Summary: Minnesota e-Health Advisory Committee Meeting

Date: 5/21/2025

Objectives

- Build relationships among advisory committee members and CHIPT staff through in-person collaboration
- Identify potential action items for the 2025-2026 year
- Discuss a coordinated response opportunity to the Health Technology Ecosystem RFI

Summary

April meeting summary

There were no comments and Minnesota e-Health Advisory Committee (AC) co-chair Bryan Jarabek moved to approve.

Action item development

Before beginning the Action Item Development activity, Bilqis Amatus-Salaam from MDH provided participants with an overview of the instructions and goals of the activity. The group was reminded that the purpose of the session was to generate a wide range of ideas for potential 2025–26 action items, which CHIPT staff and co-chairs would later synthesize for review at the June meeting. Participants—both in-person and virtual—were provided with supporting materials: a Topics Matrix, examples of past e-health action items, and discussion prompts. Four active discussion stations were available (artificial intelligence [AI], care coordination and care transitions, public health data modernization, and social determinants of health [SDOH]), with two additional self-directed input stations (cybersecurity and interoperability). Members of the public were welcome to participate in the discussions.

Attendees moved between stations during two 30-minute rounds of small group discussion. Virtual participants worked as one group, facilitated by Kari Guida from MDH, and addressed multiple topics.

Large group discussion

Each station and the virtual group shared a summary their discussion and ideas for the large group. Following the share out, AC members were invited to indicate what they were most interested in. AC members attending virtually were invited to share their interest in the chat. Bilqis Amatus-Salaam informed the advisory committee members that there would be a survey to provide additional input on their interests, especially for virtual attendees. AC members were most interested in AI and care

coordination and care transitions, followed by public health data modernization. During the large group discussion many noted the overlap between SDOH and care coordination and care transitions.

The following is an overview of the challenges and opportunities for action each group discussed.

AI

Challenges noted included staffing shortages and recruitment, data integration barriers, patient record matching, telehealth access gaps, and the need for collaboration across sectors on AI governance and the potential need for updates to Minnesota's legal and regulatory landscape.

Opportunities included exploring AI governance and frameworks for evaluating AI quality, using AI for routine tasks to support recruitment efforts, improving data de-identification and data integration, connecting with the state Technology Advisory Council (TAC) AI subcommittee, aligning statutes with AI and data use. Potential to use AI in rural telehealth, identifying at-risk patients, and population health strategies was also discussed.

Care coordination and care transitions

Challenges included data coordination and care coordination being distinct and the need for clarity on the how's of data coordination, care coordination, and the why of coordination. Improved communication in plain language is needed to explain the importance of data/care coordination efforts considering many people assume data/care coordination is already happening.

Opportunities included building on the Stratis Health work, assessing the current HIE environment beyond Epic, exploring successful models, addressing incentives for clinicians to do care coordination, and better understanding the role of patient involvement.

Public health data modernization

Challenges included data silos that make it harder for MDH programs that use the data, difficulty justifying funding for data infrastructure, and fear of regulations and retaliatory action related to use of data.

Opportunities included promoting successful programs that use data (improved storytelling that communicates why systems should participant and the patient impact), safely leveraging AI to make data more useful, enhance MDH's infrastructure (e.g., FHIR roadmap, APIs), explore TEFCA participation, and recommending updates to the MN Health Records Act.

SDOH

Challenges included unclear data needs (what data is needed versus wanted), the investment required of providers, incentives needed for participation, and CBO limitations.

Opportunities included learning from Stratis Health's and Trellis's respective projects, and exploring shared accountability/data/funding models, community care hub models, and streamlined applications.

Cybersecurity

Challenges included the need for improved threat protection, education, and health system recovery plans.

Opportunities included updating the Foundations in Privacy Toolkit - Lathrop GPM (www.lathropgpm.com/foundations-in-privacy-toolkit), preparing for/addressing HIPAA security rule updates, and developing a non-paper-based response following a cybersecurity incident.

Interoperability

Challenges include the need for commitment among vendors to use multiple FHIR profiles and challenges with the prior authorization processes.

Opportunities included continuing to monitor and provide feedback on federal standards policies, ensuring that all stakeholders are included, providing education on APIs (educational opportunities identified for the AC, workforce, and patients), and tracking patient consent.

Virtual Group discussion

Challenges included gaps in care coordination across home services, nursing homes, behavioral health, and long-term care (examples notes were ADT limitations and issues with patient record matching), the intake process for SDOH isn't standardized, equity in the ability to deploy AI, and the readiness of USCDI data to support AI.

Opportunities included AC education on public health data systems and modernization needs, patient education on obtaining their records using APIs, public education on updates to the HIPAA security rule, continuing to monitor Stratis Health's and Trellis's projects, and updating the Foundations in Privacy toolkit.

Coordinated response to Health Technology Ecosystem RFI

Kari Guida provided overview of the coordinated response to the CMS and ASTP/ONC Health Technology Ecosystem Request for Information (RFI). The Minnesota e-Health Initiative (Initiative) regularly submits feedback on state and federal definitions, standards, and regulations related to e-health through a collaborative process that includes advisory committee members, workgroups, and the public. Feedback may be shared in meetings or submitted in writing. A coordinated response will be submitted on behalf of the Initiative but individuals are also welcome to submit their own response as well.

The RFI seeks input from various perspectives, including patients and caregivers, providers, payers, technology vendors and data providers, and value-based care organizations. A website is available that includes tools to support advisory committee members in participating in the coordinated response, Minnesota e-Health Coordinated Responses (www.health.state.mn.us/facilities/ehealth/coordresponse/index.html). Feedback is due by June 6, with the coordinated response submitted on June 16. Committee members can contact Kari Guida at kari.guida@state.mn.us with questions.

Next steps and closing remarks

Co-chairs Bryan Jarabek and Lindsey Sand provided closing thoughts and thanked everyone who participated in the meeting. Bilqis Amatus-Salaam reminded the AC that MDH staff and co-chairs will synthesize the feedback and ideas collected during today's meeting and the next meeting on June 12 will be focused on prioritizing the action items the AC will address.

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:

- Great work. Looking forward to action-oriented planning and execution of eHealth activities.
- Great meeting. good to see everyone back in 3d.
- I am interested in creating a unified record of patient care and the statewide person index, and these seem highly related to each other. I am also working on governance, which is tied to quality of AI usage.

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

Greg Hanley, MBA, FACHE, CPHQ, Vice President, Health Services Quality and Operations, UCare, Representing: Health Plans

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

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

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

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

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

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

Members absent

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

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

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

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

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

Tarek Tomes, Commissioner, Representing: MNIT

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

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

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

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