2024-2026 Minnesota e-Health Advisory Committee Report

AUGUST 21, 2026

Table of contents

Introduction

Established in 2004, under Minnesota Statutes, section 62J.495 (www.revisor.mn.gov/statutes/2022/cite/62J.495), the Minnesota e-Health Advisory Committee is a legislatively authorized committee appointed by the commissioner of health to guide the Minnesota e-Health Initiative (Initiative) by developing recommendations for:

- Implementing a statewide interoperable health information infrastructure
- Determining standards for clinical data exchange, clinical support programs, patient privacy requirements, and maintenance of the security and confidentiality of individual patient data
- Encouraging use of innovative health care applications using information technology and systems to improve patient care and reduce the cost of care
- Other related issues as requested by the commissioner

The advisory committee represents the spectrum of Minnesota's health community, including providers, hospitals, health insurers and health plans, long-term care, public health, academic and research institutions, vendors, consumers, state agencies, and others.

The Initiative is a public-private collaborative to advance the adoption and use of electronic health records and other health information technology, including health information exchange. Activities of the Initiative are coordinated by the Minnesota Department of Health (MDH), Center for Health Information Policy and Transformation (CHIPT). The Initiative's vision is that *all communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing*. The mission and principles are available at Minnesota e-Health Initiative (www.health.state.mn.us/facilities/ehealth/initiative/index.html).

More information about the Minnesota e-Health Advisory Committee, including current information on meetings, can be found at: Minnesota e-Health Advisory Committee (www.health.state.mn.us/facilities/ehealth/advcommittee/index.html)

Following a pause in activity in 2021 due to the COVID-19 pandemic, the advisory committee was relaunched in 2024. Because of this, the primary focus on the advisory committee was on regrouping, learning about the current health information exchange and health information technology landscape, and identifying its priorities for further exploration. This work was guided by a shared commitment to improving the health outcomes and lives of all Minnesotans.

See Appendix A for more information on the 2024-2026 Minnesota e-Health Advisory Committee charge.

See Appendix B for a list of members during the 2024-2026 period.

Process and activities

The advisory committee was led by two co-chairs, Bryan Jarabek, M Health Fairview, and Lindsey Sand, Humble Hill Consulting. They facilitated nine meetings from November 22, 2024, to June 18, 2026. Member attendance during each meeting averaged 22. The advisory committee fulfilled its charge through the following key activities and deliverables.

- Reestablished relationships and provided an opportunity for networking through a hybrid meeting where members identified and discussed potential action items for the Minnesota e-Health Initiative to address in 2025-2026. Topics including artificial intelligence (AI), care coordination and transitions of care, public health data modernization, social determinants of health, cybersecurity, and interoperability. These discussions led to the formation of the AI Work Group and the Bridging Information and Care Work Group, which were active during 2025-2026.
- Provided input and guidance to the AI and Bridging Information and Care Work Groups as they carried out their respective charges and developed recommendations. Many advisory committee members were active participants in each work group and advisory committee members served as work group co-chairs: Genevieve Melton-Meaux and Adam Stone co-chaired the AI Work Group and Steve Johnson and Laura Topor co-chaired the Bridging Information and Care Work Group.
- Formally endorsed recommendations developed by the AI Work Group and Bridging Information and Care Work Group in June 2026. The recommendations are included in the respective work group reports which can be accessed or requested on the Minnesota e-Health Initiative website at Minnesota e-Health Iniative Work Groups (www.health.state.mn.us/facilities/ehealth/workgroups/index.html).
- Following federal funding cuts to MDH in March 2025, submitted a letter of support to Commissioner of Health Brooke Cunningham emphasizing the importance of continued investment in public health data modernization efforts.
- Submitted two coordinated responses on federal health information technology policy, including the Health Technology Ecosystem Request for Information (RFI) Response and the HTI-5 Proposed Rule Coordinated Response. The coordinated responses can be accessed or requested on the Minnesota e-Health Initiative website at Minnesota e-Health Coordinated Responses (www.health.state.mn.us/facilities/ehealth/coordresponse/index.html).
- Heard presentations on and discussed:
    - Statewide progress on health information exchange
    - TEFCA
    - Stratis Health's co-creation work to develop a common approach to referrals for health-related social needs
    - MDH's data modernization vision and approach, public health reporting
    - Rural Health Transformation Program

Appendix A: 2024-2026 Minnesota e-Health Advisory Committee Charge

Minnesota e-Health Vision

All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

Purpose

Health and health care is being transformed by health information technology, data use and exchange, and policy to improve health care efficiency and health outcomes at the individual and population levels while advancing health equity. The Minnesota e-Health Initiative (the Initiative) is a public/private collaboration focused on addressing the challenges and opportunities of this e-health transformation (e.g., accelerating the adoption and use of e-health and health information exchange) to achieve the Minnesota e-health vision. The Advisory Committee (committee) is a 25-member legislatively authorized committee appointed by the Commissioner of Health to guide the Initiative by developing recommendations for:

- Assessing adoption and use of statewide health information technology and exchange
- Implementing a statewide interoperable health information infrastructure
- Determining standards for clinical data exchange, clinical support programs, patient privacy requirements, and maintenance of the security and confidentiality of individual patient data
- Encouraging use of innovative health care applications using information technology and systems to improve patient care and reduce the cost of care
- Other related issues as requested by the commissioner

The committee represents the spectrum of Minnesota's health community, including providers, hospitals, health insurers and health plans, long-term care, public health, academic and research institutions, vendors, consumers, state agencies, and others. Further information regarding the committee's charge and composition is provided in Minnesota Statutes, section 62J.495.

Background

Past work of the Initiative has helped Minnesota's system of health care and public health advance technology across the care continuum with a person-centered focus. Additional background can be found in the most recent Minnesota e-Health Initiative report to the legislature.

The work of the Initiative is managed by the Center for Health Information Policy and Transformation (CHIPT) at the Minnesota Department of Health (MDH). This work was suspended on July 1, 2021, due to MDH staff reassignments to respond to the COVID-19 pandemic. The pandemic accelerated many aspects of the Initiative's work, and passage of time has created new opportunities and challenges. MDH and the advisory committee are well-positioned to restart the work to support the vision.

2024-26 Charge

Following a period of inactivity due to the COVID-19 pandemic, the focus of work through June 2026 will be regrouping, prioritizing issues, and advising MDH on studies and projects assigned from the legislature. This work will be guided by a shared commitment to improving the health outcomes and lives of all Minnesotans and will include:

- Ensuring that advisory committee discussions, recommendations, and activities prioritize person-centered and patient-centered care for all Minnesotans. This includes considering how the committee's work supports integrated, coordinated, and accessible health care services, as well as how it fosters collaboration and shared decision-making between patients and providers.
- Level-setting to ensure all committee members have a common understanding of the topics, terminology, and historic work of the Initiative.
- Hearing from members and other stakeholders about issues and opportunities the committee can address; determining priorities and pathways for addressing these.
- Advising MDH on its enterprise data strategy, including investments in core data infrastructure and new data products that are more connected, resilient, and responsive to Minnesota's most pressing public health challenges for both individuals and communities.
- Learning about and advising on MDH legislative studies, in particular the statewide provider directory feasibility study.
- Addressing relevant national and federal requests for information, proposed and interim rules, data exchange standards development and implementation, and other related activities.
- Learning about other related initiatives and activities; engaging and collaborating as appropriate.

About the Advisory Committee

Committee members bring expertise relating to the needs and uses of health information technology, workflows, information needs, and related requirements specific to their type of setting and specific practice. The committee will include persons representing Minnesota's:

- Local public health agencies
- Licensed hospitals and other licensed facilities and providers
- Private purchasers
- Medical and nursing professions
- Health insurers and health plans
- State quality improvement organizations
- Academic and research institutions
- Consumer advisory organizations with an interest and expertise in health information technology
- Other stakeholders as identified by the commissioner

Meetings

- Meetings will be held periodically between November and June. The schedule of meetings will be established with member input.
- Meetings will be virtual and/or hybrid (based on availability of suitable meeting facilities). Meetings are not expected to exceed two hours in length, except for possible planning meetings.
- Agenda items will be determined by AC co-chairs and CHIPT staff, with input from members and alternates. Members and alternates can send agenda items to mn.ehealth@state.mn.us.
- Meeting materials will be provided by email at least three business days in advance of the meeting and will be available on the AC Teams page and the public-facing web page.
- Meetings will be conducted in an orderly manner but will not strictly follow Roberts Rules of Order. Voting will begin with a "sense" vote (e.g., "like", "can live with, "uncomfortable"), followed by discussion and clarification, and (if needed) modification to the proposal. Consensus voting may follow at the discretion of the meeting co-chairs or facilitator.
- CHIPT staff will take meeting notes.
- Meetings are open to the public but generally do not include a public comment period.

Expectations of members and alternates

- Attend AC meetings and other assigned meetings.
- If both a member and the designated alternate for a seat are not able to attend a meeting, co-chairs and CHIPT will determine if a member can have a colleague attend. Colleagues who attend on behalf of members will not be able to vote.
- Review meeting materials and be prepared to contribute insights and expertise; engage your network as needed to provide additional expertise.
- Bring the perspective of the represented stakeholder group to discussions and decision-making.
- Act as the liaison between the represented stakeholder group and the AC, sharing reports and information as directed.
- Keep the statewide interests of the Initiative foremost in decisions and recommendations, in particular health equity.
- Participate with related activities, such as workgroups, advisory committees, coordinated responses to federal rulemaking, the MN HIMSS & Minnesota e-Health Initiative Conference, and other requests as needed.
- Be mindful of and comply with antitrust laws during AC meetings.
- Communicate with others in a professional manner.
- Maintain confidentiality of members-only information.

Appendix B: 2024-2026 Minnesota e-Health Advisory Committee Membership List

Members

Bryan Jarabek, MD, PhD, Chief Medical Informatics Officer, M Health Fairview
Co-chair, Representing: Large Hospitals, 2024-26

Lindsey Sand, LNHA, HSE Independent Consultant, Health and Community, Humble Hill Consulting
Co-chair, Representing: Health Care Administrators, 2024-26

Najma Abdullahi, Executive Board of Directors-Member, UMN Community-University Health Care Center
Representing: Consumer Members, 2024-26

Stacie Christensen, Deputy Commissioner and General Counsel
Representing: Department of Administration, 2024-26

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, 2024-26

Jon Eichten, Commissioner
Representing: Minnesota IT Services, 2026

Kim Heckmann, MSN, FNP-C, SCRN, PHN, Primary Care NP Residency Program Director and APRN Educator, VA Medical Center
Representing: Nurses, 2024-26

Matt Hoenck, Director of IT & Analytics, South Country Health Alliance
Representing: Health Plans. 2024-26

Greg Hanley, MBA, FACHE, CPHQ, Vice President, Health Services Quality and Operations, UCare
Representing: Health Plans, 2024-25

Nila Hines, Chief Data and Analytics Officer
Representing: Minnesota Department of Health, 2024-25

Steve Johnson, PhD, Associate Director, CTSI Health Informatics Program, University of Minnesota
Representing: HIT Training and Education, 2024-26

Mark Jurkovich, DDS, MBA, MHI, Director of Data Infrastructure, Health Care Systems Research Network
Representing: Dentistry, 2024-25

George Klauser, Executive Director - Community Services-ACO/Healthcare Consultant, Lutheran Social Services of Minnesota
Representing: Social Services, 2024-26

Lisa Klotzbach, MA, BA, PHN, Public Health Supervisor - Informatics, Dakota County Public Health
Representing: Local Public Health, 2024-26

John Li, Chief Data and Analytics Officer
Representing: Department of Health, 2026

Sarah Manney, DO, FAAP, Chief Medical Information Officer, Essentia Health
Representing: Physicians, 2024-26

Genevieve Melton-Meaux, MD, PhD, Senior Associate Dean, Health Informatics and Data Science, University of Minnesota
Representing: Academics and Clinical Research, 2024-26

Lisa Moon, PhD, RN, LHIT, LNC, CEO, Principal Consultant, Advocate Consulting, LLC
Representing: Experts in Health IT, 2024-26

Nathan Moracco, Technology Director
Representing: Direct Care and Treatment, 2025-26

Bradford Newton, Chief Information Officer, North Memorial Health
Representing: Health System CIOs, 2024-25

Jane Pederson, MD, MS, Chief Medical Quality Officer, Stratis Health
Representing: Experts in Quality Improvement, 2024-26

Charles Peterson, Chief Executive Officer, The Koble Group
Representing: Health IT Vendors, 2024-26

Peter Schuna, Chief Executive Officer, Pathway Health Services
Representing: Long Term and Post-Acute Care, 2024-26

Ashley Setala, Director of Regulation & Policy Strategy
Representing: Department of Commerce, 2024-26

Mathew Spaan, Manager, Care Delivery and Payment Reform
Representing: Department of Human Services, 2024-26

Tarek Tomes, Commissioner
Representing: MNIT, 2024-26

Laura Topor, President, Granada Health
Representing: Rotating Professionals - Pharmacy, 2025-26

Laura Unverzagt, MBA, Vice Chair-Information Technology, Mayo Clinic
Representing: Health System CIOs, 2024-26 (designated alternate 2024-25)

Mary Winter, Senior EDI Analyst, PrimeWest Health
Representing: Health Care Purchasers and Employers, 2024-26

Designated alternates

Alexandra De Kesel Lofthus, Founder and Principal Consultant, ADKL Consulting
Representing: Consumer Members, 2024-26

Alicia Jackson, MS, CPPM, Healthcare Analyst Principal, Blue Cross Blue Shield of Minnesota
Representing: Health Plans, 2024-26

Kari Majors, Vice President and Executive Director, CyncHealth
Representing: Health IT Vendors, 2025-26

Emilie Maxie, DNP, CCRN, ICU Enterprise Staffing Pool RN, Mayo Clinic
Representing: Nurses, 2025-26

Roxanee Pierre, MD, MHA, Medical Director/Administrator, Eden Pathways Homecare Agency
Representing: Physicians, 2024-26

Adam Stone, Practice Leader, Zaviant
Representing: Experts in Health IT, 2024-26

Tamara Winden, PhD, MBA, FHIMSS, FAMIA, Founder Principal Consultant, Winden Consulting, LLC
Representing: Academics and Clinical Research, 2024-26