdullahi, Executive Board of Directors-Member, UMN Community-University Health Care Center, Representing: Consumer Members

Stacie Christensen, Deputy Commissioner and General Counsel, Representing: Department of Administration

Brittney Dahlin, MS, RHIA, CPHQ, Chief Operating Officer, Director of Quality Improvement, Minnesota Association of Community Health Centers, Representing: Community Clinics/Fed Qual. Health Centers

Matt Hoenck, Director of IT & Analytics, South Country Health Alliance, Representing: Health Plans

Nila Hines, Chief Data and Analytics Officer, Representing: Minnesota Department of Health

Steve Johnson, PhD, Associate Director, CTSI Health Informatics Program, University of Minnesota, Representing: HIT Training and Education

George Klauser, Executive Director – Community Services-ACO/Healthcare Consultant, Lutheran Social Services of Minnesota, Representing: Social Services

Lisa Klotzbach, MA, BA, PHN, Public Health Supervisor – Informatics, Dakota County Public Health, Representing: Local Public Health

Sarah Manney, DO, FAAP, Chief Medical Information Officer, Essentia Health, Representing: Physicians

Genevieve Melton-Meaux, MD, PhD, Senior Associate Dean, Health Informatics and Data Science, University of Minnesota, Representing: Academics and Clinical Research

Lisa Moon, PhD, RN, LHIT, LNC, CEO, Principal Consultant, Advocate Consulting, LLC, Representing: Experts in Health IT

Jane Pederson, MD, MS, Chief Medical Quality Officer, Stratis Health, Representing: Experts in Quality Improvement

Charles Peterson, Chief Executive Officer, The Koble Group, Representing: Health IT Vendors

Peter Schuna, Chief Executive Officer, Pathway Health Services, Representing: Long Term and Post-Acute Care

MINNESOTA E-HEALTH ADVISORY COMMITTEE MEETING SUMMARY  
APRIL 2, 2025

Ashley Setala, Director of Regulation & Policy Strategy, Representing: Department of Commerce

Mathew Spaan, Manager, Care Delivery and Payment Reform, Representing: Department of Human Services

Tarek Tomes, Commissioner, Representing: MNIT

Mary Winter, Senior EDI Analyst, PrimeWest Health, Representing: Health Care Purchasers and Employers

### **Members absent**

Kim Heckmann, MSN, FNP-C, SCRNP, PHN, Primary Care NP Residency Program Director and APRN Educator, VA Medical Center, Representing: Nurses

Mark Jurkovich, DDS, MBA, MHI, Director of Data Infrastructure, Health Care Systems Research Network, Representing: Dentistry

### **Alternates present**

Alexandra De Kesel Lofthus, Associate Director, State Strategy, Unite Us, Representing: Consumer Members

Alicia Jackson, MS, CPPM, Healthcare Analyst Principal, Blue Cross Blue Shield of Minnesota, Representing: Health Plans

Roxanee Pierre, MD, MHA, Medical Director/ Administrator, Eden Pathways Homecare Agency, Representing: Physicians

### **Alternates absent**

Cathy Gagne, RN, BSN, PHN, LHIT, Sr. Business Analyst, Ramsey County Health & Wellness Administration, Representing: Local Public Health

Adam Stone, Vice President Services Delivery, Chief Privacy Officer, Secure Digital Solutions, Inc., Representing: Experts in Health IT

Laura Unverzagt, MBA, Vice Chair-Information Technology, Mayo Clinic, Representing: Health System CIOs

Tamara Winden, PhD, MBA, FHIMSS, FAMIA, Founder Principal Consultant, Winden Consulting, LLC, Representing: Academics and Clinical Research

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)

5/9/25

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

## Appendix A

### Acronyms

AWS:	Amazon Web Services (cloud computing)
CBO:	Community-based organization
eCR:	Electronic case reporting
ELR:	Electronic lab reporting
ETOR:	Electronic testing, orders, and results
SyS:	Syndromic surveillance