

Solution 5.4: No solution details yet available in this domain for cross-validation of information within or among multiple sources, *i.e.* data content audits.

Domain 6: Information systems activity audits

Solution 6.1: Complete, auditable information access logs, including reading, copying, printing or transmitting. (Use of multiple technologies will necessitate multiple types of logs.)

Solution 6.2: No solution details yet available in this domain for protecting information carried away from its source.

Solution 6.3: Periodic external audits of

- a. information access logs
- b. tests of system “hardness” against attempted breaches
- c. user compliance with data use agreements

Domain 7: Administrative and physical security safeguards

Solution 7.1: Statewide effort to create “learning communities” around the transformation of the healthcare system. These learning communities are collaborative ventures among regions, school districts, community colleges and universities.

Solution 7.2: Establish guidelines that coordinate with the current HIPAA security standard especially in the context of securing PHI within a repository. Original HIPAA security recommendations included encryption in this area and efforts should be made to return to this higher standard.

Solution 7.3: Develop education and “best practice” information / guidelines / practices that can be used by a facility to monitor and administer the devices on their networks

Domain 8: State law

Solution 8.1: State laws and regulations should be amended to coordinate with HIPAA to minimize confusion and misinterpretations.

Solution 8.2: Develop educational materials to address public misconceptions about HIPAA and the interpretation of state law with HIPAA.

Solution 8.3: Identify laws and regulations of other states to adapt as models for interstate and intrastate information exchange.

Domain 9: Information use and disclosure policies

Solution 9.1: Encourage development of federal HIPAA Safe Harbors policies to reduce legal exposure of providers who share protected health information.

Solution 9.2: Develop information use and disclosure policies which comply with state and federal laws to serve as models for the various stakeholders engaged in information exchange.

Solution 9.3: Develop educational materials to encourage the implementation of information use and disclosure policies.

Appendix C – Integrated Local Connection

In the state of Kansas, Internet 1 access is available in most locations and from multiple carriers. The State of Kansas has extended Internet 2 (I2) to 19 locations across the state through its Kansas nearest access points (NAPs). These 19 NAPs would be migrated to the KanHealth network and leveraged for I2 access for hospitals and other health care organizations on KanHealth.

The most cost-effective method for connecting urban and rural hospitals together while providing connectivity to hospitals nationwide is to connect them to the existing Internet 2 infrastructure. It is also important to provide connectivity between the hospitals and traveling physicians and other hospitals that do not have dedicated connections to this network as well as provide back up connectivity over Internet 1 in the event of Internet 2 connection failure.

Currently there are approximately 40 local exchange carriers in Kansas. Some of these carriers are capable of providing layer 2 access while others are capable of providing both layer 2 and layer 3 access options. The KanHealth network will accommodate several types of last-mile access options to ensure multiple options for each user based on their requirements. These four last-mile access options planned for KanHealth include:

1. Layer 2 dedicated connections between the hospital and the nearest Internet 2 access point.
2. Layer 2 dedicated connections with two separate logical connections; one mapped to the nearest Internet 2 access point; the other mapped to the user's Internet 1 provider with priority established for each logical connection.
3. Layer 3 IP connectivity between the hospital and the service provider's IP backbone mapped to the nearest Internet 2 access point with quality of service and security taken into consideration. As necessary, connections may need to be added between the provider's IP backbone and the network core that extends the Internet 2 traffic across the State.
4. Layer 3 IP connectivity between the hospital and the service provider's IP backbone with two separate logical routes; one mapped to the nearest Internet 2 access point; the other mapped to the user's Internet 1 provider with priority established for each logical connection. As necessary, connections may need to be added between the provider's IP backbone and the network core that extends the Internet 2 traffic across the State.

April 30, 2007

Ryan J. Spaulding, PhD
Director
Center for Telemedicine & Telehealth
Kansas University Medical Center
3901 Rainbow Blvd.
Kansas City, KS 66160

Dear Dr. Spaulding,

I'm pleased to support your application to the Federal Communications Commission for the Rural Health Care pilot program. As the former director of the Center for Telemedicine and as the current Vice Chancellor of External Affairs at the University of Kansas, I am well aware of the need for a private, reliable, high speed network in Kansas for providing telemedicine and health information exchange services.

In my role I serve as the administrator of the outreach services that originate from our institution. Thus I am very familiar with the tremendous need for health care in our largely rural state. Kansas has some of the neediest populations and fewest rural specialists of any state in the country. Kansas also has the highest number of Critical Access Hospitals (CAH) in the United States. Taken together, these facts suggest the need for more telemedicine and other health information technologies in our rural communities.

Your plan to leverage existing state network resources rather than developing a new physical network is an especially important component of the pilot project. It is well known in Kansas that a number of networks are available even though none of them are dedicated to health care purposes, particularly telemedicine. Your plan to create a health care segment from current bandwidth is a wise use of resources and will be much more conducive to long-term sustainability through current funding mechanisms. Your collaboration with other health care stakeholders in the state is also a valuable element of the initiative.

I fully endorse your project. Please feel free to contact me for more information.

Sincerely,



David J. Cook, PhD
Assistant Vice Chancellor for External Affairs
Kansas University Medical Center



Thomas L. Bell
President

May 1, 2007

Ryan J. Spaulding, PhD
Director
Center for Telemedicine & Telehealth
Mail Stop 1048
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160

Dear Dr. Spaulding,

The Kansas Hospital Association is pleased to support the FCC State Health Network Pilot Project. Implementing information technology that expands access to health services and supports the exchange of health related information is a high priority for KHA and for Kansas health providers as a whole. We appreciate your efforts to seek funding on behalf of hospitals and the communities we serve.

Kansas has invested significant resources in creating Kan-ed as a backbone for education and hospital use. The KanHealth proposal leverages those resources to improve and increase both hospital access and use of this existing resource. Kansas is a largely rural state with significant disparities in available health care providers and access to technology. This proposal utilizes technology to link rural and urban areas for the benefit of Kansans.

KHA looks forward to working with you and the collaborative team as we implement the vision of KanHealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Levy Hungerford". The signature is fluid and cursive.

Melissa Levy Hungerford
Executive Vice President

Kansas Hospital Association

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Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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April 24, 2007

Ryan Spaulding, Ph.D., Director
Center for TeleMedicine and TeleHealth
Kansas University Medical Center
2012 Wahl Annex, Mail Stop 1048
3901 Rainbow Boulevard
Kansas City, KS 66160-7353

Dear Dr. Spaulding,

The Kansas Department of Health and Environment (KDHE) is pleased to support the Center for TeleMedicine and TeleHealth's application to the Federal Communications Commission (FCC) to support a pilot program to engineer a statewide, broadband private network to facilitate telemedicine and Health Information Exchange.

As you know, KDHE has, from the beginning, been integrally involved in the efforts of Kansas Governor Kathleen Sebelius' Health Information Technology/Health Information Exchange Initiative. This initiative developed a vision and strategy for supporting the adoption of health information technology and for ensuring the exchange of information among providers, payors and patients in the state of Kansas. The development of a robust, secure network is central to this vision.

We appreciate the Medical Center's leadership in bringing together a broad group of stakeholders that has included (in addition to our organizations) the Kansas Health Policy Authority, Kansas State University, the Kansas Hospital Association, the state primary care association, the state mental health consortium, the Kan-Ed network, to discuss ways to create a dedicated network for technology-enabled health care services and information exchange. Telemedicine and secure health information exchange are critical elements needed to ensure access to health care services in our rural areas. KDHE has many programs that work closely with the state's rural providers including Critical Access Hospitals, rural health clinics, local health departments and many others. As such, KDHE looks forward to working closely with the Kansas University Medical Center and our many partners to ensure that a statewide network to facilitate telemedicine and health information exchange becomes a reality in Kansas. We offer our full support to your efforts to secure FCC funding to make this network a reality, and to inform future FCC efforts to enhance public and non-profit health care providers access to advanced telecommunications and information services.

Sincerely,

Roderick L. Bremby
Secretary, Health and Environment

Howard Rodenberg, MD, MPH
Director, Division of Health

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Kan-ed

May 1, 2007

Ryan J. Spaulding, PhD, Director
Center for Telemedicine & Telehealth
Mail Stop 1048
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160

Dear Dr. Spaulding:

I am happy to write this letter to commit our support for working with the KanHEALTH Project and the network of healthcare facilities, research and educational agencies, and industry partners participating in the activities of this proposal to the Federal Communications Commission's Rural Health Care Pilot Program. Kan-ed is a growing network of **898** school districts, hospitals, universities and public libraries establishing platforms for broadband connectivity across the state among public and community institutions where high speed Internet access has not yet been available. Using the broadband platform and upgraded network technologies Kan-ed is implementing, the partners in this proposal can establish new pathways for access to the full spectrum of health information and health care that advanced networking features make possible. The collaborative community solution in the KanHEALTH proposal helps to streamline costs that may preclude any one partner agency from accomplishing these worthy goals alone.

As the Federal Communication Commissions Rural Health Care Pilot program begins to address the need for usable information systems framework and unified platform that connects healthcare facilities in remote parts of the state with regional, national, and global resources, communities in Kansas stand ready to demonstrate how effective innovative telemedicine applications can be. I am enthusiastic about the efforts that are detailed in the KanHEALTH project plan to bridge gaps identified between local infrastructures and the network aggregation points so that rural communities can meet the challenges of access, quality, and patient satisfaction with health care services in rural settings.

The KanHEALTH approach engages healthcare practitioners, administrators, policymakers, as well as industry partners, and the community at large through accessible and integrated, new standards based networking technologies. The Kan-ed network has demonstrated a strong commitment to participating in system wide planning by supporting and facilitating the build out of broadband connectivity for healthcare facilities and regional networks in Kansas. By expanding and enhancing network connections among the regional networks for health care this effort bridges local and statewide infrastructure with the new national backbone. At Kan-ed, we share a commitment to this common aim for rural communities to gain greater access to high quality health care information and offer services that are not currently available.

Awards are made to accomplish goals. You can be sure that awarding funds for this proposal will meet the goals for the FCC RHC Pilot Program. If there are ways in which I may assist you as the decision about funding this proposal is made, please contact my office. I look forward to the opportunity to help realize the goals of the KanHEALTH program with the efforts detailed in this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Williams".

Bradley S. Williams
CIO and Kan-ed Interim Executive Director

KANSAS

GOVERNORS HEALTH INFORMATION EXCHANGE COMMISSION

KAREN BRAMAN, CO-CHAIR
JEFF ELLIS, CO-CHAIR

KATHLEEN SEBELIUS, GOVERNOR

May 1, 2007

Ryan J. Spaulding, PhD
Director
Center for Telemedicine & Telehealth
Mail Stop 1048
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160

RE: FCC State Health Network Pilot Project

Dear Dr. Spaulding,

This letter is in support of the FCC State Health Network Pilot Project. Coordinated efforts advancing the necessary infrastructure for telemedicine and health information technology and exchange (HIT/HIE) in Kansas are vital to improving Kansas' health care system. The proposed FCC project is consistent with the goals of the HIE Commission and the statewide Kansas HIE/HIT Policy Initiative.

Leveraging existing network resources in Kansas to "carve out" a private, dedicated health care network is an important step in improving quality, safety, and outcomes of health care in our state and nation. Further, the Center for Telemedicine and Telehealth is an invaluable resource for Kansas and an integral partner to our success implementing interoperable health information exchange. With a large rural population, Kansas faces unique health care challenges that are often alleviated with services provided by the Center for Telemedicine and Telehealth. This groundbreaking initiative serves as an indication of the Center's commitment to driving innovation in the health information technology arena and builds a foundation to further enhance the quality of care in Kansas, especially in rural areas with a shortage of medical professionals.

The Kansas HIE Commission fully supports the efforts of this important endeavor to provide efficient, high quality health care in Kansas and looks forward to partnering with the Center for Telemedicine and Telehealth for years to come.

Sincerely,


Karen Braman

Co-Chair, Kansas Health Information Exchange Commission

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ADVANCING RESEARCH CREATING SOLUTIONS

Ryan J. Spaulding, PhD, Director
Center for Telemedicine & Telehealth
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160

May 1, 2007

Dr. Spaulding:

I am writing to you in my capacity as Executive Director of the Great Plains Network, the Internet2/advanced networking provider for Kansas, Nebraska, and Missouri, in support of your proposal to the Federal Communications Commission's Rural Health Care Pilot Program.

Your plan, to develop and test both new and proven approaches for delivery of telemedicine network services not yet available in rural Kansas is the type of innovative project that has the potential to significantly expand utilization of the high-performance network by bringing meaningful applications to users who may not currently benefit from this tool. The KanHEALTH project partnership being developed helps to integrate connections with the statewide IT and telecommunications network in Kansas, leverages scalable networking environments, and serves to upgrade connectivity for a broad range of healthcare facilities across the state.

I am enthusiastic about the opportunity to support the communities of healthcare practitioners, educators, and researchers as they connect with peers throughout the region, nation, and globe to engage with one another and enable shared, secure access for healthcare information exchange. As you know, the Great Plains Network membership includes leading research and education institutions, including medical centers, in seven states.

By connecting KanHEALTH, via the Great Plains Network, to the high performance national research and education network backbones (Internet2 and NLR), there is the opportunity to make a significant difference in the quality of healthcare and education outcomes in rural communities in Kansas.

Very truly yours,

A handwritten signature in black ink that reads "G. Monaco". The signature is fluid and cursive.

Gregory E. Monaco, Ph.D.

Executive Council:

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University of Arkansas

John Louis
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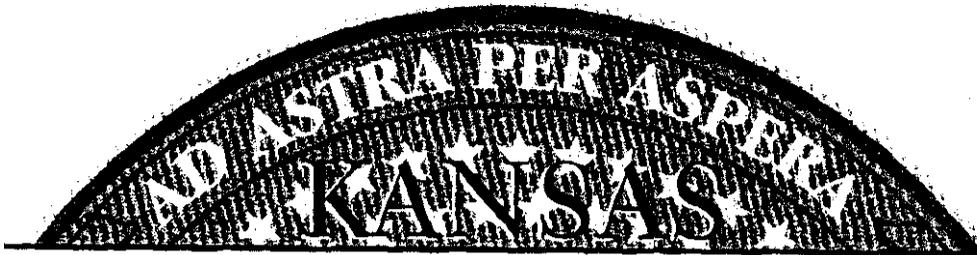
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OFFICE OF THE GOVERNOR

KATHLEEN SEBELIUS, GOVERNOR

May 2, 2007

Ryan J. Spaulding, PhD
Director, Center for Telemedicine & Telehealth
Mail Stop 1048, University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160

RE: FCC State Health Network Pilot Project

Dear Dr. Spaulding,

I am writing today in support of Kansas' application for FCC State Health Network Pilot Project grant funds. Coordinated efforts advancing the necessary infrastructure for telemedicine and health information technology and exchange (HIT/HIE) in Kansas are critical to improving quality, safety, and efficiency in the Kansas health care system.

The proposed FCC project is consistent with the objectives of the state-supported Health Care Cost Containment Commission and the Kansas HIE/HIT Policy Initiative and this opportunity couldn't come at a better time for our state. Development of a private, dedicated health care network is vital to improving health care delivery in Kansas and aligns perfectly with the goal of ensuring that all Kansans have access to affordable health care: a goal shared by my administration, the Kansas Health Policy Authority and the Kansas Legislature. With support from Kan-Ed, local hospitals and other coalition members, our state is poised to take advantage of available FCC funds to create a more accessible and efficient health care delivery system regardless of where you reside in the state.

I applaud the Center for Telemedicine and Telehealth, not only for taking the lead on this important project, but also for continuing to be an invaluable resource for all of Kansas. The Center for Telemedicine and Telehealth has assumed an important role in addressing the unique health care challenges of our largely rural state and the Center's leadership is critical to successful implementation of the FCC project.

I fully support this important endeavor to provide efficient, high quality health care in Kansas and look forward to continuing this effort in the future.

Sincerely,

Kathleen Sebelius
Governor of the State of Kansas

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