KANSAS
RURAL HEALTH TRANSFORMATION

Emerging Technology Committee

Thank you for joining!

The meeting will begin at 1 p.m. CST

Kansas' Rural Health Transformation Plan is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $221.89 million in Budget Period 1 with 100 percent funded by CMS/HHS.

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Meeting 2

ETC Charter Development and Feedback Session

June 18, 2026

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Welcome

Sheena L. Schmidt

Senior Analyst & Strategy Team Leader

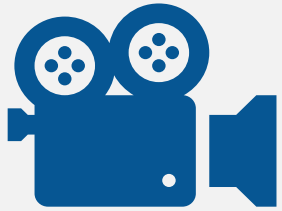
Kansas Health Institute

Who We Are

- Nonprofit, nonpartisan educational institution based in Topeka.
- Established in 1995 with a multi-year grant from the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.

Before We Get Started

Use the **Q&A feature** to ask questions and drop your comments or thoughts in **chat**!



This session is being **recorded** for technical and content follow-up purposes. It is also being livestreamed.

Technical questions about Zoom?

Find **“Karsen DeWeese, KHI, IT Help”** in the Participants list.

Agenda

- **1:00 p.m.–1:05 p.m.** Welcome and Overview
- **1:05 p.m.–1:15 p.m.** Recap of Meeting 1
- **1:15 p.m.–1:35 p.m.** Finalize the ETC Charter
- **1:35 p.m.–2:05 p.m.** Emerging Technology Update and Context
- **2:05 p.m.–2:55 p.m.** Feedback Session: Ambient Listening RFP
- **3:00 p.m.** Adjourn

Group Agreements

Be present (be open and engaged, avoid multitasking).

Create space for new perspectives.

Use active listening.

Take space, make space.

Our Shared Purpose

Support the Kansas Rural Health Transformation Program (KRHTP) in harnessing data and technology to transform rural health in Kansas.

Advise AI and consumer-facing technology activities implemented under the KRHTP.

Develop Year2 ETC priorities and workplan.

Advise and support BioSTL on emerging technology activities, use cases and Ambient AI RFP efforts.

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Welcome New Members

ETC Facilitators

Sheena L. Schmidt

Senior Analyst & Strategy Team Leader

Kansas Health Institute

Shelby Rowell

Analyst

Kansas Health Institute

Wyatt Beckman

Senior Analyst & Portfolio Strategist

Kansas Health Institute

ETC Timeline of Key Activities

May 2026 – Project launch and outreach activities underway

June 4, 2026 – ETC meetings initiated

July 1, 2026 – ETC Charter completed

July-Aug. 2026 – Guidance provided to support Bio STL Deliverables (Ambient AI RFP, Emerging Technology use cases

Aug. 15, 2026 – Draft Year 2 workplan and budget completed

Sept. 30, 2026 – Final ETC workplan and budget completed

Oct. 7-8, 2026 – Global Innovation Summit hosted by Bio STL

Oct. 30, 2026 – Final deliverables submitted

ETC Meeting Schedule

Meeting	Date	Format	Time	Primary Focus
ETC #1	June 4	Virtual	9:00–11:00 a.m.	Kickoff, Introductions, Charter Development
ETC #2	**June 18**	**Virtual**	**1:00–3:00 p.m.**	**Charter Development; Challenges and Solutions**
ETC #3	July 9	Virtual	1:00–3:00 p.m.	Technology Discussions; Initial RFP Feedback
ETC #4	July 29	In-person/Hybrid	12:00–4:00 p.m.	BioSTL Feedback; Workplan and Budget
ETC #5	Aug. 27	Virtual	1:00–2:30 p.m.	Project Updates; Refine Workplan/Budget
ETC #6	Sept. 24	Virtual	1:00–2:30 p.m.	Project Updates; Refine Workplan/Budget
ETC #7	Oct. 22	Virtual	1:00–2:30 p.m.	Final Workplan and Budget Review

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Emerging Technology Committee Meeting 1 Recap

Who is at the Table? | Survey Snapshot

12
Members Responded

6
Statewide Organizations

11
Rural Hospitals or Facilities

100%
Willing to Be Section Lead or Reviewer

Top Areas of Expertise Represented:

- Implementing technology solutions in healthcare
- AI and data systems
- Health care administration
- Research and evaluation
- Writing, editing and documentation

What About this Work is Exciting?

From the Compass Points Discussion – Meeting #1 on June 4, 2026.

Keeping Rural Kansans Home

Technology's potential to bring specialty care to communities rather than requiring patients to travel long distances.

Ambient AI for Clinician Burnout

The opportunity to explore a promising solution for easing documentation burden and supporting rural clinicians in the face of the projected provider shortages.

Speed of Innovation

The pace of digital health innovation is opening opportunities for rural communities that were not previously possible.

Whole-Person Solutions

Excitement about solutions that address both medical and non-medical drivers of health.

Key Challenges | Meeting & Survey Responses

Financial Constraints & Sustainability

Infrastructure & Broadband Gaps

EHR Fragmentation & Integration Barriers

Workforce & Adoption Challenges

Cybersecurity Vulnerabilities

Reimbursement & Payment Uncertainty

Solutions & Strategies | What Members Recommend

Near-Term Priorities

Ambient AI Listening

- Reduces documentation burden for rural clinicians
- Must integrate with EHRs and clinical/financial workflows

Telehealth & Remote Patient Monitoring

- Expands access for specialty and behavioral health care
- Supports chronic disease management through integrated models

Group Purchasing & Shared Resources

- Leverages consortia to negotiate better vendor pricing
- Shares technical staff and infrastructure across facilities

Structural Enablers

Technical Assistance & Adoption Support

- Provides ongoing support beyond initial implementation
- Helps providers sustain use after funding ends

AI for Operations & Revenue Cycle

- Automates coding, billing and predictive analytics
- Offers high ROI with low clinical resource burden

Robust Vetting & Governance Framework

- Establishes affordability thresholds and vendor vetting
- Right-sizes AI governance for rural organizations

Charter Feedback

Represent the Full Spectrum

01

Members called for direct rural care providers, patient advocates, nursing voices and rural community members to be engaged in the ETC.

Stay Grounded in CMS Rules

02

Decision-making language should explicitly reference the RHTP project narrative and CMS guidelines — the committee operates within those parameters.

Keep the Full Program Visible

03

Members want a visual crosswalk of all RHTP technology activities to have a better understanding of what has already been decided, decided, what's open for input and what's happening in other initiatives that are relevant to the work of the ETC.

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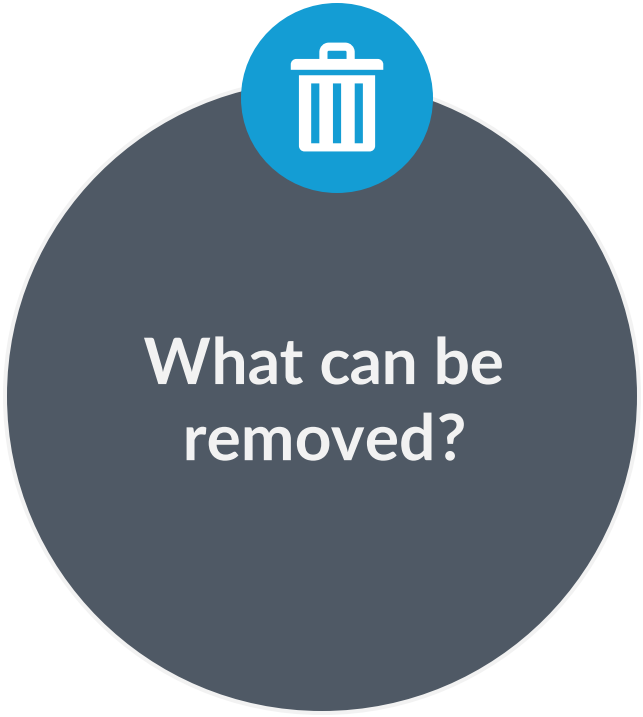
ETC Charter Development

Charter Review

As we review, please consider:



What's Next?

Receive Final Feedback

KHI Makes Edits

Charter Sent for Approval

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Kansas RHTP

Emerging Technology Update and Context

6/18/2026

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Introductions

Matt Lara

Chief of Staff at Kansas Department of Health and Environment (KDHE)

RHTP Project Director

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Emerging Tech | RFA released 6/10, expected to deploy $9.5M of Y1 RHTP funding

The **Emerging Technology Program** provides funding to enable Eligible Providers[1] to successfully implement or scale technologies with demonstrated ability to improve care delivery

$9.5M available in Year 1

Timeline

- Released: 6/10
- Webinar: 6/22
- Applications due: 7/10
- Announce awardees: 8/7 *(tentative)*

Funding allocation

- Award 5-10 Emerging Technology Program grants ranging from $1M-$3M each

Example of potential project

Example: *A provider applies for funding to scale an AI-powered diagnostic imaging tool that would meaningfully scale specialist-level diagnostic capability in communities lacking on-site ophthalmologists*

Future year funding

- This release reflects Year 1 funding only, with additional Emerging Technology funds expected in subsequent years

1. Eligible Providers are defined as: Kansas hospitals, physician practices and solo practitioners, rural health clinics, federally qualified health centers, local health departments, Native American Sovereign Tribe healthcare facilities, certified community behavioral health clinics, licensed substance use disorder facilities, and licensed long-term care facilities. These providers do not need to be based in a rural county as long as their project benefits rural communities

Emerging Technology | Grant projects must align with the following objectives

Enable rural Kansas providers to adopt and implement emerging technologies with demonstrated ability to **improve care delivery**

Scale **proven, tangible technology solutions** with demonstrated success to rural Kansas providers with a credible plan for broader adoption

Build the internal capacity of rural Kansas providers to **sustain technology beyond the grant period**, including by ongoing support & maintenance models, staff training, workflow integration, and vendor management

Generate **measurable, reportable evidence** of tech impact, including defined performance metrics, evaluation plans, and data collection protocols that support ongoing program learning & CMS reporting reqs

Ensure adopted technologies meet applicable **compliance and security standards**, including HIPAA compliance, data security protocols, data governance policies, and any relevant regulatory requirements

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Emerging Tech | Two key eligibility criteria to maximize impact

1.) Minimal overlap with existing RHTP initiatives

- The Emerging Technology Program is intended to fund technology adoption in areas not otherwise directly addressed through existing Kansas RHTP initiatives
- Applicants are expected to understand the broader RHTP program (e.g., review application) and not propose a project that directly overlaps or competes with existing programs

2.) Focus on scaling proven technology

- **Proven definition:** Technology is already being applied in a real-world setting
  - **Where tech is being used:** Proposal could be something the applicant is already doing and wants to expand, or adopted from another provider/market inside or outside of Kansas
  - **Evidence required:** Applicants should demonstrate effectiveness and readiness: documentation of outcomes achieved, descriptions of prior implementations, or vendor quote

Emerging Tech | Scoring criteria overview

Section	Description	Points
1. Project description	**Overview** of the proposed project	**30**
Project approach and alignment	What is your project and how does it support Emerging Technology Program goals?	10
Needs and outcomes	What problem is being addressed, and what transformative outcomes will be achieved?	10
Impact and populations served	Who benefits, and what impact will the project have?	10
2. Technology Overview	What **specific technology** is being proposed, and what evidence demonstrates its effectiveness and scalability?	**20**
3. Implementation Plan	How will the **project be carried out**, including timeline, key activities, readiness to execute, and plans to sustain project beyond grant period?	**20**
4. Sustainability Plan	How will the project be **sustained beyond the grant period?**	**10**
5. Budget	How are **funds allocated** to support project activities?	**15**
6. Evaluation	How will you **measure success** and how will you **track and report results** to KDHE?	**5**
	Total Points	**100 points**

Ambient Listening RFP Level-Setting

Martie Ross, CCA

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Ambient Listening RFP

Key Definitions

Ambient AI (in healthcare): A category of AI technology that works passively in the background of a clinical encounter rather than requiring active input from the clinician. These tools combine automated speech recognition, natural language processing, and large language models to capture an encounter and automatically generate documentation, with the aim of reducing workload and burnout while improving the interaction between patient and clinician. The "ambient" framing distinguishes it from earlier dictation tools that required the clinician to actively narrate. PubMed Central

Ambient listening AI (a specific application of ambient AI, often called "AI scribes"): These tools use ambient technology to capture and structure clinical conversations in real time as the encounter happens, producing a draft note that the clinician reviews and edits rather than entering data manually. A 2024 survey by the Medical Group Management Association found that 42% of medical group leaders reported using some form of ambient listening AI, with discreet microphones in exam rooms capturing the conversation and the AI generating suggested notes and billing codes for clinician review. AAFPProAssurance

Understanding Ambient AI

What Ambient AI tools do

1. Listen to patient-provider conversations
2. Convert speech to text
3. Generate draft clinical notes, summaries, diagnoses and action items
4. Present output for clinician review and approval

Examples: Microsoft Dragon Copilot · Abridge · Suki

Three Technologies Inside Ambient AI

1. **Speech recognition**
   Transcribes audio from the conversation into text. A well-established technology — not generative.
2. **Natural language processing**
   Understands the meaning, context, and structure of the conversation. Interprets — does not generate.
3. **Generative AI ← the key layer**
   Creates new content — clinical notes, summaries, diagnoses — from the conversation. This triggers governance policy requirements.

Because ambient AI generates new content, it falls under generative AI governance — and requires clinician review before documentation enters the medical record.

Ambient Listening AI RFP Discussion

Describe the requirements for the Ambient AI RFP to be developed by BioSTL and released in Year 2 of the Kansas RHTP. The scope is limited to in-person encounters in the ambulatory setting for clinics not on an Oracle system.

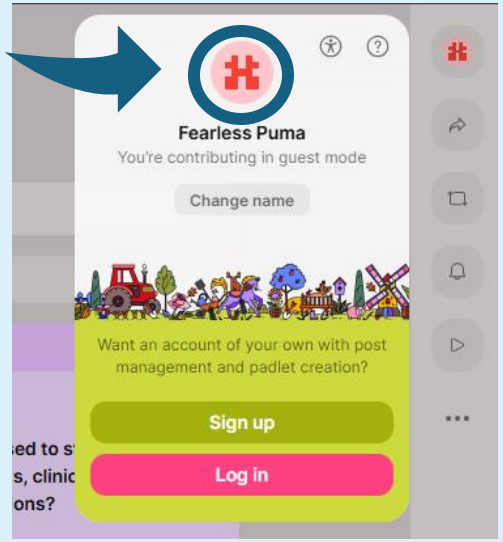
Today, we will focus on:

- **Landscape**
- **Eligibility**
- **Funding Priorities**
- **Vendor Requirements**

Padlet

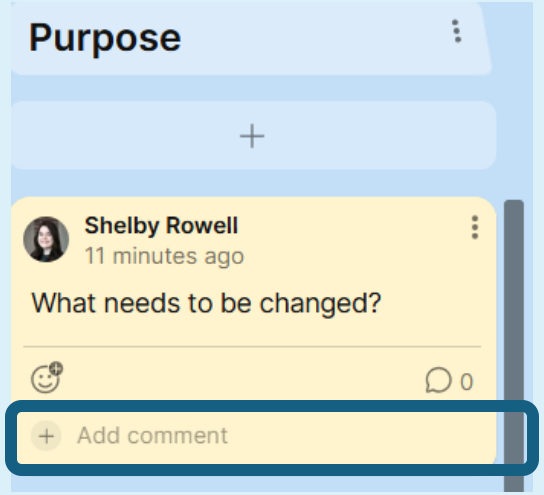
Collaborative tool to support discussion

Step 1: Rename Yourself



Please change your name by clicking on the icon in the **upper right-hand corner** and clicking on the **"Change name" button**, as shown in the image.

Step 2: Contribute Your Thoughts



Click on the **"Add comment" text box** to add a response to the prompt on the card.

Topics for Feedback

Topic 1: Landscape

How would you describe the current landscape of ambient AI adoption among your networks?

- Are there Ambient tools that have been or have attempted to have been implemented in the past? If yes, were they successful? If they weren't successful, what were the biggest challenges to implementation?
- Where would you see the greatest resistance in rolling out an ambient listening tool?
- How integrated are your systems today? Are your providers mostly working out of the EMR or are they moving between systems / applications?
- Do you have existing processes for rolling out new technology / tools to the care teams or is it ad hoc?
- Would a Request for Information (RFI) be helpful to understand potential applicants (e.g., EHR use, intent to apply, size and capacity, etc.)?

Topics for Feedback

Topic 2: Eligibility

What are the eligibility criteria for potential entities?

Examples to consider:

Rurality

Multi-Site Grantees

Type of Facility

Topics for Feedback

Topic 3: Funding Priorities

What factors should be considered for funding priorities?

Examples to consider:

Geographic Distribution

Technical and Organizational Readiness

Patient Volume, Financial Need, Populations Served

Commit to Sustainability, Evaluation

Topics for Feedback

Topic 4: Vendor Requirements

What are the important details that need to be included under each proposed requirement? Is anything missing from this list?

These are the proposed vendor requirements that have been identified by BioSTL.

- Transparency for Patients
- Reporting Standards
- Cost Guardrails
- Financial Stability
- Accuracy Standards
- Privacy Standards
- Integration with Existing Workflows
- Bias Mitigation
- Externally Validated Effectiveness
- Rural Proofing — *ensuring AI works for rural populations and rural providers*

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ETC Member Registration Survey

Please take the survey if you have not already done so.

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Q&A and Next Steps

Next Meeting

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