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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Emerging Technology Committee

Meeting 3

Finalize RFP Feedback & Technology Discussions

July 9, 2026

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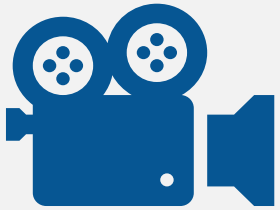
Before We Get Started

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 – 1:05 p.m.** Welcome and Overview
- **1:05 – 1:10 p.m.** Charter Approval
- **1:10 –2:30 p.m.** Continue RFP Feedback
- **2:30 –2:50 p.m.** Rural Health Summit Discussion
- **2:50 – 3:00 p.m.** Wrap up and Preview of In-Person Work Session
- **3:00 p.m.** Adjourn

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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-August 2026 – Guidance provided to support CHRI Deliverables (Ambient AI RFP, Emerging Technology use cases

Aug. 1, 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 CHRI

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.	CRHI 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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Charter Approval

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Emerging Technology Committee Meeting 2 Recap

ETC Meeting 2 Recap – Program Updates

Emerging Technology Grant

$9.5M

Year 1 • 5–10 grants of $1–$3M

- Proven technologies only
- Scored on 100-point rubric
- First of multiple rounds

Applications due July 10 • Awards Aug. 7

Tech Across the RHTP Plan

- Embedded in all five initiatives — not just Initiative 5
- Consumer tools: Thrive CBT, LEAP, lifestyle app, diabetes prevention
- Remote monitoring across 3 programs
- Anchor Hospital Advancement Program: wearable vitals at 10 anchor hospitals + $9.8M AI EHR fund

Year 1 = a "launching and learning" phase

ETC Meeting 2 Recap: Ambient AI RFP Landscape Themes

For Rural Providers Not on Oracle

Mixed Adoption

Rural clinics that are not affiliated with larger health systems may be slower to adopt than urban providers.

Integration Matters

EHR-embedded tools typically work best — but an imperfect tool beats no tool.

Pricing is Shifting

Vendors are moving from per-user licenses to pay-per-use pricing, which will impact how Year-2 budgets are built.

Survey the Field First

A needs assessment will be conducted by CHRI. Committee saw value in a possible Request for Information (RFI) to learn what EHR systems providers use and who plans to apply.

ETC Meeting 2 Recap: Open Questions & Next Steps

Eligibility & Priorities

- Multi-site entities — are they eligible to apply? If so, will they need one application or several?
- Which facility types qualify?
- Weigh readiness, need, geography, data sharing

Requirements

- Transparency, privacy, bias mitigation
- Rural-proven, financially stable vendors
- Accuracy benchmarks + clinician review
- Reusable standards for future RFPs

July 9 (virtual): continue RFP feedback **July 29 (Topeka):** final RFP session + Year-2 plan

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Ambient Listening RFP

Ambient Listening AI RFP Discussion

Describe the requirements for the Ambient AI RFP to be developed by CRHI 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

Requirements

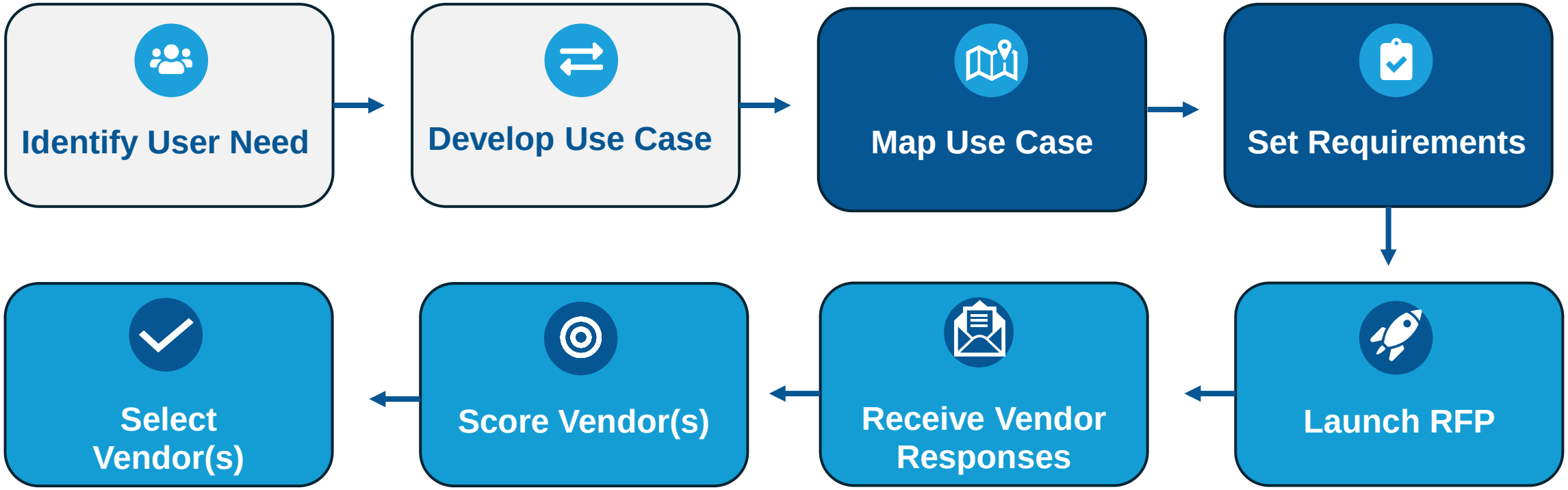
Key Terms

A shared vocabulary before we talk vendors and requirements

Interoperability	Whether the tool **connects** to the systems around it — does it have the ability to connect data and systems to facilitate completing a task or doing a job?
Use case	A **plain-language story** of who uses the tool, to do what, where and when, essentially, what is the job to be done? It captures the need before any specification is written.
Requirement	The **precise, testable specification** a vendor is scored against — what must be solved for technologically, operationally and culturally for the job to be done?
Interpretability	Whether users can **understand and verify** what the technology created — tracing a note to what was said, flagging uncertainty and explaining its reasoning.
Data sharing	How patient data **moves and is retained** — between the vendor, the EHR and third parties. A privacy and governance question, distinct from technical integration.

From Use Cases to RFP Requirements

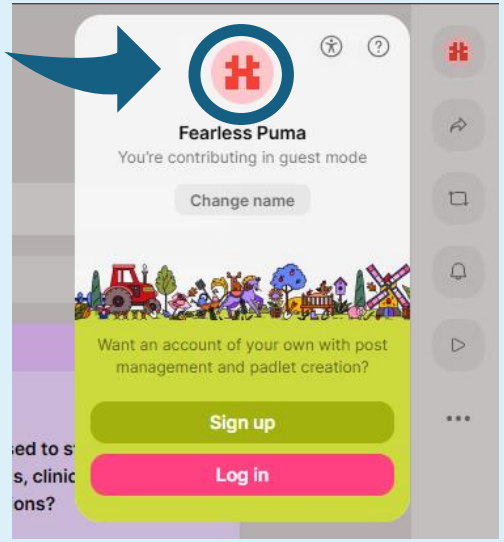
Translating a use case into RFP requirements:



Padlet

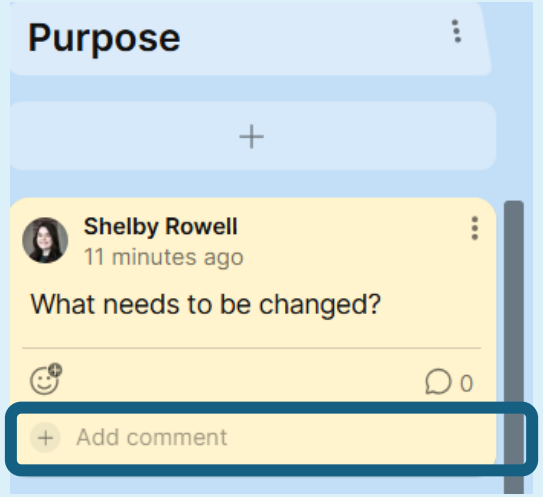
Collaborative tool to support discussion

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 2: Eligibility

What are the eligibility criteria for potential entities?

Examples to consider:

Rurality

Multi-Site Grantees

Type of Facility

Topics for Feedback

Topic 2 (Continued): Eligibility

What factors should be considered for funding priorities?

Examples to consider:

- **Geographic Distribution**
- **Technical and Organizational Readiness**
- **Patient Volume, Financial Need, Populations Served**
- **Commitment to Interoperability, Sustainability and Evaluation**

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Example: Ambient Documentation

THE USE CASE

A health system rolls out ambient documentation across its primary hospital and satellite facilities with the goal of reducing provider burnout and after-hours charter while keeping quality, compliance and the patient experience consistent at every site.

REQUIREMENTS THIS GENERATES

- Consistent performance across every site, specialty and patient population.
- Accuracy tested across regional accents and dialects — not only across languages.
- Clean integration with the existing EHR and a support model that scales as more facilities come online.
- Reporting that the system can use to track metrics that matter to them – documentation time, after-hours charting and provider retention – so that the system can show ROI after go-live.

Ambient Listening RFP: Defining Successes and Barriers

This discussion will focus on two parts of a five-part needs assessment developed by the Center for Rural Health Innovation.

LIVE TODAY

The problem, success, failure and governance — captured live in your own words.

AFTER THE CALL

Background and current-state questions, sent out for you to complete afterward.

TOGETHER TODAY

Reaching Rural Facilities

Your input on how best to reach them, so their perspective is represented.

The Problem & What Success Looks Like

What problem are you most looking to solve with ambient listening (Rank your top 3, 1 = most important)

____ Documentation burden / provider burnout
____ After-hours charting (“pajama time”)
____ Quality and completeness of clinical notes
____ Coding accuracy and revenue capture
____ Patient experience / more face-to-face attention during visits
____ Provider recruitment and retention
____ Visit throughput / seeing more patients

Twelve months after go-live, how will you know this was a success?
Be as specific as you can — examples to react to:

- **Notes closed same day** – charts done inside the visit
- **30 fewer minutes after hours** – a measured drop in “pajama time”
- **Provider satisfaction improves** – on the next engagement pulse check

The Problem & What Success Looks Like

What would make this a failure, or cause providers to abandon the tool?

Beyond the clinical and workflow impact, what would need to be true for ambient listening to demonstrate value beyond Year 5 and remain a sustainable investment for your organization?

Barriers & Governance

What do you believe will be the biggest internal hurdle to adopting ambient listening at your organization?

☐ Provider skepticism or change fatigue
☐ Patient privacy concerns and consent workflows
☐ IT bandwidth or integration complexity
☐ Compliance, legal or governance review of AI tools
☐ Leadership or board buy-in
☐ Other: _____

Does your organization have an existing policy or process for AI tools and/or recording patient encounters (including patient consent)?

☐ Yes — established policy in place
☐ In development
☐ No — we would need to build this
☐ Unsure

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Rural Health Summit Discussion

Rural Health Day Objectives

CRHI
Center for Rural Health Innovation

- Awareness of curated Remote Care and AI innovation aligned with RHTP priorities
- Inform Year 2 RHTP plan development for MO & KS RHTP program
- Knowledge sharing across MO, KS, etc. RHTP programs, case studies
- Highlighting curated national case studies: remote care and AI tech
- Midwest and National RHTP program leader updates

Rural Health Summit Track

OCTOBER 7 · WEDNESDAY

Rural Health Day 1

@ Knight Center

2:00 – 3:00 PM Registration Check In Opens

3:00 – 3:30 PM Welcome Comments

BioSTL, MO & KS: RHTP, HCT, CCA Leadership

3:30 – 5:00 PM MO and KS RHTP Program Overview

MO DSS, KS KDHE Leadership

Year 1 Progress

Year 2 What's Next

General Summit and Rural Health Summit Merge for the Evening

500 – 530 PM Networking Break

530 – 600 PM Keynote Address

600 – 730 PM Reception

OCTOBER 8 · THURSDAY

Rural Health Day 2

@ Knight Center

7:30 – 8:30 AM Networking Breakfast

8:30 – 9:15 AM National Keynote Speaker (CMS RHTP Leadership)

9:15 – 10:15 AM Rural Innovation Case Study #1

Networking Break

10:45 – 11:45 AM Rural Innovator Pitches – Session 1

11:45 – 1:15 PM Networking Lunch

1:30 – 2:30 PM Rural Innovation Case Study #2

Networking Break

3:00 – 4:00 PM Rural Innovator Pitches – Session 2

4:00 – 5:00 PM From Innovation to Outcomes

Plan and Next Steps

Rural Hubs select innovators to meet with in workshops

Share Your Feedback

Please pick the top two topics that you believe would be the most beneficial for additional webinars?

In-Person Meeting: July 29 at the Kansas Health Institute

Objectives

Finalize feedback

Finalize feedback for the ambient listening AI RFP.

Set the vision

Determine a vision for ETC work in Year 2 and beyond.

Plan the work

Determine the workplan, activities and budget.

Define success

Discuss what success looks like.

Logistics

Registration

A registration link will be sent following the meeting for RSVP.

Lunch

Lunch will be served.

Attendance

Please attend in person if possible.

Virtual option

Virtual option needed? Reach out to Sheena.

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Q&A and Next Steps

Next Meeting

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Appendix

From Requirements to Vendor Selection

Ambient Listening Technology · What Comes Next

WE ARE HERE

1 Needs Assessment

Collect input from ETC members & supporting facilities on needs, readiness & success measures

2 Shared Requirements

Synthesize responses into common requirements & weighted evaluation criteria; ETC sign-off

3 RFP to Market

Release the RFP; conduct market scan & targeted vendor outreach

4 Evaluate Responses

Score proposals against the criteria; curate a vendor shortlist

5 ETC Demos

Structured demos of the curated selection, scored by the ETC on behalf of the group

6 Vendor Recommendation

Final recommendation & path to contracting

The ETC evaluates on behalf of the full group. Supporting facilities and providers shape the requirements, review the draft RFP, and receive updates at every stage — vendor evaluation and demos are carried by the ETC.