



2025-2026 Minnesota e-Health Initiative Artificial Intelligence Work Group Report

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Introduction

The Minnesota e-Health Initiative (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. The Initiative is guided by a legislatively authorized 27-member advisory committee that provides recommendations, insight, and a connection to the health care community in Minnesota. Activities of the Initiative are coordinated by the Minnesota Department of Health (MDH), Center for Health Information Policy and Transformation (CHIPT). The scope of the Initiative includes providers, public health, consumers, and policy/research across the state who take collective action to advise the commissioner of health and provide guidance to the community. 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 \(www.health.state.mn.us/facilities/ehealth/initiative/index.html\)](http://www.health.state.mn.us/facilities/ehealth/initiative/index.html)

The Initiative identified a need to understand the current and future state of artificial intelligence (AI) to provide leadership and build strategic collaborations so that providers, care teams, and services benefit from AI and AI support the health and wellbeing of individuals and communities. This resulted in the formation of the Minnesota e-Health Initiative AI Work Group (work group) which was tasked to serve as a forum to identify AI health-related activities, workforce training opportunities, partners and collaborations, and resources to create consensus on next steps for the Initiative's pursuit of safe, ethical, trustworthy, and effective use of AI across the care continuum. The work group deliverables include:

- Engage with and share current and planned AI use by some partners in the Minnesota care continuum.
- A curated list of essential AI resources for the care continuum and to support the work of the Initiative.
- High-level plan for how the Initiative can engage, learn, and act with key AI-related collaborations, partners, and activities and ongoing monitoring of AI use.
- Outline of key recommendations, guidance, tools and use cases for adopting an AI framework for the care continuum in Minnesota.

See Appendix A for more information on the work group charge.

Process and activities

The work group was led by co-chairs Genevieve Melton-Meaux, University of Minnesota, and Adam Stone, ZAVIANT. Together with CHIPT staff, they facilitated six AI work group meetings from December 15, 2025, to June 8, 2026. Participation ranged from 30 to 50 individuals in a meeting. The participants learned from 15 presentations ranging from local stories to national work and resources. These presentations, and a call for resources, led to the creation of an [AI Resource Catalog for Healthcare and Public Health \(www.health.state.mn.us/facilities/ehealth/publications/docs/airesourcecatalog.pdf\)](http://www.health.state.mn.us/facilities/ehealth/publications/docs/airesourcecatalog.pdf). Work group discussion and ongoing requests for education, coordination, and action led to the development of MN e-Health Initiative AI Framework and a list of learning gaps and needs. The work group also recommended initial implementation steps for the AI Framework. In addition, participants provided input into the HTI-5 proposed rule coordinated response and volunteered to provide input on upcoming federal activity.

See Appendix B for list of education and resource needs.

Recommendations

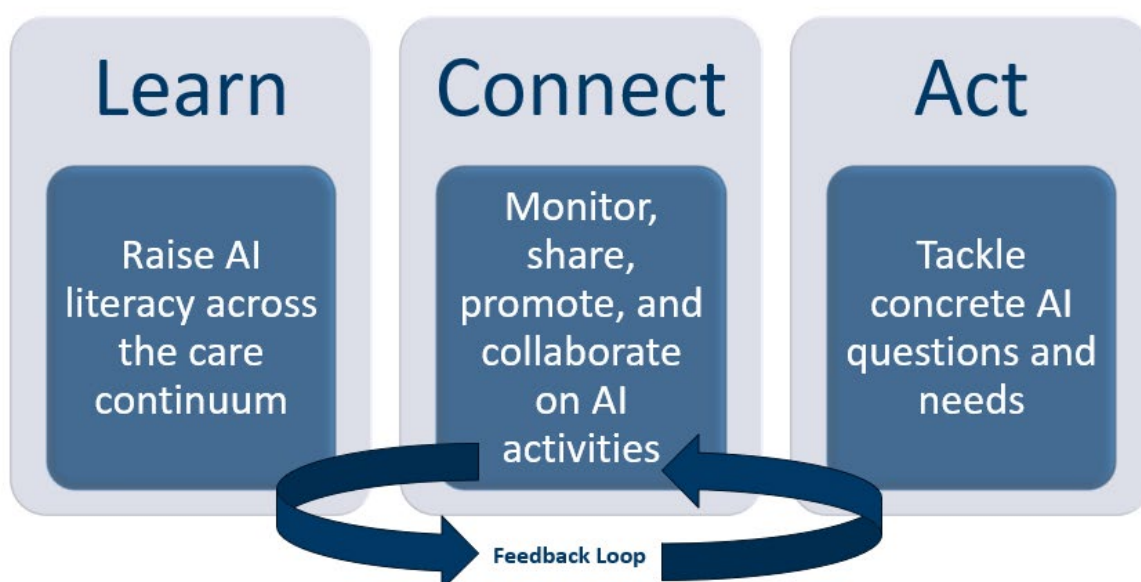
The following are the two AI work group recommendations that were endorsed by the Minnesota e-Health Advisory Committee.

Minnesota e-Health Initiative AI Framework

The AI Framework's purpose is to provide the MN e-Health Initiative and its advisory committee with a structure to navigate and respond to the evolution of AI in health and public health. The structure has three pillars: learn, connect, and act. Each pillar addresses a need discovered by the AI work group:

- **Learn:** raise AI literacy across the care continuum
- **Connect:** monitor, share, promote, and collaborate on AI activities
- **Act:** tackle concrete AI questions and needs

Figure 1 Minnesota e-Health Initiative AI Framework



Each of the pillars' details and activities are listed below. For some, specific examples of what this work could look like are included. The pillars are meant to guide the advisory committee and are not intended to limit an activity to a single pillar. The work group acknowledges there will be overlap and need for coordination between the pillars.

Learn pillar

The learn pillar has two key activities, 1) webinars and learning opportunities and 2) AI Resource Catalog for Healthcare and Public Health.

Webinars and learning opportunities

- Led by the Initiative and its advisory committee with CHIPT coordinating and highlighting local and nationwide activities, projects, and resources.
- Learning opportunities should include safety, harm prevention and ethical concerns and include structured opportunities for peer-to-peer learning, not just passive information exchange.
- Free and open to anyone or any organization and available in the AI Resource Catalog for Healthcare and Public Health.

AI Resource Catalog for Healthcare and Public Health

- CHIPT, with input from advisory committee and the Initiative, will maintain and update the catalog on a regular schedule.
- CHIPT will monitor, measure, and report on catalog use to the advisory committee.

Connect pillar

The four activities of the connect pillar are led by CHIPT with significant input from the Initiative and its advisory committee.

Monitor

- Track significant federal and state policies, directions, and activities and communicate broadly about implications or actions needed such participation in a coordinated response, learning opportunities about policy, or letter of support.
- Follow AI projects or activities and identify opportunities for alignment or collaboration with the Initiative's work.

Share

- Communicate broadly about events and resources in e-Health Update. This will include training and learning opportunities (both hosted by Initiative and others), upcoming conferences, AI tools or resources and more.
- Targeted sharing such as sharing rural resources with the Rural Health Advisory Committee, setting-specific materials with associations, and professional-specific with boards and associations.
- Ensure strong communication and coordination between the pillars.

Promote

- Promote responsible AI use across programs and settings through communications on trainings and best practices.
- Elevate shared needs and resources and work to address inequities in access to and use/benefits of AI.

Collaborate

- Find opportunities to leverage resources and collaborate. This may lead to more specific activity in the act pillar. Opportunities currently being assessed for collaboration include but are not limited to the Minnesota Medical Association AI recommendations and AI the Minnesota Way (statewide planning effort focused on preparing Minnesota for AI-driven change in ways).
- Support and align with the Rural Health Transformation program throughout its existence.

Act pillar

The advisory committee would lead the act pillar by calling for collective action - by either committing their meeting time or establishing another group such as a task force. The collective action could be addressing a need through the development of policy recommendations, technical standards, or operational guidance. The advisory committee could also call for collective action in response to a request from the commissioner of health or governor (i.e., study on an AI topic) or to respond to a federal policy (coordinated response).

See Appendix B for list of education and resource needs.

Initial implementation steps for AI Framework

The implementation steps are sorted by pillar.

Learn pillar

- Compile a Consumer AI Resource Catalog that focuses on safety and basic terms.
- Identify or provide learning opportunities for baseline AI knowledge for clinicians by 1) adding to the AI Resource Catalog for Healthcare and Public Health; 2) focusing on safety, harm prevention and ethical considerations; and 3) including structured opportunities for interactive peer learning.
- Maintain and update the AI resource catalog.

Connect pillar

- Collaborate with Minnesota Medical Association on their AI recommendations, engage as needed with the Rural Health Transformation Program, and participate in statewide AI discussions.
- Review HTI-5 final rule and communicate about considerations.

Act pillar

- Review and respond to HTI-6 proposed rule (coordinated response).
- Focus on one widely used AI tool, such as ambient listening/AI scribe, to capture and share best practices.

Appendix A: 2025-2026 AI Work Group Charge

Work group purpose

The purpose of this work group is to build understanding of the considerations, opportunities, and risks for artificial intelligence (AI) in the care continuum. The work group will serve as a forum to identify AI health-related activities, workforce training opportunities, partners and collaborations, and resources to create consensus on next steps for the Minnesota e-Health Initiative's pursuit of safe, unbiased, ethical, trustworthy, equitable, and effective use of AI across the care continuum. This work group will not focus on consumers use of AI to support their health needs nor provide guidance to consumers on AI use. Deliverables on AI impacts on the environment (e.g., energy and water usage) and employee management relations/union negotiations on AI are both out of scope.

Context

The past decade has had significant advances in AI across the care continuum. These advances offer both opportunities and risks to providers and patients across the state and care continuum. The Minnesota e-Health Initiative needs to understand the current and future state of AI to provide leadership and build strategic collaborations so that providers, care teams, and services benefit from AI and AI support the health and wellbeing of individuals and communities. This work aligns with the vision, mission, and guiding principles of the Minnesota e-Health Initiative.

Key activities

- Connect into the state Technology Advisory Council (TAC) and its AI subcommittee, the Transparent Artificial Intelligence Governance Alliance (TAIGA), and other AI thought leaders and communities in Minnesota and nationally, to share knowledge and work toward a unified approach to AI education, policy development and best practices.
- Learn how AI is being used in the care continuum including to:
 - Support prevention, diagnosis, treatment, patient education and monitoring
 - Payment/administration, and other support services advances/efficacies
 - Perform data integration tasks such as patient matching and natural language processing and identify data anomalies including to uncover fraud, waste, and abuse
 - Conduct research
 - Benefit patients, caregivers, and community (e.g., disease-specific community, rural community)
- Learn how AI reskilling and training can benefit the workforce by improving workflows, reducing burn out and redundancies, and allowing individuals to work at the top of their licensure.
- Identify education opportunities, including strategies and considerations, for training workforce on AI and AI use.
- Identify privacy and security concerns and strategies to mitigate.
- Compile and disseminate AI guidance, key terms, and evidence-based education resources.

- Understand, monitor and respond to rules, policies, laws, and other federal and state government AI activities.
- Provide updates to the Minnesota e-Health Advisory Committee.

Deliverables

Any materials created are expected to be widely shared and used by the Minnesota e-Health Advisory Committee, the Minnesota Department of Health, and other local and state partners.

- Engage with and share current and planned AI use by some partners in the Minnesota care continuum.
- A curated list of essential AI resources for the care continuum and to support the work of the Minnesota e-Health Initiative.
- 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.
- Outline of key recommendations, guidance, tools and use cases for adopting an AI framework for the care continuum in Minnesota.

Timeframe and expectations

Meetings will begin in December 2025 and every 4-6 weeks thereafter. All members of the community and advisory committee members are welcome to join the work group. Work group participants are expected to:

- Attend and participate in work group meetings and activities.
- 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 (for AC members) and/or your expertise to discussions and decision-making.
- Act as the liaison between work group and related groups or partners, sharing reports and information as directed.
- Keep the statewide interests of the Initiative foremost in decisions and recommendations, in particular health equity.
- Communicate with others in a professional manner.

Leadership

Adam Stone, Co-Chair

ZAVIANT

Genevieve Melton-Meaux, Co-Chair

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Kari Guida, MDH Lead Staff

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Appendix B: Education and resource needs

Below is a list of learning and resource needs identified by some work group participants.

- Taxonomy that distinguishes predictive analytics, generative AI, clinical decision support, automation, and public health surveillance — each with different risks, governance needs, and regulatory implications.
- Minimum governance expectations for health systems, HINs, payers, and public health.
- AI risk classification model.
- A mechanism for reporting issues, harms, or drift events.
- Shared evaluation rubric for safety, bias, drift, and transparency.
- Statewide AI registry or inventory of AI deployments.
- Process for horizon scanning and rapid response to emerging risks.
- Feedback loop between implementers and policymakers.
- Guidelines for evaluating medical/health AI applications used by providers or organizations in some common areas, including both clinical and non-clinical, such as ambient, summarization tools, office tools, billing/prior authorization tools, and future agentic tools.
- AI education for Minnesota policymakers.
- A structured curriculum or competency model tailored to the care continuum.
- Guidance on evaluating AI claims, vendor transparency, and evidence quality.
- Training on bias, drift, reproducibility, and auditability.
- Role-based learning pathways (nurses, physicians, care managers, CIOs, HINs, public health).
- Practical tools: checklists, evaluation frameworks, procurement questions, and implementation guides.
- Procurement and contracting guidance.
- Evaluation and monitoring templates.
- Drift detection and audit requirements.