

STRATEGIC IMPLICATIONS FOR KANSAS HOSPITALS AND KAN-ED

EXECUTIVE SUMMARY

prepared for

KAN-ED

And

KANSAS HOSPITALS AND HEALTH PROFESSIONALS

By



Kansas Rural Health Options Project

In partnership with



Kansas Hospital Association



Kansas Hospital Education and Research Foundation



**Kansas Department of Health and Environment
Office of Local and Rural Health**

OVERVIEW

KAN-ED was established by the Kansas Legislature in response to increasing interest in broadband telecommunications. In 2001, through Senate Substitute for House Bill #2035, the purpose for KAN-ED was set forth:

“The purpose of this act is to provide for a broadband technology-based network to which schools, libraries and hospitals may connect for broadband Internet access and intranet access for distance learning. For that purpose, the state board of regents shall contract in accordance with this act for the creation, operation and maintenance of such, to be known as the KAN-ED network.”

A key to KAN-ED’s success will be its ability to meet the needs of the various constituents. Recognizing this fact, KAN-ED created a useful infrastructure to involve parties of all three groups. Hospital representatives and KHA staff have been participating in the KAN-ED User Advisory Council and Delegate Assembly process. This involvement has been important in helping shape the direction and conceptual framework of the KAN-ED network. However, KAN-ED, a program housed in the Board of Regents, is staffed by individuals whose background and experience is primarily based in the educational field. As the KAN-ED network continues to be developed, the partnering organizations feel it is important to make sure the technology needs of hospitals are clearly communicated and understood by the KAN-ED leadership and staff who are creating the network.

As a result, the Kansas Rural Health Options Project, Kansas Hospital Association, Kansas Hospital Education and Research Foundation and Kansas Department of Health and Environment Office of Local and Rural Health brought together several health care professionals (KHA KAN-ED Hospital Advisory Group) to assess KAN-ED and to identify how health care could leverage KAN-ED.

Based on the needs of hospitals, it is possible to identify how hospitals can take advantage of KAN-ED, what KAN-ED can do to best address the needs of hospitals, and how a collaborative effort among all the constituents and KAN-ED can produce significant opportunities.

SIMILARITIES WITH OTHER CONSTITUENTS

Hospitals share the same needs with the other constituents to utilize technology to bring individuals and organizations together for continuing education and meetings regionally and statewide. Consequently, all of the constituents need telecommunications and end user technologies; such as

multi-site, group or individual videoconferencing. There is also similar interest in KAN-ED “databases” or databases that are static reference type resources, such as the Journal of the American Medical Association (JAMA). In addition, hospitals have some interest in the KAN-ED portal as a common way to get access to health care databases and Web-based education.

TECHNOLOGY NEEDS OF HOSPITALS

The KHA KAN-ED Hospital Advisory Group first set out to identify hospital needs and then to prioritize the needs. The result is shown in Table 1. It should be noted that there is considerable agreement by health care professionals about the needs of hospitals and the order of those needs within the three identified phases. While some needs identified by hospitals are similar to other constituents, others are not. In addition, when prioritized, the critical needs of hospitals are unique.

Table 1: Needs of Kansas Hospitals Relating to KAN-ED
Rank within
Phase

First Phase	
1	Videoconferencing Education and Meetings
2	Administrative Meetings
3	Videoconferencing Support Consultations
4	Hospital Support Services
5	Real Time Coordination
6	KHA Patient Data Sharing
7	Live Clinical Consultations
8	Recorded/Archived Clinical Imaging/Consultations
Second Phase	
9	Continuing Medical Education
10	Community Health Network
11	Electronic Medical Record Sharing
12	Other Modality Consultations
13	Online Reference Databases
14	Patient Education
15	Hospital Network Data Sharing
16	Care Plan Repository
17	Group Purchasing
18	Online Journals
19	Patient Outcomes
20	Shared Health Information
Third Phase	
21	Hospital Administration Forums
22	Statewide - Patient Identification Repository
23	Statewide - Patient Identification
24	In Home Monitoring & Management
25	Extended Chronic Disease Management Support

HOSPITAL RECOMMENDATIONS TO KAN-ED

Based on the needs identified by hospitals, the following recommendations are provided to KAN-ED. These recommendations must be considered if Kansas hospitals are to derive the benefits envisioned by the Kansas Legislature.

1. Develop a more comprehensive approach to security so that hospitals can assure the end to end communication of protected, patient level health data as required by the Health Insurance Portability and Accountability Act. At least eighteen of the twenty-five technology needs identified by hospitals will fall under the security provisions of HIPAA. Many rural hospitals struggle to have access to basic technology support, let alone the support needed to insure secure access to services provided on the KAN-ED network. Therefore, KAN-ED needs to be very proactive in its approach to security.
2. Access to reasonably priced telecommunications bandwidth needed for telemedicine applications must be assured. KAN-ED should provide subsidies to members in areas of the state where the use of high levels of bandwidth is cost prohibitive.
3. Establish telecommunication bandwidth capabilities so that consultative videoconferencing is assured a minimum bandwidth which permits sharing of real time consultative and supporting information. Bandwidth must be available immediately; emergency situations cannot be scheduled.
4. Create technology support for the dynamic collections of data that are managed and associated with the daily activity of hospitals. Support can include database development, hosting databases on the KAN-ED network and providing funding to purchase existing applications. A good first step would be to purchase and host a resource management application allowing hospitals to see real time resources (available beds, capacity, etc.). Access to this data is critical in trauma emergencies and disaster situations.
5. Prepare a set of solutions recognizing that hospitals will increase their demand over time, especially once KAN-ED demonstrates solutions to other recommendations.

HOW HOSPITALS CAN LEVERAGE KAN-ED

KAN-ED offers opportunities for Kansas hospitals. Specifically, hospitals can use KAN-ED:

1. as a way to further use technology as a means to address their needs,
2. to create greater opportunities within KAN-ED's constituent process, and
3. to seek out additional sources of funds as part of a collaboration with other constituents.

Further opportunities can be created within KAN-ED's Delegate Assembly and workgroups. Participating in these groups will allow hospitals to work with other constituents to ensure that hospital needs for high quality data, security and timeliness of data are among the reasons KAN-ED becomes more technically capable. It also will allow this broad constituent base to seek out external funding sources that expect collaboration and vision among key community stakeholders.

FUTURE IMPLICATIONS FOR KANSAS HOSPITALS AND KAN-ED

In March 2002 the state released its new economic development strategy.^a In that study one clear direction was pursuit of the knowledge economy as a major way to rework the economic opportunities in the state. This pursuit of the knowledge economy and the directions recommended for KAN-ED in the previous sections are the same path for the future. Rural is a dominant aspect of Kansas. If you ask nearly any rural community about its problems, almost all will mention that young people have left the community are not returning. Typically rural communities have difficulty retaining their young people because rural youth do not see economic or career opportunities. A comparable challenge exists at a state level too, where Kansas sees many of its young people leave for other states that offer greater perceived economic opportunities. Our state loses far too many of the educated youth that are produced by our excellent educational system. While several rural states have tried many "retention" initiatives, including financial incentives,^b it is evident that until these individuals see 1) real economic opportunity created and 2) an opportunity to set the course for the future they will not be returning. Both "conditions" are satisfied by the recommendations for KAN-ED. KAN-ED and Kansas hospitals now have the opportunity to use their needs and funding capacity as the means to begin attracting these "knowledge" workers.

Future opportunities are even more dramatic. Kansas health care professionals have always been at the fore front in their exploration of new technologies and methods to provide better health care services. The needs identified by Kansas health care professionals are the needs of health care professionals elsewhere. Therefore the products, services and expertise created while developing solutions to these needs means that these same products, services, and expertise become exportable to other places.

Collaboration among education, health care, higher education and libraries are key to KAN-ED success. Kansas hospitals bring substantial needs to the table, while others bring the ability to develop programs of education, sound research designs, and a population of Kansas young people that can be targeted.

There is a wonderful opportunity for KAN-ED, and its constituent partners to have a far-reaching impact on the future of Kansas. It is this awareness, strategy and proactive course of action that will continue to provide KAN-ED with an important message for the Kansas Legislature as they review results and plan for the future.

^a “Making the Knowledge Economy Work for All Kansans: Kansas Comprehensive Strategic Plan Update,” December 2001, released March 2002.

^b “Youth Initiative fails, 67% oppose tax breaks,” Mike Nowatzki, The Forum, Fargo, North Dakota, November 6, 2002.

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