

Minnesota e-Health Advisory Committee Charge

2024-26

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; and
- 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.

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1/29/2025

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