MN e-Health AI Work Group

February 23, 2026

DEPARTMENT OF HEALTH

www.health.state.mn.us

Land Acknowledgement

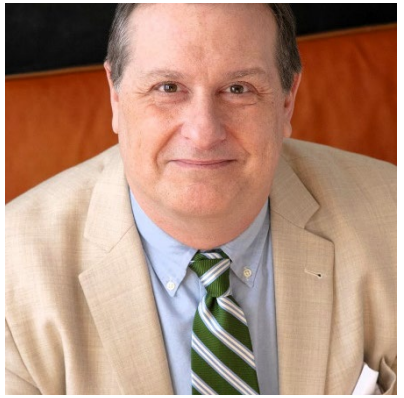
Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Co-chair introductions

Genevieve Melton-Meaux
University of Minnesota



Adam Stone
ZAVIANT

Housekeeping

- The meeting will be recorded for notetaking purposes
- Cameras can be turned off to preserve bandwidth
- Please mute your microphone when not speaking
- Feel free to use the chat to share content, comments, questions and/or share thoughts, comments via the post-meeting survey at https://forms.office.com/g/w8EKGm4s0j
- If you're experiencing technical problems, use chat or email sarah.shaw@state.mn.us or bilqis.amatussalaam@state.mn.us

Work group ground rules

1. We will **start and end meetings on time** and follow the agenda.
2. We **raise hands to speak**, introduce ourselves, and focus comments on topic at hand.
3. We will **engage all members**, which may mean limiting the length or frequency of some members comments.
4. We will **stay focused** on achieving the key activities and deliverables as laid out in the work group charge.
5. We maximize our time by coming to meetings **prepared**, contributing to meeting agenda, and minimizing distractions.
6. We will **share knowledge** with each other and clarify misunderstandings.

Agenda

Welcome, Successes & Needs	11:00 - 11:15 a.m.
Digital Medicine Society (DiME)	11:15 - 11:45 a.m.
Center for Care Innovations	11:45 - 12:15 p.m.
Beyond the Hype: Building Practical AI Capability at Gillette Children's	12:15 - 12:45 p.m.
Large Group Discussion: Deliverables & Next Steps	12:45 - 1:00 p.m.

Success & Needs

Key Activity: Understand, monitor and respond to rules, policies, laws, & other federal & state government AI activities

- Thanks to all who submitted comments for the HTI-5 coordinated response.
  - The MN e-Health Initiative will submit by 2/17/26 and it will be posted at Minnesota e-Health Coordinated Responses the week of 3/2/26
- Thanks to all who shared their comments to the Request for Information: Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care
  - These were incorporated into the coordinated response where applicable.
- Please share your organization's response with kari.guida@state.mn.us

Deliverable: Curated list of essential AI resources for the care continuum and to support the work of the MN e-Health Initiative

- 20+ resources have been submitted
- Submit your 3–5 key AI resources: https://forms.office.com/g/yxSaCze9M4 or forward to kari.guida@state.mn.us
- Consider volunteering to curate our list of resources. We need 2–3 committed volunteers to help curate the final list.
- Please email Kari your interest.

Deliverables: Engage with and share current and planned AI use by some partners in the Minnesota care continuum

- Looking for work group members to share their AI stories.
  - 8-10-minute vignettes on AI in your organization, followed by 5-8 minutes of questions
  - 3-5 slides are preferred
  - Successes, upskilling staff, failures, planning, governance, privacy, barriers, and more
  - Care providers to across the continuum to share
  - Contact kari.guida@state.mn.us with preferred date(s):
    - March 23 from 11:00 a.m. - 1:00 p.m.
    - April 27 from 11:00 a.m. - 1:00 p.m.
    - June 8 from 11:00 a.m. - 1:00 p.m.

Getting to All the Deliverables

- Engage with and share current and planned AI use by some partners in the Minnesota care continuum.
- A curated list of essential AI resources for the care continuum and to support the work of the Minnesota e-Health Initiative.
- High-level plan for how the Minnesota e-Health Initiative can engage, learn, and act with key AI-related collaborations, partners, and activities and ongoing monitoring of AI use.
- Outline of key recommendations, guidance, tools and use cases for adopting an AI framework for the care continuum in Minnesota

Next Steps

- March 23 from 11:00 a.m. - 1:00 p.m.
  - Vignettes (volunteer)
  - Minnesota Medical Association discussing their AI work.
  - Health AI Partnership
- April 27 from 11:00 a.m. - 1:00 p.m.
  - Vignettes (volunteer)
  - Organization (suggest speakers)
  - Review and provide feedback on draft recommendations (deliverables)
- June 8 from 11:00 a.m. - 1:00 p.m.
  - Vignettes (volunteer)
  - Organization (suggest speakers)
  - Review and finalize recommendations (deliverables)

Large Group Discussion: Deliverables & Next Steps

- Are you starting to see trends/recommendations/actions from the past few meetings?
- What knowledge gaps do we need to fill between now and last meeting (June)?
- What topics or who do you want to hear from in future meetings?
- Other thoughts?

DEPARTMENT OF HEALTH

Digital Medicine Society (DiME)

MN Department of Health AI Work Group Meeting

February 23, 2026

Ian Miller
Program Lead
Digital Medicine Society (DiMe)

Eric Maurer
Chief Innovation & Strategy Officer
Community-University Health Care Center (CUHCC)

DIGITAL MEDICINE SOCIETY

COMMUNITY-UNIVERSITY HEALTH CARE CENTER

UNIVERSITY OF MINNESOTA

DiMe convenes stakeholders to take action to fix the problems in our complex field

Learn more about DiMe.

OUR MISSION:

To advance the safe, effective, and equitable use of digital approaches to **redefine healthcare** and **improve lives**

OUR VISION:

Better health powered by digital innovation

Learn more about DiMe.

How we do it

Convene & collaborate

DiMe's superpower is convening stakeholders to drive action – not just admire – the problems in our complex field.

Build & lead

Harnessing the power of many, we create solutions to reduce the activation energy of digital innovation in healthcare.

Educate & advise

Combining insights from our diverse community with best practices from our research, DiMe offers an unparalleled perspective on the digitization of healthcare.

Learn more about DiMe.

PREVENTION | PERSONALIZATION | HEALTH OUTCOMES | SUSTAINABILITY

HEALTHCARE 2030

By DiME

A Blueprint to Transform U.S. Healthcare in the Digital Era

Healthcare *2030*

Over the next five years, DiMe will prioritize:

Prevention

Move from sick care to true healthcare: early detection through predictive insights

Health Outcomes

Aligning incentives with better health, not box-checking, prioritizing real health impact

Personalization

Tailored care for every individual, not just the “average” patient

Sustainability

Deliver care that’s financially, professionally, and commercially viable

Leveraging these **technical drivers** of transformation:

- **Communication**
- **Connectivity**
- **Compute**
- **Data**

Removing harmful race-based clinical algorithms: A toolkit

Learn how with this new toolkit based on the success of NYC Health Coalition to End Racism in Clinical Algorithms

Key resources

The Toolkit

Use the 5-step de-implementation process to remove harmful race-based clinical algorithms

Maturity Model

Assess your readiness to de-implement and use recommendations to prepare your organization

Dynamic Scorecard

Set milestones, target dates, and track progress toward successful de-implementation using this customizable template

Visit project homepage

The Playbook

Implementing AI in Healthcare

A practical guide to help health system leaders:

- Plan
- Implement
- Scale

✓ Safely
✓ Effectively
✓ Sustainably

DiME Google for Health

KEY RESOURCES

Readiness Assessment

Interactive review of your organization's readiness to implement health AI

Maturity Model

Benchmark organizational adoption, integration, & change management

Implementation Framework

Four-step framework to guide the planning, deployment, monitoring, & scaling of your implementation

DIGITAL MEDICINE ACADEMY®

The digital health space is evolving quickly – we are here to help you keep pace.

FREE COURSE SERIES

Implementation of fit-for-purpose AI solutions in low-resource health systems

OURSE 1 | **Health AI essentials**: A primer or aspiring AI champions

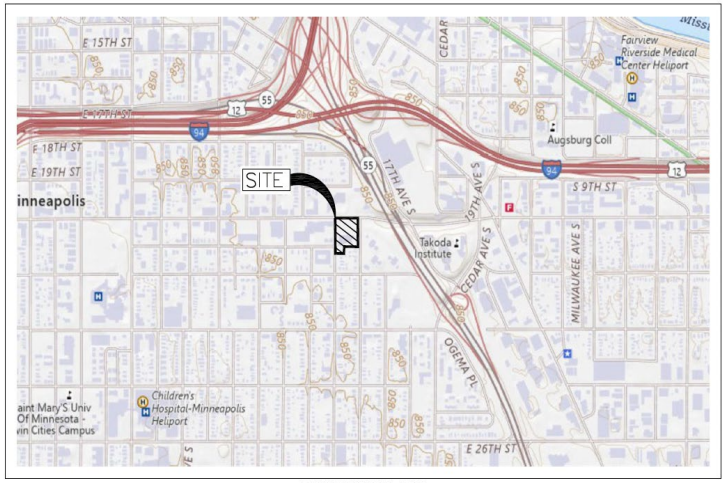
OURSE 2 | **Health AI implementation**: A ractical roadmap for low-resource settings

Patrick J McGovern FOUNDATION

Ideal for:

- ✓ Clinicians
- ✓ Frontline staff
- ✓ Operations leaders
- ✓ Community health workers

About CUHCC



USGS VICINITY MAP
NOT TO SCALE

OUR MISSION

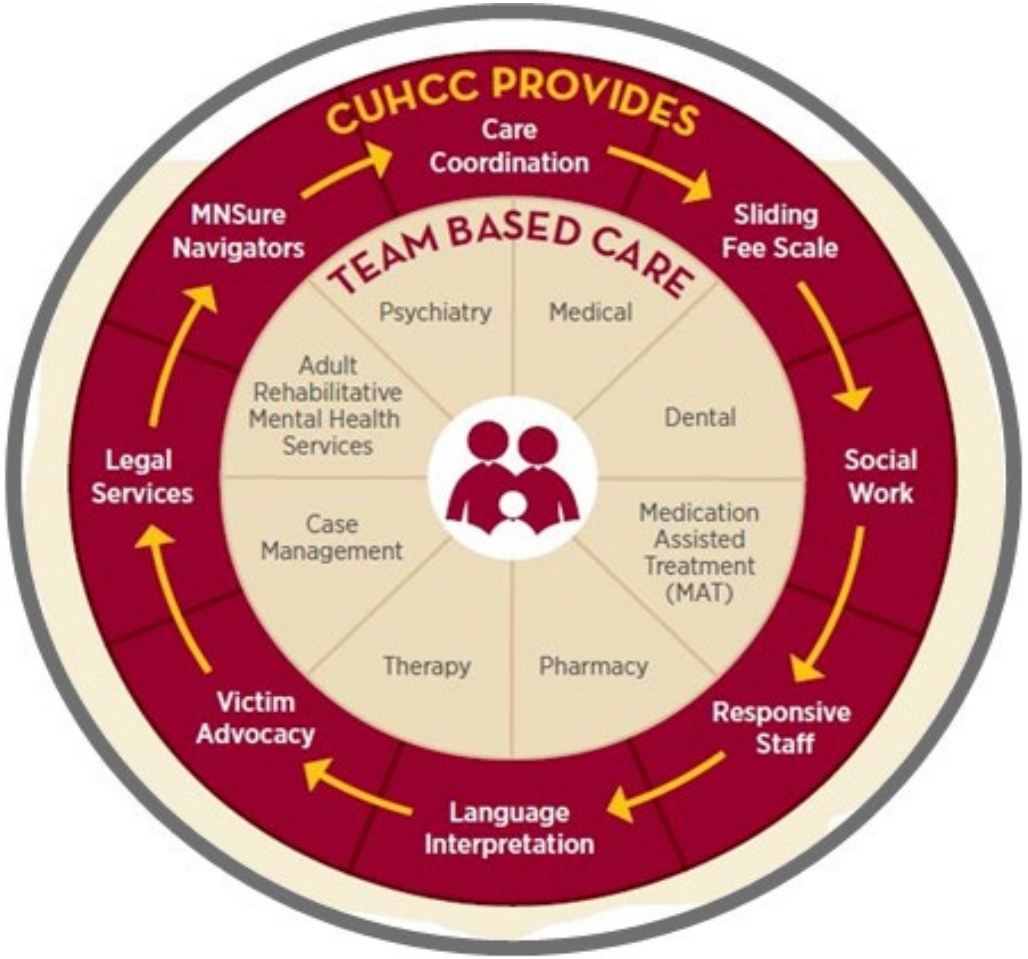
Transforming care and education to **advance the health** of our patients and the communities we serve.

OUR VISION

We will be a **premiere education site** which leads in team-based care, and centers on person-family-community experience.

About CUHCC

- 145 FTE + 177 learners
- ~12K unique patients with >53K annual visits in 2025
- >50% prefer care in language other than English
- OCHIN Epic EMR + EDR



NEW DIME PROJECT

Scaling Trusted, High-Impact **AI Care Navigation**

AOIA AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION

Boston Children's Hospital

Healthcare navigation is exhausting
DiMe unites leaders to scale trustw
guided care navigation with built-in
equity, and ROI.

Title sponsor

intel

swept AI

More about this project

From pilots to proof. Together we'll build the foundation for AI care navigation...

We bring together technology innovators, healthcare providers, payors, clinicians, and patient advocates to co-create the first AI Patient Navigation Framework — a trusted blueprint for scaling impact responsibly. Together, we'll:

Project deliverables

Care Journey Snapshots (1)

Map **high-value patient journeys** to surface friction points, inequities, and opportunities where AI care navigation can meaningfully improve outcomes and efficiency.

Trust-Utility-Impact Framework (2)

Define a **practical Trust–Utility–Impact Framework** that classifies use cases by readiness, safeguards, and real-world feasibility to ensure responsible AI enablement.

ROI Models (3)

Build **ROI Models of AI care navigation**, quantifying gains in patient outcomes, cost savings, and system performance across diverse care environments.

Real-World Case Studies (4)

Showcase evidence through **partner-led case studies**, demonstrating measurable impact on patients, providers, and operations while setting new benchmarks for credibility.

Public promo

Launch a public showcase and communications campaign that amplifies learnings, celebrates leadership, and establishes the **first evidence base for trusted AI navigation in healthcare.**

THANK YOU

Ian Miller | ian.miller@dimesociety.org

Eric Maurer | emaurer@umn.edu

COMMUNITY-UNIVERSITY HEALTH CARE CENTER

UNIVERSITY OF MINNESOTA

DIGITAL MEDICINE SOCIETY

www.dimesociety.org + **www.cuhcc.umn.edu**

www.linkedin.com/company/dime-society

https://dimesociety.org/join-slack/

DEPARTMENT OF HEALTH

Center for Care Innovations

CCI's Growth Strategy

February 17, 2026

CCI
CENTER FOR CARE INNOVATIONS

AI Governance

1. The Time we are in
2. Revenue strategy
3. Business Development
4. Priority Areas and Approaches
5. 2026 Key Results for Revenue
6. Current Revenue Pipeline – scavenger hunt

Why focus on AI?

AI Governance in a Fragmented World

International level

- U.S. retreating from multilateral governance mechanisms
- EU AI Act moving forward
- No binding global healthcare AI standards

Federal level

- CMS signaling interest in algorithm transparency and bias mitigation
- ONC focusing on transparency and interoperability
- NIST AI Risk Management Framework (voluntary)
- Strong private sector pressure to avoid regulatory friction

This mean

States and organizations (payers, provider networks, and delivery systems) must step in to govern. They become **governance laboratories.**

What do we mean by AI Governance

Regulation and compliance

Procurement standards

Clinical oversight

Workforce training

Monitoring and evaluation

Cultural norms about responsible use

Governance requires a continuous adaptive process.


(Coalliition for al Coaplitions-)
Aillicating & Coapliations
Alliance & Responssible aii Heathcare
TALLINCEEY & & IALTTERSHIP Network
VADICATION AI
ANDLEFRS PRONDL AI IN HEALHCICRE
CALDATONA AI COLLERARTIVE
HEALTH AI -ON PARTFERSHIP
ALLLIANCES AND
COALITIONS

Existing Frameworks

NAM Code of Conduct - Commitments

NATIONAL ACADEMY OF MEDICINE

Advance Humanity

- Development of standards and other governance structures to assess alignment by developers and users of health AI with societal and cultural goals for health AI
- Incentives and structures for independent evaluation, certification to the AI Code Commitments, and public and transparent reporting on certification status

Ensure Equity

- Standardized metrics to assess and report bias in data, AI output, and AI use, in the interest of equitable distribution of benefit and risk
- Incentives and support to low-resourced organizations and communities to ensure equitable access to the benefits of AI

Engage Impacted Individuals

- Participation by all key stakeholders across the health AI lifecycle
- Local governance bodies, which includes all stakeholders in the AI lifecycle cross-purposes
- Common understanding and education of all affected parties

NAM Code of Conduct - Commitments

NATIONAL ACADEMY OF MEDICINE

Improve Workforce Well-Being

- Positive work and learning environments and culture
- Measurement, assessment, strategies, and research
- Reskilling and training programs for workforce AI competency
- Disruptive technologies with change management strategies that promote worker well-being

Monitor Performance

- Standardized quality and safety metrics to be used to assess the impact of the use of health AI on health outcomes
- Aligned frameworks for safety, equity, and quality in AI performance

Innovate and Learn

- A well supported national health AI research agenda
- Participation in shared learning across all stakeholders
- Innovation as a core investment

AI Code of Conduct Framework

NATIONAL ACADEMY OF MEDICINE

- The Commitments serve as core values to guide organizations in how they develop, purchase, or use AI.
- The Code provides:
  - A shared compass that helps align different users across the field
  - A reference standard that organizations can use to assess and align their own internal policies
  - A bridge between high-level principles and on-the-ground action

Coalition for Health AI (CHAI)

- AI Lifecycle
  - Define → Design → Engineer → Assess → Pilot → Deploy & Monitor
- Model Cards - “nutrition labels”
- Governance Playbooks - aligned with Joint Commission RUAIH certification
  - Under development
- Incident reporting & monitoring guidance

AI Lifecycle Framework

1. **Define Problem & Plan**
   - Identify clinical need, feasibility, and stakeholder input
2. **Design the AI System**
   - Specify requirements and workflow integration
3. **Engineer the Solution**
   - Build, validate, and prepare data
4. **Assess**
   - Local validation, risk management, and compliance checks
5. **Pilot**
   - Small-scale deployment to evaluate performance
6. **Deploy & Monitor**
   - Full rollout with ongoing monitoring and update

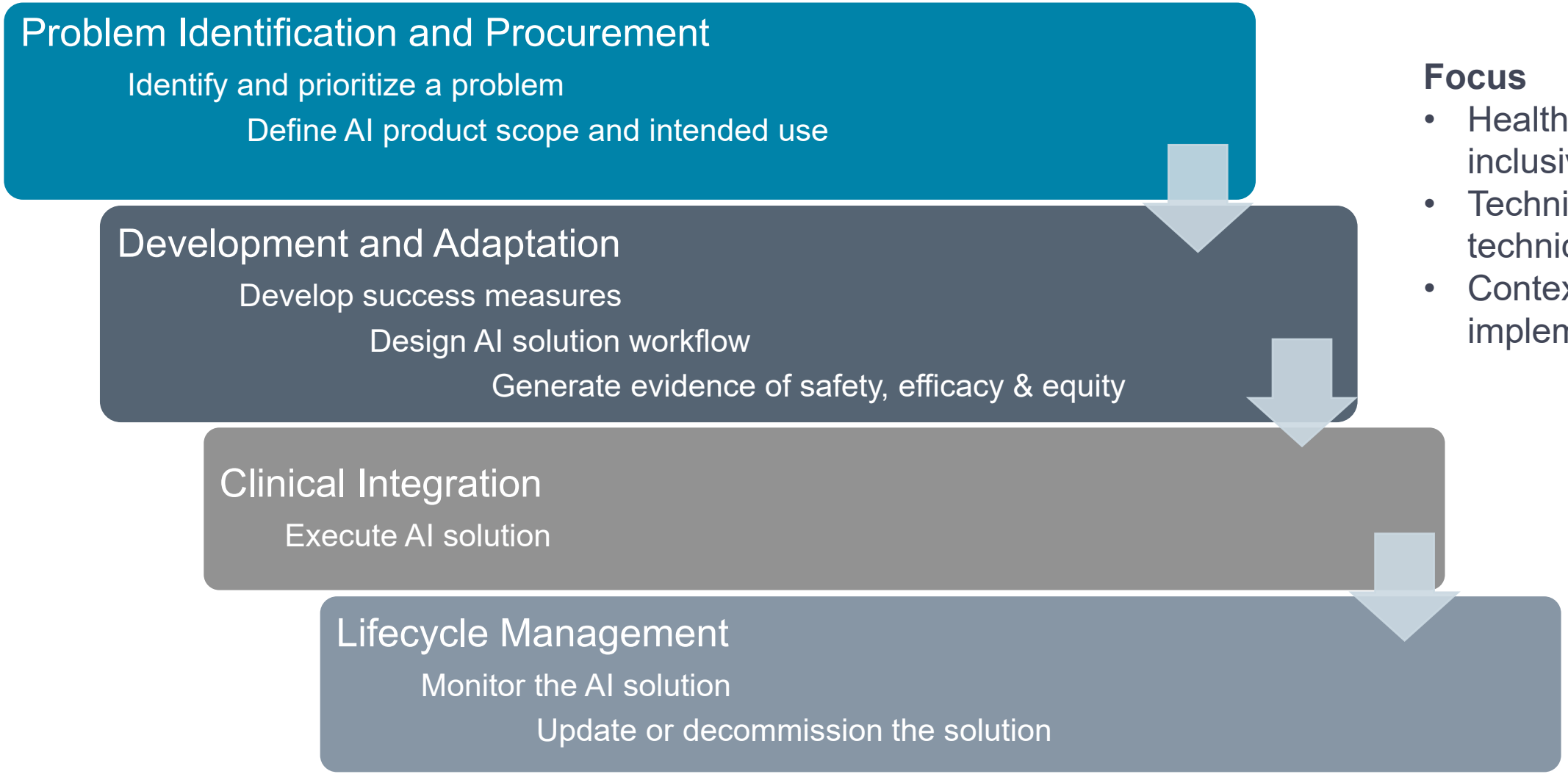
Elements of Responsible Use of AI in Healthcare (RUAIH™)

1. AI Policies and Governance Structures
2. Patient Privacy and Transparency
3. Data Security and Data Use Protections
4. Ongoing Quality Monitoring
5. Voluntary, Blinded Reporting of AI Safety-Related Events
6. Risk and Bias Assessment
7. Education and Training

Joint Commission will develop a voluntary AI certification based on the final set of playbooks and open it to its more than 22,000 accredited and certified healthcare organizations nationwide.

Health AI Partnership

health equity across the AI lifecycle (HEAAL) framework



Focus

- Health equity and inclusive co-design
- Technical and non-technical integration
- Context-specific implementation

The White House AI Bill of Rights and National AI Strategy

Principles

- Protection against bias
- Data privacy and explanation
- Human alternatives and accountability

Recent federal emphasis

- Infrastructure
- Workforce
- Security
- Reducing regulatory barriers while promoting standards

Implication: Federal government is signaling direction - not building full operational governance.

What Do These Frameworks Have in Common?

1. Clear use case definition
2. Data transparency
3. Bias & subpopulation assessment
4. Human oversight
5. Continuous monitoring
6. Inclusive governance structures

Implications for you

- and my recommendations

Engage and Share Current Use

Establish a system for oversite of current use

Categorize by:

- Clinical decision support
- Documentation
- Revenue cycle
- Patient engagement
- Population health

Identify high risk and low risk use

Curate and Adapt AI Resources

1. Governance frameworks
2. Federal standards (NIST AI RMF, ONC transparency rule)
3. Procurement tools (Model Cards, vendor disclosure templates)
4. Monitoring template

High-Level Plan for Engagement & Monitoring

What might an AI Governance Council look like?

State agency reps, Providers, Payers, Vendors, Patient advocates, Safety net representatives, Data scientists, Legal experts, Researchers

Define

- Annual goals
- Annual review process
- Incident reporting mechanism
- Learning system
- Review protocol – including subpopulation impact
- Evidence scanning responsibility

Recommendations for AI Framework Adoption

1. Adopt NAM commitments as values framework.
2. Use CHAI lifecycle as operational process.
3. Embed HEAAL equity review in each stage.
4. Require vendor model transparency (Model Cards).
5. Create monitoring and reporting expectations statewide.

Recommendations for AI Framework Adoption

Personal level

- Engage with curiosity and skepticism.
- Use GenAI solutions and understand:
  - How and who may use your data?
  - How can you or can you not control that?
- What can be your personal framework for safe AI use?

Strategic Moves

1. Set ambitions task shifting goals, reskill and reinvent your workforce
2. Build trust through deliberate alignment of interests
3. Do not over-regulate early – over-structure learning
4. Invest in shared evaluation infrastructure
5. Make equity non-negotiable

Strategic Moves – for health equity

Risk 1: Data Bias
Risk 2: Access Bias
Risk 3: Resource Allocation Bias
Risk 4: Automation Bias

Values & Policy Level (Statewide Governance)

- Require vendors to report performance metrics stratified by race, ethnicity, language, disability status, rurality, and payer type.
- Require explanation of training data composition and known limitations.
- Require description of how model was tested in safety net or rural populations.
- Establish that AI systems with differential performance across protected groups cannot be deployed without mitigation plan.

Community & Patient Engagement Level (too often missed)

- **Require**: Patient-facing disclosure when AI is used in clinical decision support. Clear explanations in plain language.
- **Engage**: Community advisory boards in reviewing AI priorities. Tribal health leaders. Rural health stakeholders.
- **Ensure**: Digital tools do not assume broadband access. Chatbots are accessible in multiple languages. Voice interfaces support low literacy.

Safety Net

- AI adoption is happening – just not at the pace as in many other health systems
- Many still need to establish basic data governance systems and build data driven cultures
- Rich lessons are emerging but there is no structure to capture these
- How might we support the safety net operate as one system – how can a time with resource constraints and pressures for AI adoption help us build stronger collaborations among healthcare providers in our communities?
- What are the shared infrastructure and resources to make this happen and who all to be engaged?

What we have

- AI in Action – monthly convening with lessons from the Safety Net
- Building a Data Driven Culture – assessment tool and training curriculum for data governance and data use
- Partnership with Health AI Partnership and CHAI to support safety net providers.
- AVIA Marketplace with filter for safety net providers

Q & A

DEPARTMENT OF HEALTH

Beyond the Hype: Building Practical AI Capability at Gillette Children's

Beyond the Hype

Building Practical AI Capability at Gillette Children's

gillette CHILDREN'S

About Gillette Children's

For more than 125 years, Gillette Children's has focused on some of the toughest challenges in pediatric medicine. We care for brain, bone and movement conditions needing specialized expertise. When families arrive at our door, they feel they've come home. **We're inspired by their perseverance.**

Locations in Minnesota

Patients Served From:

87
Minnesota counties

43
US states and territories

8
Countries around the globe

About Me

- M.S. Management of Technology, UMN TLI
- 20 years innovating with technology
- 10+ years working with the State of Minnesota
- Prior roles include
  - Management Analyst
  - Director
  - Business Analyst
  - Systems Analyst
  - Dev Lead
  - Enterprise Architect

Andy Levesque
Manager – Enterprise Architecture

AI Strategy

Enabling Organizational Strategy

gillette CHILDREN'S

Establishing an AI Strategy

AI should amplify your existing strategy,
not replace it.

The question isn't "do we have an AI strategy" — it's "what capabilities do we need to add to execute our strategy with AI“

Revisiting the Foundation

Policy Review

Do your policies consider AI?

Governance

Are your governance programs catching AI risk?

Team Structures

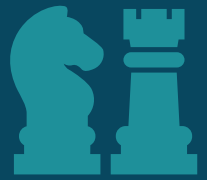
Are your teams ready to build, deploy, and govern AI?

gillette CHILDREN'S

Strategic Pillars

Organizational Literacy

Governance



Strategic Integration

Pillar 1: Organizational Literacy

- Narrow AI vs. Generative AI
  - Risks
  - Opportunities
- Leader Adoption and Encouragement
- Psychological Safety
  - It’s ok to use AI
- Data Sensitivity Levels

Pillar 2: Governance

- Agree on Risk Appetite
- Identify Risk Thresholds
  - General Productivity vs.
  - Clinical Use vs.
  - Influencing Clinical Decision-Making
- Risk Rubric with Escalation
- Human-in-the-loop

Pillar 3: Strategic Integration

- Easy Idea Submission
- Routing for Scale
  - Central Development vs.
  - Supporting Role vs.
  - Self-Service Enablement
- Discipline Maintaining Strategic Alignment
- Avoiding Haves vs. Have-Nots

Use Cases

Use Case 1: GMFCS Extraction from Clinical Notes

Surfacing critical cohort data for better care plan adherence tracking and care gap identification

Use Case 1: GMFCS Extraction

Problem: Key data to best identify and cohort cerebral palsy patients (GMFCS score) is buried in unstructured clinical notes.

Proposed Solution: Leverage AI to review clinical notes and extract mentions of GMFCS and other valuable discrete data.

Status: In Production

Measures: GMFCS extraction accuracy and newly-cohorted patients

Key challenges:

Preventing inference - The model must not create nor infer a GMFCS if none exists.

Operationalizing - Cohorting value and operationalizing into production workflow.

gillette CHILDREN'S

Use Case 1: GMFCS Extraction

Getting to 99.6% accuracy required iteration, meta prompting, and designing the AI out of decisions it shouldn't be making.

gillette CHILDREN'S

Use Case 2: New Patient HIE Summary

AI-Generated patient summaries for improved first conversations

Use Case 2: New Patient HIE Summary

Problem: Providers seeing complex pediatric patients for the first time (often with hundreds of pages of external records) need a faster way to surface what matters by specialty.

Proposed Solution: AI-generated, specialty-specific patient summaries surfaced from HIE data prior to the visit.

Status: Active pilot with 5 providers with production release scheduled.

Measures: Provider buy-in and accuracy by specialty.

gillette CHILDREN'S

Managing Risk

- For discussion purposes only
- Clear disclaimers top and bottom of document
- Required training on risks and not to expect perfection
- Copy/Paste not permitted
- Meta-data AI flag to prevent document from further AI consumption

Early Challenges Encountered

- Wrong provider names surfaced in summaries
- A nurse listed as a provider
- Knowledge gaps in source documentation
- Disproportionate data skewing results (e.g., many rehab summaries and few clinical notes)
- Data indicating that visit occurred, but no corresponding notes

gillette CHILDREN'S

Success in Failing Fast

Defining the output is as important as the model:

- what content
- what format
- for which specialty

Fast feedback cycles with providers and HIM were essential to iteration

Key Learnings

- Design for quick prompt iterations and comparisons
- Leverage meta-prompting
- Expect prompt sequences over single prompts to control focus
- Pre-define output formatting
- Down-select files for cost savings

What’s Next

What’s Next

- Org Enablement – Phase 2
- Embedding our AI tools into the EHR
  - SMART on FHIR for EHR-Agnostic, sharable solutions
- Agentic AI orchestration for scale
- Use Case - Complex Care Pathway AI

gillette CHILDREN'S

Discussion

Large Group Discussion

Large Group Discussion: Deliverables & Next Steps

- Are you starting to see trends/recommendations/actions from the past few meetings?
- What knowledge gaps do we need to fill between now and last meeting (June)?
- What topics or who do you want to hear from in future meetings?
- Other thoughts?

Closing

Get involved

- If you are not receiving emails/not a participant, please join us by emailing kari.guida@state.mn.us
- Sign-up for Minnesota e-Health Updates
- Bridging Care and Information Work Group
  - February 27 from 10:00 a.m. - 12:00 p.m.
- MN e-Health Advisory Committee
  - March 19 from 10:00 a.m. - 12:00 p.m.

DEPARTMENT OF HEALTH

Thank You!