

Summary: Minnesota e-Health Advisory Committee Meeting

Meeting Date: 6/18/2026

Objectives

- Discuss and determine support for the recommendations from the Artificial Intelligence and Bridging Information and Care Work Groups.
- Review next steps for the advisory committee, including summer appointment process and preparing to reconvene in the fall.

Summary

Welcome and housekeeping

Two new direct appointments were introduced: Minnesota Department of Health (MDH) Chief Data and Analytics Officer John Li, representing MDH, and Minnesota IT Services (MNIT) Commissioner Jon Eichten representing MNIT.

Advisory committee co-chairs thanked the leadership of the work group co-chairs.

Artificial Intelligence Work Group recommendations

Please note additional information about the Artificial Intelligence (AI) and Bridging Information and Care Work Groups, including meeting agendas and summaries, charges, staff contacts, and related materials are available on:

[Minnesota e-Health Initiative Work Groups \(www.health.state.mn.us/facilities/ehealth/workgroups/index.html\)](http://www.health.state.mn.us/facilities/ehealth/workgroups/index.html)

AI Work Group co-chairs Genevieve Melton-Meaux and Adam Stone thanked work group members for their participation and presented on the completion of the work group's deliverables and requested the advisory committee endorse the work group's two recommendations: the Minnesota e-Health Initiative AI Framework, and the initial implementation steps for the AI Framework.

The AI Work Group's deliverable the [AI Resource Catalog for Healthcare and Public Health \(www.health.state.mn.us/facilities/ehealth/publications/docs/airesourcecatalog.pdf\)](http://www.health.state.mn.us/facilities/ehealth/publications/docs/airesourcecatalog.pdf) is now live. CHIPT staff will update the document on a regular cadence. Individuals can email mn.ehealth@state.mn.us to share resources they'd like to add to the catalog.

The Minnesota e-Health Initiative AI Framework

The AI Framework provides a structure for the MN e-Health Initiative and its advisory committee to understand and respond to the growing use of AI in healthcare and public health, including its implications for practice and policy. Learn, Connect, and Act are the three pillars of the framework.

Learn: raise AI literacy across the care continuum

- Key activities include webinars and learning opportunities and the AI Resource Catalog for Health and Public Health.

Connect: monitor, share, promote, and collaborate on AI activities

- Monitor - Continue tracking federal and state policy developments, activities, and initiatives while identifying opportunities for further engagement, coordinated responses, and collaboration.
- Share - Expand awareness of e-health resources, events, training opportunities, and AI-related information through both broad and targeted communications to key groups.
- Promote - Advance responsible, equitable AI adoption by sharing best practices, training opportunities, and resources while highlighting and addressing gaps in access and benefits.
- Collaborate - Strengthen partnerships and align efforts across initiatives, including the Rural Health Transformation Program, to maximize shared resources and collective impact.

Act: tackle concrete AI questions and needs

- The advisory committee would call for collective action to address specific needs such as the need to develop recommendations for policy or to respond to a request from the commissioner of health.

Initial implementation steps for the AI Framework

- Compile a Consumer AI Resource Catalog that focuses on safety and basic terms.
- Identify or provide learning opportunities for a baseline AI knowledge for clinicians.
 - Add to the AI Resource Catalog for Healthcare and Public Health.
 - Focus on safety, harm prevention and ethical considerations.
 - Include structured opportunities for interactive peer learning.
- Focus on one widely used AI tool, such as ambient listening/AI scribe, to capture and share best practices.
- Review HTI-5 final rule and communication about considerations.
- Review and respond to HTI-6 proposed rule (coordinated response).
- Collaborate with Minnesota Medical Association on their AI recommendations, engage as needed with the Rural Health Transformation Program, and participate in statewide AI discussions.
- Maintain and update the AI resource catalog.

Discussion

- There was support for the initial implementation step to create a similar AI resource catalog for consumers/patients and interest in presenting the final recommendations at the MN HIMSS and Minnesota e-Health Conference Series or at a similar opportunity.
- Regarding the AI resource catalog, can we create a personalized learning curriculum or learning plan for AI for individuals based on their roles?
 - While that could be valuable, the work group should be cautious about recommending one educational resource over another. Instead, the group could categorize resources based on users' roles or learning goals. This could be a future enhancement to the AI resource catalog.
- Is the AI Work Group expected to continue beyond its initial six-month term and does MDH have the capacity to support the activities outlined in the framework?
 - The work group's future will be based on the advisory committee's consideration of the proposed framework and implementation activities. MDH is considering its role in supporting the work. There is no new funding available for major initiatives, but MDH can provide limited staff support and the advisory committee's role as an advising body stays the same. AI is expected to continue to be a priority. The AI Work Group's activities have built a strong foundation for future work.
- Transparency was raised as seemingly missing from the AI Work Group's recommendations. Was AI transparency discussed in the work group?
 - Yes, but it was not highlighted separately in the recommendations. There is an opportunity to strengthen guidance in this area.
- Additional comments about transparency in AI:
 - It should be an important consideration, particularly regarding notifying patients when AI is used or, for example, when AI is used to generate messages. Transparency in AI is evolving and not "settled science."
 - It is important that patients understand how their data is being used and when AI is involved, while recognizing that organizations will continue to learn and create best practices as AI adoption matures.
- Payer use of AI and payer representation on the work group was also raised as another consideration. Work group co-chairs agreed that a payer perspective would improve future work.
- Earlier engagement with professional licensing boards as this work moves forward was encouraged.

Action Taken

Co-chair Bryan Jarabek called for a motion to approve and a second motion to endorse the AI Work Group's two recommendations. The advisory committee endorsed the AI Work Group's recommendations (George Klauser motioned to approve and Laura Topor seconded). No members were opposed.

Bridging Information and Care Work Group recommendations

Bridging Information and Care Work Group co-chairs Laura Topor and Steve Johnson thanked work group members for their participation and presented the work group's set of 17 recommendations along with the level of support each recommendation had amongst work group members:

Objective 1: Drive adoption of statewide HIO services for clinical data exchange, public health reporting, quality measurement and other use cases

1. The state and e-Health Advisory Committee strongly encourage health organizations participate with an HIO for exchange of individual clinical information and public health reporting, and other allowed uses to secure a critical mass of users and close connectivity gaps, which is essential for both data quality and financial sustainability. *(highest level of support)*
2. The state and e-Health Advisory Committee promote participation in national networks, including TEFCA through QHINs. Health organizations may also connect through an HIO and/or EHR. *(high level of support)*
3. The HIOs, state and e-Health Advisory Committee work with partners such as MN HIMSS, Minnesota Hospital Association, Minnesota Medical Association, Minnesota Health Information Management Association, licensing boards and others to develop educational resources and identify ways to increase health information exchange. *(highest level of support)*
4. The state identifies state government incentives to drive health information exchange and fill interoperability gaps by monitoring and reporting activity. *(highest level of support)*
5. The state and e-Health Advisory Committee recommend Minnesota statutes be more explicit in requirements and consider incentives or potential enforcement authority/penalties for non-compliance with Interoperable Electronic Health Record Requirements, [Minnesota Statutes, 62J.495 Electronic Health Record Technology \(www.revisor.mn.gov/statutes/cite/62j.495\)](https://www.revisor.mn.gov/statutes/cite/62j.495). *(moderate level of support)*
6. The e-Health Advisory Committee develops shared messaging for all Advisory Committee members and work groups to use in engaging their organizations and partners. *(high level of support)*
7. The state and e-Health Advisory Committee explore funding sources (e.g., federal sources such as Centers for Medicare and Medicaid Services [CMS], Rural Health Transformation Program, etc.) to support onboarding, modernization and potentially ongoing support for less-resourced organizations to improve patient care and reporting efficiency through electronic health information exchange. *(highest level of support)*
8. The state and e-Health Advisory Committee monitor implementation of use cases and establish key metrics to measure success and communicate the impact of bidirectional health information exchange. *(highest level of support)*

Objective 2: Establish an implementation work group to advance and support use cases by developing statewide guidance and best practices

9. The state, HIOs, and e-Health Advisory Committee convene one or more health system and skilled nursing facility to develop an implementation plan to deploy nationally developed standard (e.g., [PACIO \(https://pacioproject.org\)](https://pacioproject.org)) for “usable transitions of care” guidance for hospital to skilled nursing facility transitions. Use the resulting implementation plan to execute a pilot. Promote pilot results as a model for hospital to skilled nursing facility transitions and for other transitions of care e.g., home care transitions. *(high level of support)*
10. The state, HIOs, and e-Health Advisory Committee communicate best practices for exchanging information for hospital – skilled nursing facility transitions. *(moderate level of support)*

Objective 3: MDH, with partner input, develops an interoperability roadmap for the agency that includes strategies for public health reporting, FHIR, TEFC A

11. MDH develops and implements an agency interoperability roadmap and establishes clear roles, priorities, and decision processes so data exchange efforts are aligned, transparent, and not fragmented, including reporting pathways through an HIO to minimize program-by-program interfaces that aligns with state, federal and national activities. *(highest level of support)*
12. MDH develops and publishes an Implementation Guide for each use case (TBI, newborn screening, infectious disease reporting) with best practices and success stories, including but not limited to, how TEFC A may be leveraged. *(moderate level of support)*
13. MDH develops and delivers targeted communication to increase statewide awareness and progress on the MDH interoperability roadmap, priority use cases, implementation guides, and onboarding process so health data exchange partners (e.g., health systems, hospitals, clinics, local health departments, and others) understand expectations and available services. *(moderate level of support)*
14. MDH should implement a required process for MDH programs to assess data needs (e.g., why data is being collected, how it will be used and how often it is needed) to eliminate requests for data that are not actively used. *(moderate level of support)*

Objective 4: Evaluate the state policy landscape and identify what’s needed for a coordinated state agency strategy to move toward a model that supports a fully functioning and sustainable statewide Health Data Utility (HDU) in alignment with the Minnesota e-Health Initiative vision

Working definition: A health data utility (HDU) is a not-for-profit organization or state government entity with information exchange at its core and multi-stakeholder governance which, through its mission and function, seeks to meet the comprehensive health data delivery and analytics needs of a state’s public and private sectors. [What Is a Health Data Utility? \(https://thecsri.org/health-data-utility\)](https://thecsri.org/health-data-utility)

15. The state and e-Health Advisory Committee complete an environmental scan of HIE-related statutes in Minnesota and across the country to identify opportunities or places where Minnesota legislation or informal policy may need to be updated or added to create and support an HDU (e.g., HIE Oversight, Minnesota Health Records Act, CMS aligned networks).
(highest level of support)
16. The state, e-Health Advisory Committee, and partners leverage/align the HDU with existing Minnesota health information exchange infrastructure (e.g., HIO services, encounter alerting services [EAS]) to support transitions, but ensure the next step is bidirectional clinical context and details about patient care and what is needed next, beyond notifications.
(high level of support)
17. The state, e-Health Advisory Committee, partners and HIOs explore how an HDU could support health information exchange necessary to support eligibility determinations (e.g., Medicaid enrollment, paid family medical leave), access to social supports, and addressing social determinants of health (social drivers of health, upstream drivers of health) among others.
(highest level of support)

Discussion

There were no questions or comments for the Bridging Information and Care Work Group.

Action Taken

Co-chair Lindsey Sand called for a first and second motion to endorse the Bridging Information and Care Work Group's set of 17 recommendations. The advisory committee endorsed the Bridging Information and Care Work Group's recommendations (Laura Topor motioned to approve and Adam Stone seconded). No members were opposed.

Next steps for the advisory committee and closing remarks

- CHIPT staff, advisory committee co-chairs, and work group co-chairs will prepare the endorsed recommendations to go to the commissioner of health for feedback. That feedback will help inform potential implementation activities that will be presented to the advisory committee in the fall.
- Advisory committee members were reminded that applications are open for new members and for current members to reapply.
- Advisory committee members were asked if there was anything we should be monitoring in preparation for the fall in addition to the HTI-5 final rule and HTI-6 proposed rule. Bryan Jarabek raised keeping track of Medicaid enrollment changes.
- Tentative dates for the fall MN HIMSS and Minnesota e-Health Initiative Conference Series were shared: October 22, October 29, November 5, November 12. Advisory committee members were encouraged to share suggestions and speakers to Sarah Shaw at sarah.shaw@state.mn.us.

- Before the meeting was closed, advisory committee co-chairs expressed their gratitude for the participation and engagement of the advisory committee members, the work groups' efforts, and the progress that has been made.

Comments submitted through survey form

No comments were submitted.

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

Jon Eichten, Commissioner
Representing: MNIT

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

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

George Klauser, Executive Director - Community Services-ACO/Health Care 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

John Li, Chief Data Analytics Officer
Representing: Department of 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

Nathan Moracco, Technology Director

Representing: State of Minnesota, Direct Care and Treatment

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

Mathew Spaan, Manager, Care Delivery and Payment Reform

Representing: Department of Human Services

Laura Topor, President, Granada Health

Representing: Rotating Professionals - Pharmacy

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

Ashley Setala, Director of Regulation & Policy Strategy

Representing: Department of Commerce

Laura Unverzagt, MBA, Vice Chair-Information Technology, Mayo Clinic

Representing: Health System CIOs

Alternates present

Alicia Jackson, MS, CPPM, Health Care Analyst Principal, Blue Cross Blue Shield of Minnesota

Representing: Health Plans

Kari Majors, Vice President and Executive Director, CyncHealth

Representing: Health IT Vendors

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

Representing: Physicians

Adam Stone, Vice President Services Delivery, Chief Privacy Officer, Secure Digital Solutions, Inc.

Representing: Experts in Health IT

Alternates absent

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

Emilie Maxie, DNP, CCRN, ICU Enterprise Staffing Pool RN, Mayo Clinic
Representing: Nurses

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

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