

Summary: Minnesota e-Health Advisory Committee Meeting

Meeting Date: 3/19/2026

Objectives

- Review member term expirations, option to reapply, and summer appointment process
- Hear and discuss updates from the Artificial Intelligence and Bridging Information and Care Work Groups
- Review themes from the HTI-5 Coordinated Response and discuss potential implications and future engagement

Summary

Remarks from Commissioner of Health Dr. Brooke Cunningham

Commissioner Cunningham's remarks:

- Called for expanded data exchange between health care and public health, particularly to address chronic disease and leading causes of mortality.
- Emphasized that public health brings a distinct population health perspective and should be more intentionally integrated into health care efforts.
- Highlighted the opportunity to leverage health care-collected social determinants of health (SDOH) data in partnership with public health.
- Encouraged thinking creatively and thinking beyond data exchange to deeper collaboration models (e.g., embedding health care data scientists in public health and vice versa).
- Raised the potential for alternative models, such as treating health information exchange as a public utility for the public good.
- Framed data modernization as a long-term strategy to improve population health and reduce burden on the health care system.
- Stressed the importance of not reproducing existing inequities as new data and technology systems are developed.
- Noted interest in using data to better identify and intervene with individuals not accessing care to prevent worsening outcomes.
- Raised concern about health care system strain (e.g., hospital consolidation, financial pressures) and the role data/technology could play in alleviating these challenges.

Discussion

- Can the advisory committee bring barriers to you/how can we do that?

The Commissioner encouraged making her aware of the barriers, sharing that sometimes she is not always aware of them, but also encouraged exploring whether perceived barriers are really the obstacle. The commissioner also reiterated the importance of ensuring the public health perspective is included when addressing challenges.

- What are the right connection points and opportunities related to the Rural Health Transformation Program?

Diane Rydrych with MDH shared there will be more touch points with the advisory committee. The best way to stay informed is the RHTP website which has contact information and where you can subscribe to the RHTP newsletter.

[Rural Health Transformation Program \(www.health.mn.gov/facilities/ruralhealth/ruraltrans/index.html\)](http://www.health.mn.gov/facilities/ruralhealth/ruraltrans/index.html)

Artificial Intelligence Work Group update

Please note additional information about the 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 has been primarily focused on learning through presentations from diverse stakeholders across and beyond health care.
- Key takeaway from federal policy discussion: HTI-5 Proposed Rule signals a strong federal push toward AI adoption with reduced regulatory emphasis.
- High attendance and strong interest observed but limited active participation perhaps due to participants being more focused on learning than contributing; however, still working toward the work group's deliverables.
- Upcoming work includes reviewing recommendations from the Minnesota Medical Association AI subcommittee, continuing use case sharing, and beginning to draft deliverables.

Discussion

- Has the work group engaged with HIMSS Minnesota on AI-related activities and potential collaboration?

No, but staff lead Kari Guida will reach out to HIMSS Minnesota.

Action items for the advisory committee

AI Work Group is looking for volunteers to share use case stories about their experience with AI from other settings beyond traditional health care organizations (e.g., public health, long term care, social services, etc.). Express interest or share an organization to connect with, contact Kari Guida at Kari.Guida@state.mn.us.

Bridging Information and Care Work Group update and discussion

The Bridging Information and Care Work Group summarized their work identifying and selecting priority use cases they will eventually make recommendations to address information sharing needs.

Priority use cases were grouped into two main clusters:

- Higher impact, higher effort (Use Cases 2, 3, 9)
 - **UC02 - LTPAC & hospitals**
Focusing on improving bidirectional data exchange and usability across care settings
 - **UC03 - Useable format for transitions bi-directional**
Making exchanged data actionable within provider workflows, not just available
 - **UC09 - Bi-directional exchange regardless of EHR**
Need to support smaller or non-dominant EHR systems to avoid exclusion

Identified potential alignment with AI to help synthesize and surface relevant information from exchanged data.

- Public health-oriented use cases (Use Cases 6, 7, 8) focused on improving reporting and automation for TBI, newborn screening, and infectious disease reporting:
 - **UC06 - TBI/SCI data to MDH using HIO**
 - **UC07 - Newborn Screening - test orders & results to MDH Public Health Lab using HIO**
 - **UC08 - Infectious Disease - test orders & results to MDH Public Health Lab using HIO**

Noted the technical capabilities already exist, but these use cases may require different levers, such as education and engagement.

Discussion

- How does the varying ability for different settings to exchange health information impact your findings?

This is a challenge that still needs to be addressed; there isn't an answer yet. The other issue is how to improve usability and workflow integration of exchanged data. For example, a C-CDA can be shared but it can be a big, useless document. There could be an opportunity for AI to help surface the useful data. There is also opportunity to partner with others in the state and vendors to learn more and explore how to make the data useful.
- A comment by a member also reiterated the importance of the distinction between data coordination and care coordination and how having the data does not always lead to better care coordination, and the need to bridge that gap.
- The Bridging Information and Care Work Group asked for an endorsement of the direction of their work and there were no objections from advisory committee members.

HTI-5 Coordinated Response discussion - Potential implications and future engagement

The submitted HTI-5 Coordinated Response can be found on:

[Minnesota e-Health Coordinated Responses \(www.health.state.mn.us/facilities/ehealth/coordresponse/index.html\)](http://www.health.state.mn.us/facilities/ehealth/coordresponse/index.html)

An overview of the submitted response was provided along with the key themes in the response that were shared across comments submitted by professional/national organizations:

- Importance of maintaining privacy and security safeguards within health IT certification
- Continued need for AI transparency
- Strong support for FHIR-based APIs, but concern about readiness and timelines proposed
- Importance of retaining public health reporting capabilities
- Concern that deregulation may shift burden from vendors to providers and health systems
- Need for clearer education and guidance on topics that ASTP/ONC noted there were misunderstandings
- Noted that providers and public health stakeholders (“end users”) expressed concerns, while vendors were generally more supportive of deregulation

Suggestions for increased engagement in future coordinated responses were presented with advisory committee members preferring hosting an optional, more interactive call where the proposed rule is walked through and attendees can provide comments section by section.

Discussion

What are you in your respective fields watching for/what should the advisory committee be watching for related to the HTI-5 Proposed Rule?

- The Sequoia Project is releasing a paper from its Interoperability Matters Pharmacy Workgroup focused on advancing pharmacy interoperability. This work is focused on how pharmacy can participate in data exchange and use the data for use cases such as discharge notifications and help close gaps in care.
- Watching for the final decisions related to removing criteria that could lead to uncertainty around who is responsible data misuse, data security incidents. Also watching for decisions on criteria and revisions related to AI transparency and the role of AI in accessing data. Question whether MDH or the state will need to make policy recommendations to regulate AI use.
- A question was raised if health care organizations themselves, the AI Work Group, or others could require what’s being proposed for removal or revision such as AI model card-related criteria and make sure vendors meet their needs.

While it is easier for there to be federal regulations for vendors than it is for health organizations to hold vendors accountable, it is possible.

Action items for advisory committee

Advisory committee members were reminded that HTI-6 will likely be announced in the summer while the committee was on break. Volunteers were sought to provide assistance with drafting a response. Interested advisory committee members can reach out to mn.ehealth@state.mn.us.

Member term expirations and next steps

- Advisory committee members were informed that most members' terms are set to expire on June 30, 2026. Vacancies will be publicly posted by May 15, 2026, in accordance with Secretary of State requirements.
- MDH staff will send email notifications to members regarding term expirations and reapplication process. Application process will be held over the summer.
- Continuity of membership was emphasized as important to maintain momentum of ongoing work, but this is also an opportunity to gain new members and perspectives.

Action items for the committee

- Consider if they would like to reapply
- Share the opportunity to serve on the advisory committee within professional networks, especially seats that have been vacant:
 - Small/Critical Access Hospitals
 - Health Plan Representative
 - Expert in Emerging Technology and Innovation
 - Designated alternate for Local Public Health

Next steps and closing remarks

Closing remarks included appreciation for Commissioner Cunningham's remarks and attendance as well as for the progress the work groups have made. Advisory committee members were reminded of the next work group meetings and action items shared during the meeting.

Comments submitted by 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

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 Klausner, 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

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

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

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

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

Nathan Moracco, Technology Director

Representing: State of Minnesota, Direct Care and Treatment

Ashley Setala, Director of Regulation & Policy Strategy

Representing: Department of Commerce

Mathew Spaan, Manager, Care Delivery and Payment Reform

Representing: Department of Human Services

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

Minnesota Department of Health
Center for Health Information Policy and Transformation
651-201-5979
mnehealth@state.mn.us
www.health.state.mn.us

4/15/26

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