

Summary: Minnesota e-Health Advisory Committee Meeting | September 17, 2026

Objectives

- Welcome and orient both new and returning Advisory Committee members to the Advisory Committee's purpose, its past progress, and recent accomplishments.
- Gather feedback on the 2026-27 draft Advisory Committee charge.
- Preview October's in-person meeting and identify additional emerging issues the Advisory Committee should consider at October's meeting.

Summary

Staff and Advisory Committee member introductions

Minnesota Department of Health Center for Health Information Policy and Transformation (CHIPT) staff introduced themselves. (CHIPT coordinates the activities of the Minnesota e-Health Initiative and the Minnesota e-Health Advisory Committee.) Co-chair Bryan Jarabek introduced himself. Members introduced themselves in breakout rooms sharing their name, organization, role, what seat they represent, what they want to learn serving on the Advisory Committee, and what they want to contribute.

Advisory Committee overview and history

Bryan shared an overview of what the Advisory Committee is, member responsibilities, and the Advisory Committee's history.

- Established in 2004, under statute. Responsible for developing recommendations and advising the Commissioner of Health on policies and processes to advance the use of health information technology, data use, and data exchange.
- Aims to represent Minnesota's health and healthcare landscape.
- Serves as an advisory body to the Commissioner of Health and can provide guidance to the public health and healthcare community.
- Guides the MN e-Health Initiative vision: "All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing."

The Advisory Committee completes its work through:

- Meetings used as a forum to provide input, engage in learning, determine levels of support.
- Activities like work groups that allow for dedicated focus on a specific issue and have clear deliverables like recommendations.
- Coordinated responses to provide input on proposed policies and requests for information.
- Sharing progress and information with the wider healthcare and public health community.

Past history and accomplishments include:

- Established EHR and interoperability requirements (Minnesota Statutes, chapter 62J.495). Developed the statewide Health IT plan to meet EHR requirements.
- Support for the continuum of care: published the e-Health Roadmap for behavioral health, local public health, social services and long-term and post-acute care.
- Developed resources and studies related to privacy, security and consent in Minnesota.
- Topic-specific recommendations: Opioid and e-Health Recommendations for policy makers.
- Health Information Exchange (HIE): Established the HIE oversight framework and law; Developed guidance for accountable health and HIE (HIE Framework to Support Accountable Health); Conducted HIE study and HIE Task Force, resulting in recommendations for the “connected networks” approach to HIE.
- Expansion of MDH Office of Data Strategy and Interoperability to lead MDH data modernization and interoperability efforts at the agency and the creation of new leadership positions at MDH for this work.
- Submitted many coordinated responses to proposed federal rules and requests for information.

Members are expected to:

- Contribute your insights and expertise. Engage your network and bring the perspective of your represented seat.
- Act as the liaison between the group you represent and the Advisory Committee. Lead discussions and drive change within the group you represent.
- Keep the statewide interests of the Minnesota e-Health Initiative foremost in decisions and recommendations, in particular health equity.
- Participate in related activities, such as workgroups, coordinated responses to federal rulemaking.

Support for new members includes:

- Advisory Committee member handbook attached to meeting invite and reminder email.
- Optional office hours to ask questions about the Advisory Committee scheduled for Monday, September 21, noon – 1:00 p.m., and Wednesday, September 30, 7:30 – 8:30 a.m.

Work accomplished in 2024-26 and update on recommendations

CHIPT director Jennifer Fritz summarized what the Advisory Committee accomplished in 2024-26.

- Reestablished relationships and identified priority action areas, including AI, care coordination, public health data modernization, SDOH, cybersecurity, and interoperability.
- Heard presentations and held discussions on statewide HIE progress, TEFCA, SDOH referral approaches, MDH's data modernization efforts, public health reporting, and the Rural Health Transformation Program.
- Submitted coordinated responses to federal HIT policy: the Health Technology Ecosystem RFI and the HTI-5 Proposed Rule.
- Submitted a letter to Commissioner Cunningham supporting continued investment in public health data modernization following federal funding cuts.
- Commissioner spoke at two meetings – areas she emphasized: importance of health equity, public health and modernization, and moving toward a health data utility model.
- Launched and supported two work groups (Artificial Intelligence and Bridging information and Care) based on member input from 2025 discussions.
 - Provided ongoing guidance to both work groups; several AC members actively participated and served as co-chairs.
 - Significant engagement: over 2,500 person hours between the Advisory Committee and work groups between October 2025 and June 2026.
- Formally endorsed the Artificial Intelligence and Bridging Information & Care Work Group recommendations in June 2026.

Jennifer also provided updates on the recommendations that were endorsed and related activities that have happened since.

Artificial Intelligence

- Reviewing recommendations and developing a work plan for activities (aligning with existing work where possible).
- Incorporating content into the fall Minnesota HIMSS and e-Health conference series.
- Recruiting student to assist with the recommended resource for consumers.
- Updating AI Resource Catalog for Healthcare and Public Health (as new resources are identified).
- MDH policy for use of AI adopted.

Bridging Information and Care

- Reviewing recommendations and developing a work plan for activities (aligning with existing work where possible).
- Drafting communications/guidance for review at future Advisory Committee meeting (aligns with several recommendations).
- Making progress on and planning for future discussions for the Advisory Committee related to:

- Rural Health Transformation Program – health information technology activities (planned for October).
- Health data utility collaboration (planned for October).
- Implementation Center work to bring FQHCs into EHR Consortium through Koble (TBD – future).
- Interoperability efforts with MDH, MDH project for TEFCA (planned for October or December).
- State government discussions around health information exchange, health data utility.

Other activities

Other activities that are occurring include planning for a potential coordinated response to proposed rule HTI-6 and review of final rule HTI-5.

Review and discuss 2026-27 draft charge

Bryan provided an overview of the draft charge, explaining that is a high-level outline of what the Advisory Committee will focus on for the year. Members discussed their feedback on the charge in breakout rooms. Discussions also included comments and questions related to the Advisory Committee's work. Each room shared their comments with the larger group.

Discussion

Overall, members felt that the draft charge provided a foundation for building on the committee's work from the previous years. Discussion focused on opportunities to make the charge more action-oriented and ensuring that important e-health activities and perspectives are reflected. Members suggested:

- Revising the language in the second bullet to emphasize taking action on the AI and Bridging Information and Care (BIC) Work Group recommendations, rather than primarily determining how to advance them.
- Ensuring that the HDU is clearly reflected in the charge because it is fundamental to the committee's work.
- Maintaining the committee's monitoring role and suggested continuing to track changes in health data practices, federal and state policy, AI developments, health information exchange, and related activities.
 - Members also expressed the importance of making connections between these activities and monitoring how other states are addressing policy changes.
- Expanding interoperability to consider how different infrastructure, technologies, and standards fit together.
- Naming the broad range of partners and settings (such as social and community-based organizations and other state agencies) in the charge's language about engagement and collaboration.
- Including how policy, privacy, consent, and other legal considerations can affect whether information can actually be exchanged and used. Having the technical ability to exchange information does not necessarily mean information can be exchanged in practice.
- Clarifying the committee's role in policy and implementation and the importance of translating technical e-health issues into stories and narratives that are helpful to policymakers and other decision-makers.

Related themes and topics raised

- How can interoperability address gaps between policy, technical capabilities, and what an organization can actually implement? How can efforts reduce the burden created by inconsistent information exchange and having one-off connections and manual processes.
 - Members noted the need to monitor Rural Health Transformation Program to make sure rural providers receive the support they need to address gaps in HIE and the continued use of inefficient processes like faxing.
- The committee's approach to AI should be iterative, allowing for ongoing monitoring, learning, and adjusting the work as needed. AI regulation and opportunities for projects were also discussed.
- The committee could help communicate the importance of interoperability, data exchange, and data use. The committee could provide a forum for connecting various perspectives and helping articulate why the basic infrastructure for health information exchange matters.
- Wanting to understand the interplay between the role of MDH, what MDH can realistically influence, the committee's role, what interested parties/external parties are looking to MDH to do and expectations for the committee, and the degree to which the committee can work with other organizations to do their work.

October meeting preview

CHIPT staff Bilqis Amatus-Salaam provided information about the next meeting in October. Explaining that the focus will be sharing statewide activities relevant to the Advisory Committee's work (presentations on the Rural Health Transformation Program, activities related to a statewide health data utility, and MDH's progress on its interoperability activities and TECA) and developing a work plan for the Advisory Committee to map out what it will do in more detail.

Members were asked if there were any emerging issues or topics the Advisory Committee should be aware of as we prepare for the October meeting.

Discussion

Committee members identified the following emerging and ongoing issues for the Advisory Committee to monitor:

- AI regulation and policy.
- CMS-aligned networks and how they intersect with TECA and other interoperability efforts. Tracking what may become a requirement and how that might impact payers, providers, and other settings.
- Major federal policy and funding developments, including H.R. 1, Medicaid eligibility and enrollment, Transforming Maternal Health grant, health plans implementing CMS requirements, and prior authorization.
- Local public health data modernization efforts and their connection to statewide initiatives.
- The aging population and its impacts on the healthcare system including HIE and HIT needs.

- Statewide health data infrastructure: Continued development of the health data utility (HDU) and related statewide data infrastructure, including how these capabilities may be implemented and used across Minnesota.
- Rural health and e-health infrastructure: The implementation of the Rural Health Transformation Program, particularly whether investments in health information technology, health information exchange, and related infrastructure are reaching rural and smaller providers and addressing persistent gaps.
- Changes affecting access to health data for research and other purposes, including changes related to the All-Payer Claims Database (APCD).

Closing remarks

Bryan shared closing remarks and thanked members for their engagement. Bilqis shared a reminder about the 2026 MN HIMSS and Minnesota e-Health Initiative Conference Series and encouraged members to register and attend.

Comments submitted through survey form

Meeting attendees (including the public) are invited to submit comments using a web-based form. These comments were received within 2 weeks of the meeting date.

- Our program [St. Louis Park Fire Department Alternative Response Medic Program] is relatively new, less than two years old, and one of our challenges has been getting out of the proverbial “silo” when it comes to communication, interoperability, and health information exchange (HIE). I attended this meeting and plan to attend future meetings to better understand this space and explore how we can move our program out of isolation and connect with the larger healthcare continuum to better address the needs of the people we serve.

Attendance

Members present

Bryan Jarabek, MD, PhD, Chief Medical Informatics Officer, M Health Fairview
Co-chair; Representing: Large Hospitals

Wendy Abrahamson, LPN, Epic Ambulatory Optimizer, Astera Health
Representing: Nurses

Brett K. Anderson, PhD, MS, RN, PHN, NE-BC, President & CEO, Ebenezer Senior Living; Post-Acute Executive & President of Senior Services, Fairview Health Services
Representing: Long-Term and Post-Acute Care

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

Jill Ender, PharmD, Associate Vice President, Ancillary Clinical Services, Winona Health
Representing: Small/Critical Access Hospitals

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/Healthcare Consultant, Lutheran Social Services of Minnesota
Representing: Social Services

Andy Levesque, Director of Enterprise Architecture, Chief Enterprise Architect, Gillette Children's
Representing: Experts In Emerging Technology and Innovation

John Li, Chief Data and Analytics Officer
Representing: Department of Health

Eric Maurer, MHA, MHI, Chief Innovation & Strategy Officer, Community-University Health Care Center
Representing: Community Clinics/Fed Qual. Health Centers

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

Nathan Moracco, Technology Director
Representing: 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

Megan Polzer, Epidemiologist, Dakota County Public Health
Representing: Local Public Health

Mathew Spaan, Manager, Care Delivery & Payment Reform
Representing: Department of Human Services

Adam Stone, Practice Leader, Zaviant
Representing: Experts in Health IT

Tyler Winkelman, MD, MSc, Director, Research & Evaluation Data Analytics Core, Hennepin Healthcare Research Institute
Representing: Physicians

Members absent

Lindsey Sand, LNHA, HSE Independent Consultant, Health and Community, Humble Hill Consulting
Co-chair; Representing: Health Care Administrators

Jon Eichten, Commissioner
Representing: Minnesota IT Services

Greg Hanley, Director of Quality Management, Blue Cross Blue Shield of Minnesota
Representing: Health Plans

Carolyn Heine
Representing: Consumer Members

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

Laura Topor, President, Granada Health
Representing: Pharmacy

Designated alternates present

Todd Bergstrom, Director of Research & Data Analysis, Care Providers of Minnesota
Representing: Long Term and Post-Acute Care

Justine Mrosak, MD, Clinical Informatics Medical Director, Hennepin Healthcare System
Representing: HIT Training and Education

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