Summary: Minnesota e-Health Advisory Committee Meeting

Date: 6/12/2025

Objectives

- Review and discuss ideas for potential action items for the 2025-2026 year
- Begin to identify potential workgroups and their activities and gauge member interest
- Provide an update on the coordinated response to the Health Technology Ecosystem RFI

Summary

May meeting summary

Greg Hanley provided a correction that he attended the May meeting online. Lisa Moon moved to accept the change and approve the summary; Greg Hanley seconded; motion was approved.

Action items review and discussion

Minnesota e-Health Advisory Committee (AC) co-chairs Bryan Jarabek and Lindsey Sand led discussion of the updated topics matrix, inviting members to reflect on the synthesis of their action item development.

Care coordination and care transitions

- Members spent a lot of time talking about the "why". If we can better communicate the "why" this is important, the more likely we will get attention for data exchange. The work we will do needs a compelling reason – we need to get people to care about coordinating. As such, the "why" should move to the beginning of the synthesis.
- There are examples of where coordination is working well, and also where it isn't. When it isn't, are these due to internal issues for organizations and do they need help? Or it more external. Clarifying this might amplify where the pain points are.
  - One problem is that no one is collecting data on delivery of care coordination. They are looking at costs. So one idea is to survey providers and agencies that deliver care coordination to find out what the challenges are. This can be supported with measures, such as specific diagnosis codes linked to SDOH.
  - Another issue is duplicative efforts for patients who have multiple touch points. There is a need to unify efforts to coordinate all the people who are supporting the patient. We need to put the delivery of care as close to the provider as possible, and that health plans don't impede care.
  - There is a lot of good care coordination work going on, which should be communicated up front and center. But there has been some bad press lately about care coordination agencies not upholding their responsibilities. We need to be aware of this and make sure we ensure accountability.

SDOH

- Members did not have discussion points on this, over and above what was discussed under care coordination.

Artificial Intelligence (AI)

- Members expressed a strong interest in AI but several acknowledged that this topic has a broad, overwhelming scope. A few ideas were posed to narrow the scope:
  - Focusing on patient-focused AI tools and how AI can be used to address workforce shortage issues.
  - Incorporating AI into the other topics the AC is interested in and examine its implications within these topics.
- Committee members noted the opportunity for the state to take a leadership role by establishing clear guardrails for the use of AI in healthcare considering the potential lack of federal guidance. One member suggested looking into the legal and regulatory challenges related to using AI, citing challenges local public health experiences because county attorneys can interpret regulations differently.
- One member suggested that before diving into AI-specific solutions, it would be important to address current workforce knowledge gaps related to EHRs and data exchange.
- Another member proposed conducting an environmental scan to better understand what AI applications are already in use, how patients and healthcare workers perceive them, and what consent and data practices are in place.
  - Specific examples such as ambient listening tools were brought up as promising but raised questions around content validation, data retention, and consent practices.

Cybersecurity

- Co-chairs acknowledged that cybersecurity is a relevant issue, noting that incidents are a matter of when, not if.
- Three members expressed interest in reviewing the Foundations in Privacy Toolkit - Lathrop GPM (www.lathropgpm.com/foundations-in-privacy-toolkit), identifying what needs to be updated, and improving readability.
  - A question was raised about the feasibility and funds to update the toolkit. CHIPT staff replied that currently there isn't a budget for this work, but funding could be requested depending on the need and urgency of updating the toolkit.

Public health data modernization

- One member wanted to be sure that the updated topics matrix captured how important timely access to information was to the discussion on public health data modernization. The lack of timeliness is frustrating.

- The MN Health Records Act was identified as one barrier that the AC could address by providing input on potential updated to the law that would allow participation in TEFCA and deploying FHIR.
- A member noted that there is an opportunity to shape the future and modernization of data infrastructure and that modernization ties into the AI discussion – modernization is important for AI tools to be good and safe.

Interoperability

- One member emphasized the need to understand what data is flowing so that gaps and opportunities can be identified and stressed the importance of governance – it is important to get everyone (including the major players) at the table.
  - A key target area is the gap between systems that use Epic and those that don't.
  - Barriers to coordination between everyone included competing agendas and large vendor market dominance.
- Several members agreed that there is a need to identify the root cause of interoperability challenges to avoid temporary fixes that waste resources.
- One member commented that interoperability overlaps with public health data modernization/federal requirements for reporting and could be an emerging issue as it relates to the state's paid medical leave program.
  - The paid medical leave program will require data exchange between the state and health systems—could be a big enough issue to warrant an AC workgroup.

Potential workgroups discussion

Bilqis Amatus-Salaam (CHIPT) provided a brief description of what workgroups are. Workgroups are a key way for the AC to make progress on specific issues. Typically, 1–3 workgroups each year are chartered to focus on specific topics. They are chaired by AC members, supported by CHIPT staff, and open to interested stakeholders and subject matter experts. Workgroup members help develop deliverables (such as recommendations or policy guidance) that may be shared with the Commissioner of Health or the broader community. A workgroup's progress and outcomes are reported back to the full committee.

The co-chairs presented and led a discussion on three potential workgroups: "Care to Coordinate," AI, and public health data modernization.

"Care to Coordinate"

- A concern was raised that we may not adequately address interoperability. A suggested deliverable to add to this workgroup was, "Articulate the root causes of interoperability gaps that inhibit care coordination and data flow."

- Members agreed on the importance of grounding the workgroup's efforts in use cases. CHIPT staff noted that past attempts to explain these issues using model-based approaches were not effective. Use cases are more effective.

AI

- A member reiterated the need to narrow the scope of this workgroup and suggested splitting AI into two subgroups: (1) AI use and governance, and (2) workforce and education.
- A suggested deliverable to add was regarding providing general guidance on AI governance and providing general guidelines that healthcare administrators can use.
  - On governance, the AC could support existing efforts. CHIPT staff recommended leaning on the University of Minnesota's Data Science and AI Hub: DSAI Hub Home | UMN Data Science Initiative
    - A member added that the DSAI Hub may be getting support from DEED to support training that could be useful here.
- Members also shared additional considerations:
  - Being inclusive of the stakeholders who may get left behind such as CBOs, long-term and post-acute care, and smaller health systems.
  - Guiding principles that address the secondary use of patient data. Healthcare consumers may allow you to use their data, but the benefits should be obvious to the person who the data is about.

Public health data modernization

- Members agreed on the importance of identifying use cases that get people interested in public health data modernization, especially as there may be greater reliance on state-level data for surveillance than on federal data.
- Members also stressed the importance of incorporating timeliness and acknowledging that delays in data sharing inhibit action.
- The workgroup was encouraged to think about the broader public health system including the state, federal, local public health and tribal public health.
- One member suggested that before defining the workgroup's deliverables, the AC needs education on MN's decentralized the public health system and what public health data modernization means across the state.

Ongoing activities

Following the discussion about each of the potential workgroups, one member asked if there will not be a privacy/security workgroup. CHIPT staff responded that privacy/security is not necessarily off the list, but efforts may not involve a chartered workgroup.

Proposed ongoing activities included education about – and monitoring and providing feedback on – interoperability, federal health IT policy, and other emerging topics. Additionally, the committee will respond to requests from the Commissioner of Health as needed. There was no further discussion about ongoing activities.

Health Technology Ecosystem RFI coordinated response

Kari Guida (CHIPT) provided a high-level overview of the request for information, as drafted to date. Kari thanked members for their contributions, noted that she will update the response based on today's discussions, and invited members to contact her with additional comments. Committee members expressed support for this effort, especially addressing the need to include rural health and care across the continuum.

The submitted coordinated response can be reviewed at Minnesota e-Health Coordinated Responses (www.health.state.mn.us/facilities/ehealth/coordresponse/index.html).

Next steps and closing remarks

The co-chairs provided closing thoughts and thanked everyone for their engagement. Bilqis Amatus-Salaam shared information about the activities that will take place over the summer until the AC resumes meetings again in the fall. CHIPT staff plan to connect with members individually and will continue working with the co-chairs to prepare for AC workgroups. CHIPT will also be accepting applications for unfilled seats on the AC. Members were encouraged to share the opportunity to apply to open seats with their networks. Applications can be submitted on the AC's Boards and Commissions webpage: SOS Portal - eHealth AC (https://commissionsandappointments.sos.state.mn.us/Agency/Details/87). Additionally, a new direct appointment will be made for a representative from the new state agency, Direct Care and Treatment.

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:

- Please include pharmacy in the efforts; there is a lot of work being done that I think should be reviewed and leveraged to benefit patient care. I'm happy to participate on the workgroups and bring the pharmacy perspective (or recruit my pharmacy friends). I do agree that AI and interoperability should be included in the Care to Coordinate discussions. Also agree that AI is too big and it should be focused on a process.
- Wondering how we might learn more about the DHS recent agreement with FindHelp and with goal of learning how this addresses SDoH needs in the community. See here: https://www.prnewswire.com/news-releases/findhelp-chosen-by-the-minnesota-department-of-human-services-to-launch-statewide-behavioral-health-program-locator-302430504.html.

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

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

George Klauser, Executive Director – Community Services-ACO/Healthcare 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

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

Jane Pederson, MD, MS, Chief Medical Quality Officer, Stratis Health, Representing: Experts in Quality Improvement

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

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

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

Members absent

Stacie Christensen, Deputy Commissioner and General Counsel, Representing: Department of Administration

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

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

Charles Peterson, Chief Executive Officer, The Koble Group, Representing: Health IT Vendors

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

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

Alternates absent

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

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.