Summary: Minnesota e-Health AI Work Group Meeting

Date: 12/15/2025

The first AI Work Group meeting occurred on December 15, 2025, with 52 attendees, including the co-chairs Adam Stone and Genevieve Melton-Meaux.

Co-chair introductions & work group logistics (slides 1-6)

During the welcome and review of work group logistics slides, work group members introduced themselves in the chat.

Work group participants (slides 7-13)

The results of the work group participant survey found opportunities for additional participants from diverse settings and perspectives, including correctional health, emergency medical services, free-standing emergency department and urgent care, tribal public health, and school health. Roles and expertise in legal and ethics were also missing. Kari Guida (Kari.Guida@state.mn.us) encouraged participants to identify and bring forward names or groups to fill these gaps. Despite the gaps mentioned above, the co-chairs acknowledged that the has broad location/geography coverage and a balanced mix of AI expertise.

Brief overview of work group charge (slides 14-19)

Discussion on the purpose (slide 15) included adding AI impacts on the environment (e.g., energy and water usage) and labor management relations/union negotiations as out of scope. The meaning of "safe" (in the context of AI-enabled healthcare systems and processes) was identified as both for the patient (cause no harm) and the organization/provider such as risk management, risk assessment, privacy, and cyber. The discussion also acknowledged a need not to reinvent the wheel; identification of high-quality, vetted resources will be key to the work.

Additional themes include

- There are many ways to use AI in the care continuum including to 1) identify data anomalies including to identify fraud waste and abuse; 2) advance/improve assistive technology and remote support services; and 3) caregiver and patient support.

- How to develop the education materials/resources in a useful and manageable format for licensed and non-licensed individuals.

- Community is very broad, and different communities may use AI differently.

Deliverables discussion: Getting to success (slides 20-23)

The group chose to stay in a large group format to discuss the four deliverables and acknowledged much of what had been discussed feeds into this part of the agenda. The work group did discuss the role of the work group in making recommendations to the community at-large and the commissioner of health via the Minnesota e-Health Advisory Committee. Key discussion points for each deliverable are listed below.

1. Summary of current and planned AI use by some partners in the care continuum in Minnesota using maturity models and stories from community including successes and failures.

   ▪ Using community examples to understand the state of AI, specific use cases, and impacts of AI.

   ▪ It is a moving target as things are changing quickly so need to be nimble by looking at both now and the future.

   ▪ With the membership of the work group, we are able to get a broad perspective and feedback from across the care continuum.

   ▪ Look at currently used assessments and tools on AI.

2. Compilation of AI resources for the care continuum.

   ▪ Per previous discussion, need to make the compilation easy to use and keep up dated with strategy to evaluate quality.

3. 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.

   ▪ Work group participants can identify and/or connect to other groups and report back/find individuals to report back to the work group.

4. Outline of key recommendations, guidance, tools and use cases for adopting an AI framework for the care continuum in Minnesota.

   ▪ May need to focus on a certain use cases.
   ▪ The care continuum is birth to death with all health and care services.

Closing

The upcoming AI Work Group meetings are January 26, 2026, and February 23, 2026, both from 11:00 a.m. - 1:00 p.m.

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