August 25, 2026

RHTP Dominates the Moment. But Health Workforce Strategy Must Be Broader.

3RNET Annual Meeting

The University of North Carolina at Chapel Hill

The Cecil G. Sheps Center for Health Services Research

Disclaimer, etc.

- Presentation partially supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement # U1CRH03714. The information, conclusions and opinions expressed in this brief are those of the authors and no endorsement by FORHP, HRSA, HHS, or The University of North Carolina is intended or should be inferred.
- The Sheps Center is not part of a health system.

About the Sheps Center

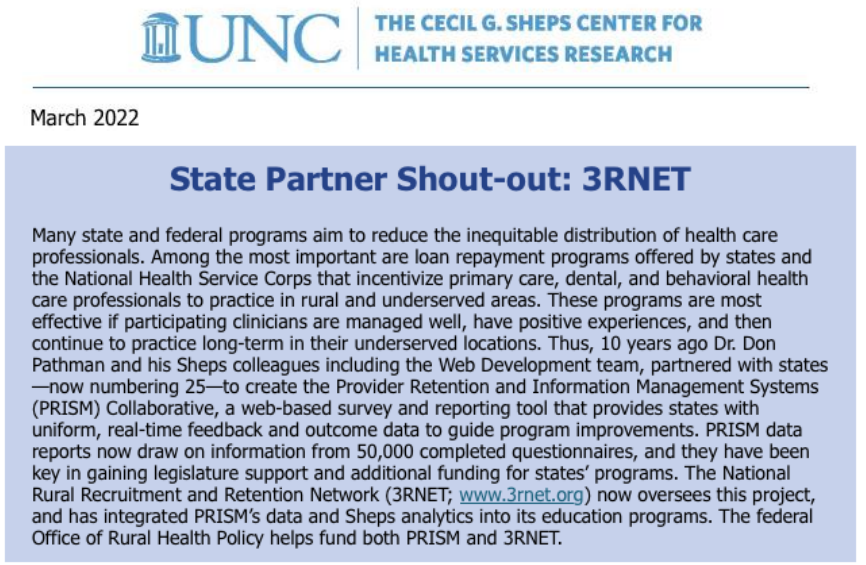
- The Cecil G. Sheps Center for Health Services Research is a pan-campus research center of UNC-Chapel Hill.
- **Our mission** is to improve the health of individuals, families, and populations by understanding the problems, issues, and alternatives in the design and delivery of health care services. This is accomplished through an interdisciplinary program of research, consultation, technical assistance, and training that focuses on timely and policy-relevant questions concerning the accessibility, adequacy, organization, cost, effectiveness, and equity of health care services and the dissemination of this information to policymakers and the general public.
- Relevant research programs: the NC Rural Health Research Program (me), ShepsGME (later today) and Program on Health Workforce Research and Policy (tomorrow)

Talk in one slide

- RHTP will dominate rural health for the next four years. But it is the context, not the whole strategy.
- Sustainable rural access depends on workforce, delivery systems, technology, payment, and prevention.
- For workforce: Recruit • Expand • Retain • Extend: Build capacity that lasts.

Thanks for the invitation

- 3RNet one of our closest partners – anchored in PRISM, based on a common mission, with connections that extend beyond the personal to the institutional
- *3RNET helps communities recruit and retain people. Sheps measures what happens and learns from the data. PRISM is what happens when those two kinds of expertise come together.*



UNC | THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

March 2022

State Partner Shout-out: 3RNET

Many state and federal programs aim to reduce the inequitable distribution of health care professionals. Among the most important are loan repayment programs offered by states and the National Health Service Corps that incentivize primary care, dental, and behavioral health care professionals to practice in rural and underserved areas. These programs are most effective if participating clinicians are managed well, have positive experiences, and then continue to practice long-term in their underserved locations. Thus, 10 years ago Dr. Don Pathman and his Sheps colleagues including the Web Development team, partnered with states —now numbering 25—to create the Provider Retention and Information Management Systems (PRISM) Collaborative, a web-based survey and reporting tool that provides states with uniform, real-time feedback and outcome data to guide program improvements. PRISM data reports now draw on information from 50,000 completed questionnaires, and they have been key in gaining legislature support and additional funding for states' programs. The National Rural Recruitment and Retention Network (3RNET; www.3rnet.org) now oversees this project, and has integrated PRISM's data and Sheps analytics into its education programs. The federal Office of Rural Health Policy helps fund both PRISM and 3RNET.

THE JOURNAL OF RURAL HEALTH | NRHA

ORIGINAL ARTICLE | Full Access

How physicians' anticipated retention within urban and rural HPSA practices varies with their assessments of their work and jobs

Donald E. Pathman MD, MPH, Thomas R. Konrad PhD, Thomas E. Rauner MCRP, Jackie Fannell, Mike Shimmens CPRP

You have to see the Mona Lisa. But there are other amazing pieces of art that deserve your attention.

RHTP

Other important developments


RURAL MATERNITY CARE ACCESS
PAYMENT REFORM FOR RURAL PROVIDERS
BEHAVIORAL HEALTH INTEGRATION
BROADBAND & DIGITAL HEALTH
RHTP
RURAL HEALTH TRANSFORMATION PROGRAM
RURAL WORKFORCE PIPELINES
RURAL HOSPITAL SUSTAINABILITY
PREVENTION & POPULATION HEALTH
TRANSPORTATION & MOBILE CARE

Health Workforce Strategy in the RHTP Context

Purpose of the Rural Health Transformation Program

- “….investments that will transform the way care is delivered in rural communities”
- “…help rural communities reimagine their health care delivery systems and improve health outcomes”

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(From the NOFO)

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(From the NOFO)

That's *how*. IMO, a useful North Star is "timely access to quality care"

The Five Strategic Goals of RHTP

Make rural America healthy again

Sustainable Access

Workforce Development

Innovative Care

Tech Innovation

The Five Strategic Goals of RHTP, paraphrased

Prevention

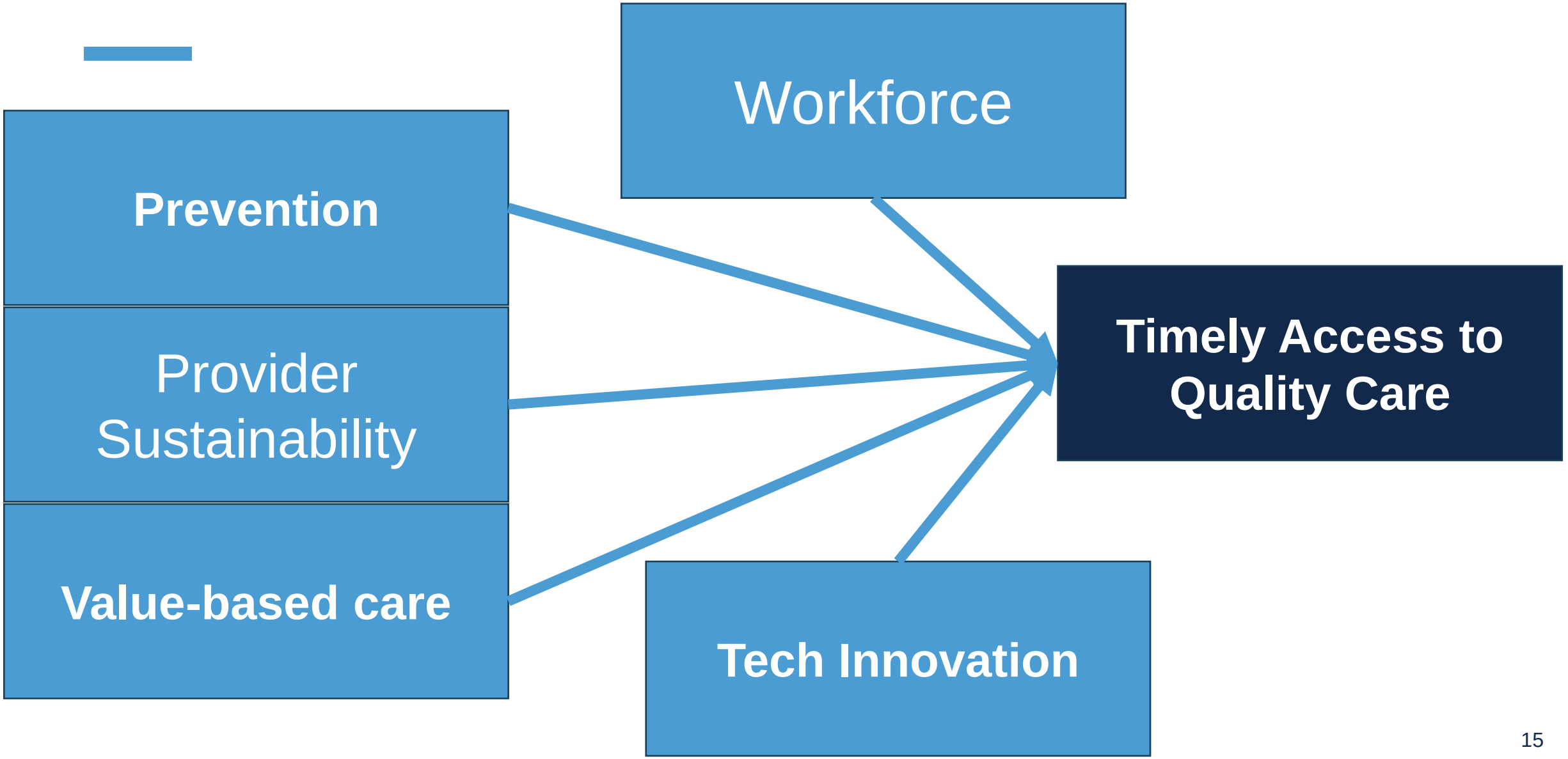
Provider Sustainability

Workforce

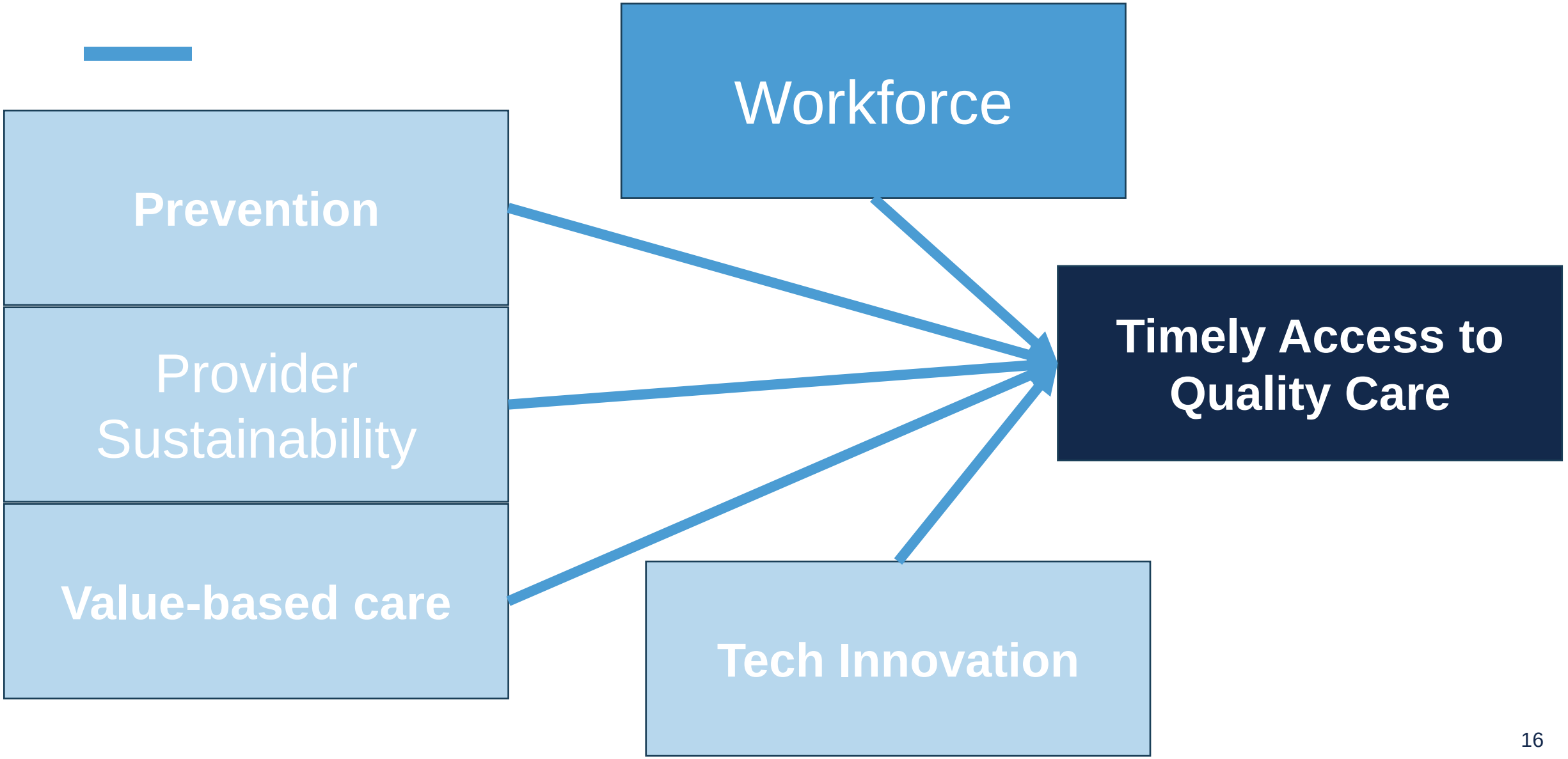
Value-based care

Tech Innovation

The Five Strategic Goals of RHTP, as a model



The Five Strategic Goals of RHTP, as a model



Useful Framework For Rural Health Workforce Strategies

- **Recruit** – find awesome qualified health professionals and bring them to your community
- **Retain** – keep awesome qualified health professionals in your community

Useful Framework For Rural Health Workforce Strategies

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Useful Framework For Rural Health Workforce Strategies ("The Four Rs")

- **Recruit**– find awesome qualified health professionals and bring them to your community
- **Retain** – keep awesome qualified health professionals in your community
- **Expand** – broaden the pool of qualified health professionals
- **Extend** – improve the efficiency/productivity of health professionals

Useful Framework* For Rural Health Workforce Strategies

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*I helped develop this framework for a product with co-authors… but I don't remember who? Perhaps the RUPRI Health Panel for upcoming brief on workforce strategies?

Expand

Big idea: increase the pool of qualified health professionals

	APPROACH	STATE	EXAMPLE PROGRAM
1	**Early Pipeline Development (K–12 / Community College)**	**Maine**	K–12 Talent Pipeline / Bridge Academy / AHEC Pipeline
2	**New or Expanded Residency & GME Programs**	**Delaware**	Delaware Medical School — “Train Here, Stay Here” (Initiative #9)
3	**Expanding Rural Clinical Training Infrastructure**	**Maine**	Consortium for Healthcare Education and Training (CHET)
4	**Career Ladders Within the Existing Workforce**	**North Carolina**	Rural Training Hubs (Initiative 4)
5	**New Workforce Category Development (CHW, PSS, Community Paramedic)**	**Illinois**	New CHW and PSS Training & Certification Program

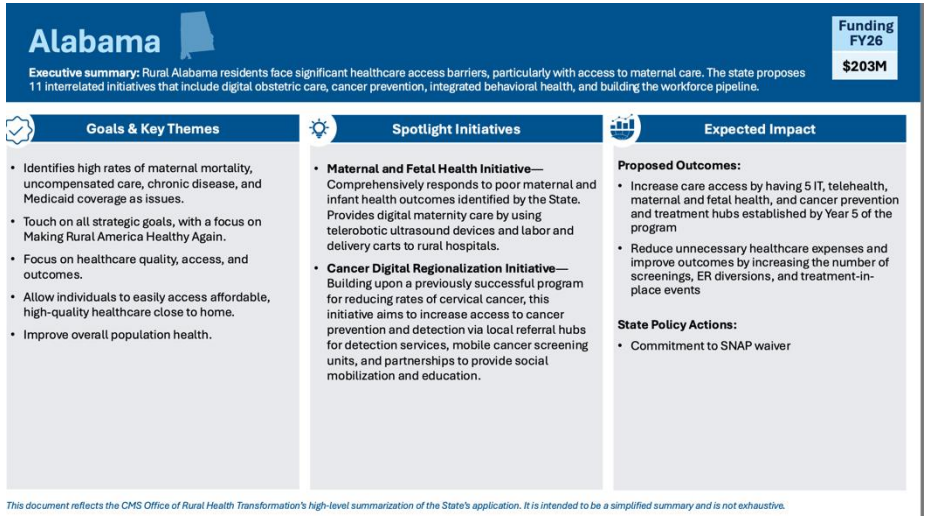
Extend

Big idea: apply innovations so existing health professionals can do more

	APPROACH	STATE	EXAMPLE PROGRAM
1	**Virtual Specialist Access & e-Consults**	Maine	Provider-to-Provider Specialty On-Demand (Synchronous) Consultations
2	**Hub-and-Spoke Care Architecture**	California	Tiered Care Model (TCM) — Regional Hub-and-Spoke Networks with e-Consults
3	**AI & Technology for Administrative Burden Reduction**	Nebraska	EHR-Integrated Hospital-to-Home RPM with AI-Assisted Protocol Routing
4	**Community Paramedicine, CHWs & Task Shifting**	Vermont	Community Paramedicine / Mobile Integrated Health Model with Triage-and-Treat Authority
5	**Shared Services & Centralized Infrastructure**	Vermont	Shared Operational Networks — EMR, Analytics, Telehealth, e-Consult, Centralized Transfer Coordination

Some Resources

- CMS Spotlights cover novelty: https://www.cms.gov/files/document/rural-health-transformation-50-state-spotlights.pdf
- NRHA Summaries are more comprehensive: https://www.ruralhealth.us/programs/center-for-rural-health-innovation-and-system-redesign/rural-health-transformation-program
- State Health & Value Strategies doing some synthesis: https://shvs.org/hr1-resources-for-states/?_sft_resource_tag=rural-health-transformation-program
- Most applications are now online if you want to read the source….


Alabama

Funding FY26
$203M

Executive summary: Rural Alabama residents face significant healthcare access barriers, particularly with access to maternal care. The state proposes 11 interrelated initiatives that include digital obstetric care, cancer prevention, integrated behavioral health, and building the workforce pipeline.

Goals & Key Themes

- Identifies high rates of maternal mortality, uncompensated care, chronic disease, and Medicaid coverage as issues.
- Touch on all strategic goals, with a focus on Making Rural America Healthy Again.
- Focus on healthcare quality, access, and outcomes.
- Allow individuals to easily access affordable, high-quality healthcare close to home.
- Improve overall population health.

Spotlight Initiatives

- **Maternal and Fetal Health Initiative**—Comprehensively responds to poor maternal and infant health outcomes identified by the State. Provides digital maternity care by using telerobotic ultrasound devices and labor and delivery carts to rural hospitals.
- **Cancer Digital Regionalization Initiative**—Building upon a previously successful program for reducing rates of cervical cancer, this initiative aims to increase access to cancer prevention and detection via local referral hubs for detection services, mobile cancer screening units, and partnerships to provide social mobilization and education.

Expected Impact

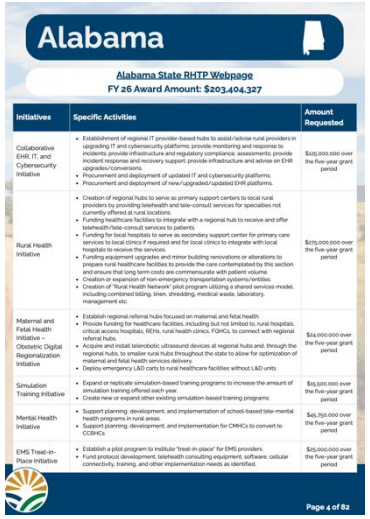
Proposed Outcomes:

- Increase care access by having 5 IT, telehealth, maternal and fetal health, and cancer prevention and treatment hubs established by Year 5 of the program
- Reduce unnecessary healthcare expenses and improve outcomes by increasing the number of screenings, ER diversions, and treatment-in-place events

State Policy Actions:

- Commitment to SNAP waiver

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.


Alabama

Alabama State RHTP Webpage
FY 26 Award Amount: $203,404,327

Initiatives	Specific Activities	Amount Requested
Collaborative EHR, IT, and Cybersecurity Initiative	• Establishment of regional IT provider-based hubs to assist/advise rural providers in upgrading IT and cybersecurity platforms; provide monitoring and response to incidents; provide infrastructure and regulatory compliance assessments; provide incident response and recovery support; provide infrastructure and advise on EHR upgrades/conversions. • Procurement and deployment of updated IT and cybersecurity platforms. • Procurement and deployment of new/upgraded/updated EHR platforms.	$125,000,000 over the five-year grant period
Rural Health Initiative	• Creation of regional hubs to serve as primary support centers to local rural providers by providing telehealth and tele-consult services for specialties not currently offered at rural locations. • Funding healthcare facilities to integrate with a regional hub to receive and offer telehealth/tele-consult services to patients. • Funding for local hospitals to serve as secondary support center for primary care services to local clinics if required and for local clinics to integrate with local hospitals to receive the services. • Funding equipment upgrades and minor building renovations or alterations to prepare rural healthcare facilities to provide the care contemplated by this section and ensure that long term costs are commensurate with patient volume. • Creation or expansion of non-emergency transportation systems/entities. • Creation of "Rural Health Network" pilot program utilizing a shared services model, including combined billing, linen, shredding, medical waste, laboratory, management etc.	$275,000,000 over the five-year grant period
Maternal and Fetal Health Initiative – Obstetric Digital Regionalization Initiative	• Establish regional referral hubs focused on maternal and fetal health. • Provide funding for healthcare facilities, including but not limited to, rural hospitals, critical access hospitals, REHs, rural health clinics, FQHCs, to connect with regional referral hubs. • Acquire and install telerobotic ultrasound devices at regional hubs and, through the regional hubs, to smaller rural hubs throughout the state to allow for optimization of maternal and fetal health services delivery. • Deploy emergency L&D carts to rural healthcare facilities without L&D units.	$84,000,000 over the five-year grant period
Simulation Training Initiative	• Expand or replicate simulation-based training programs to increase the amount of simulation training offered each year. • Create new or expand other existing simulation-based training programs.	$10,500,000 over the five-year grant period
Mental Health Initiative	• Support planning, development, and implementation of school-based tele-mental health programs in rural areas. • Support planning, development, and implementation for CMHCs to convert to CCBHCs.	$45,750,000 over the five-year grant period
EMS Treat-in-Place Initiative	• Establish a pilot program to institute "treat-in-place" for EMS providers. • Fund protocol development, telehealth consulting equipment, software, cellular connectivity, training, and other implementation needs as identified.	$25,000,000 over the five-year grant period

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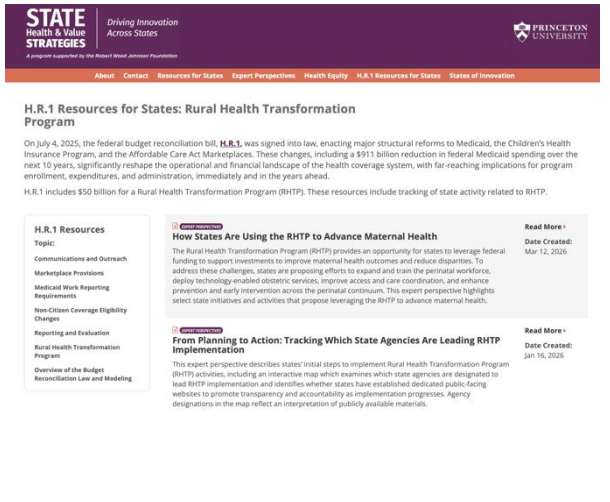

STATE Health & Value STRATEGIES — Driving Innovation Across States

A program supported by the Robert Wood Johnson Foundation

PRINCETON UNIVERSITY

About Contact Resources for States Expert Perspectives Health Equity H.R.1 Resources for States States of Innovation

H.R.1 Resources for States: Rural Health Transformation Program

On July 4, 2025, the federal budget reconciliation bill, H.R.1, was signed into law, enacting major structural reforms to Medicaid, the Children's Health Insurance Program, and the Affordable Care Act Marketplaces. These changes, including a $911 billion reduction in federal Medicaid spending over the next 10 years, significantly reshape the operational and financial landscape of the health coverage system, with far-reaching implications for program enrollment, expenditures, and administration, immediately and in the years ahead.

H.R.1 includes $50 billion for a Rural Health Transformation Program (RHTP). These resources include tracking of state activity related to RHTP.

H.R.1 Resources

Topic:

Communications and Outreach
Marketplace Provisions
Medicaid Work Reporting Requirements
Non-Citizen Coverage Eligibility Changes
Reporting and Evaluation
Rural Health Transformation Program
Overview of the Budget Reconciliation Law and Modeling

EXPERT PERSPECTIVE

How States Are Using the RHTP to Advance Maternal Health

The Rural Health Transformation Program (RHTP) provides an opportunity for states to leverage federal funding to support investments to improve maternal health outcomes and reduce disparities. To address these challenges, states are proposing efforts to expand and train the perinatal workforce, deploy technology-enabled obstetric services, improve access and care coordination, and enhance prevention and early intervention across the perinatal continuum. This expert perspective highlights select state initiatives and activities that propose leveraging the RHTP to advance maternal health.

Read More

Date Created: Mar 12, 2026

EXPERT PERSPECTIVE

From Planning to Action: Tracking Which State Agencies Are Leading RHTP Implementation

This expert perspective describes states' initial steps to implement Rural Health Transformation Program (RHTP) activities, including an interactive map which examines which state agencies are designated to lead RHTP implementation and identifies whether states have established dedicated public-facing websites to promote transparency and accountability as implementation progresses. Agency designations in the map reflect an interpretation of publicly available materials.

Read More

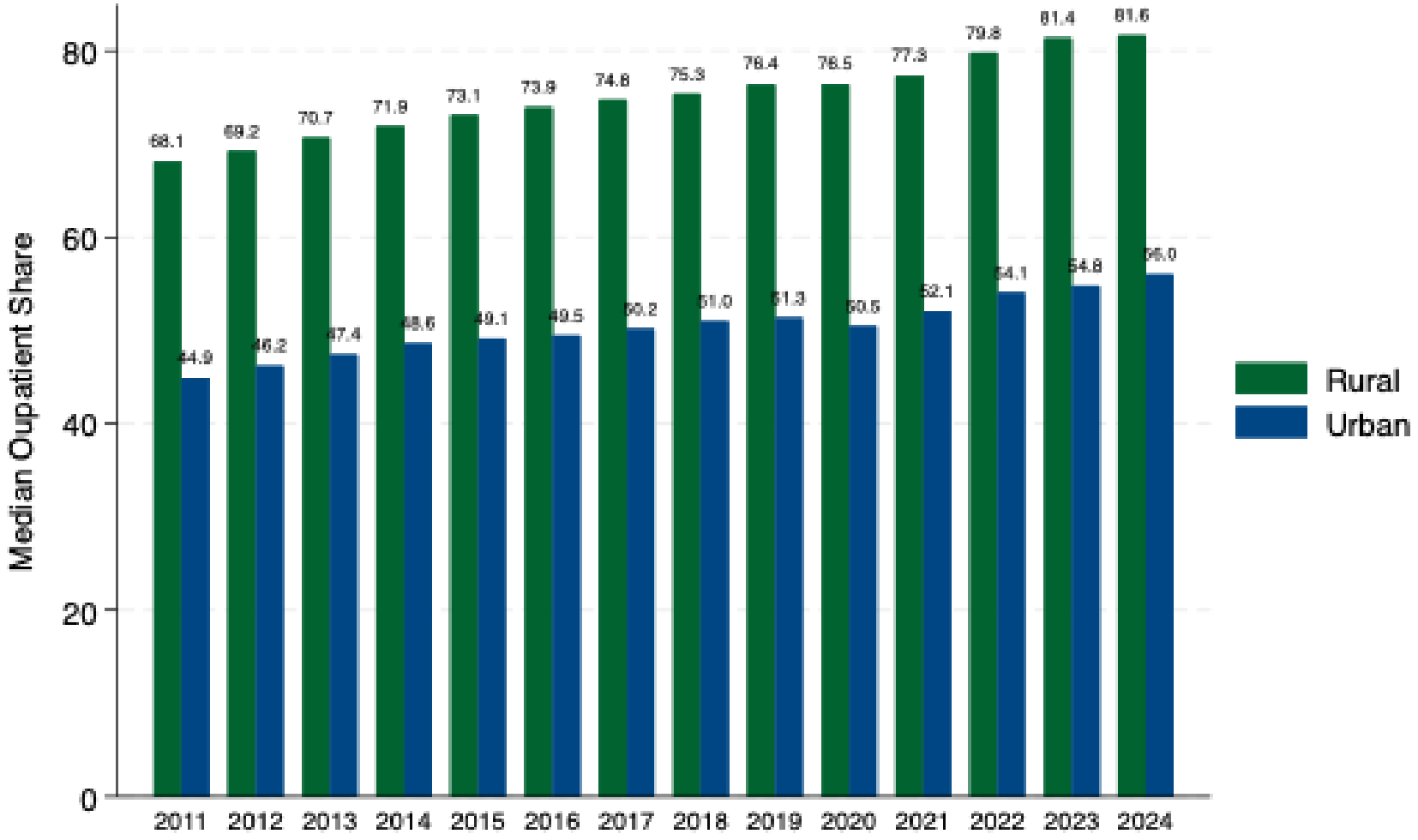
Date Created: Jan 16, 2026

Beyond RHTP

Rural hospitals and systems

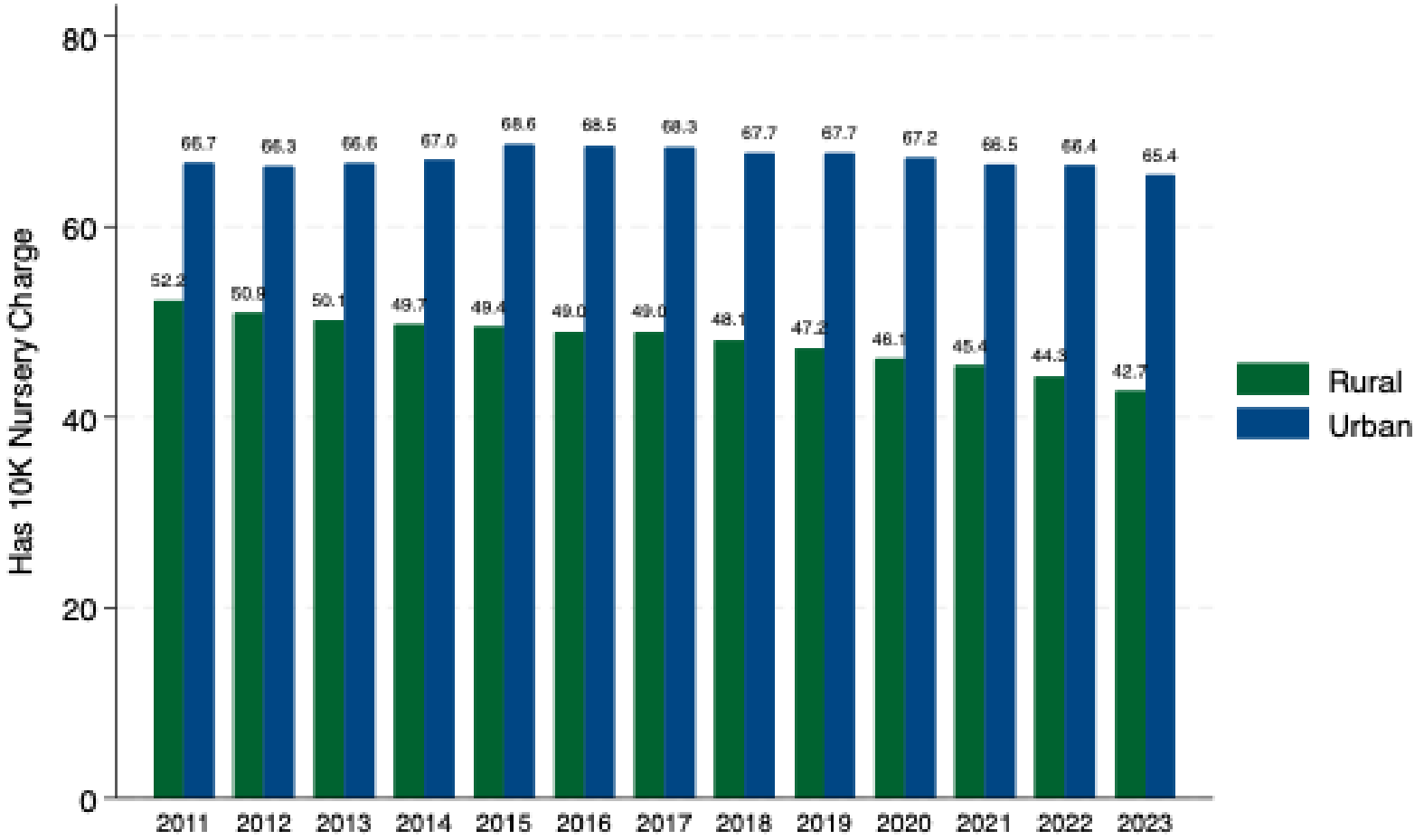
What is the role of rural hospitals over the next two decades?

- Increasing importance of outpatient service lines



What is the role of rural hospitals over the next two decades?

- Increasing importance of outpatient service lines
- Cutting services (e.g. OB)



What is the role of rural hospitals over the next two decades?

- Increasing importance of outpatient service lines
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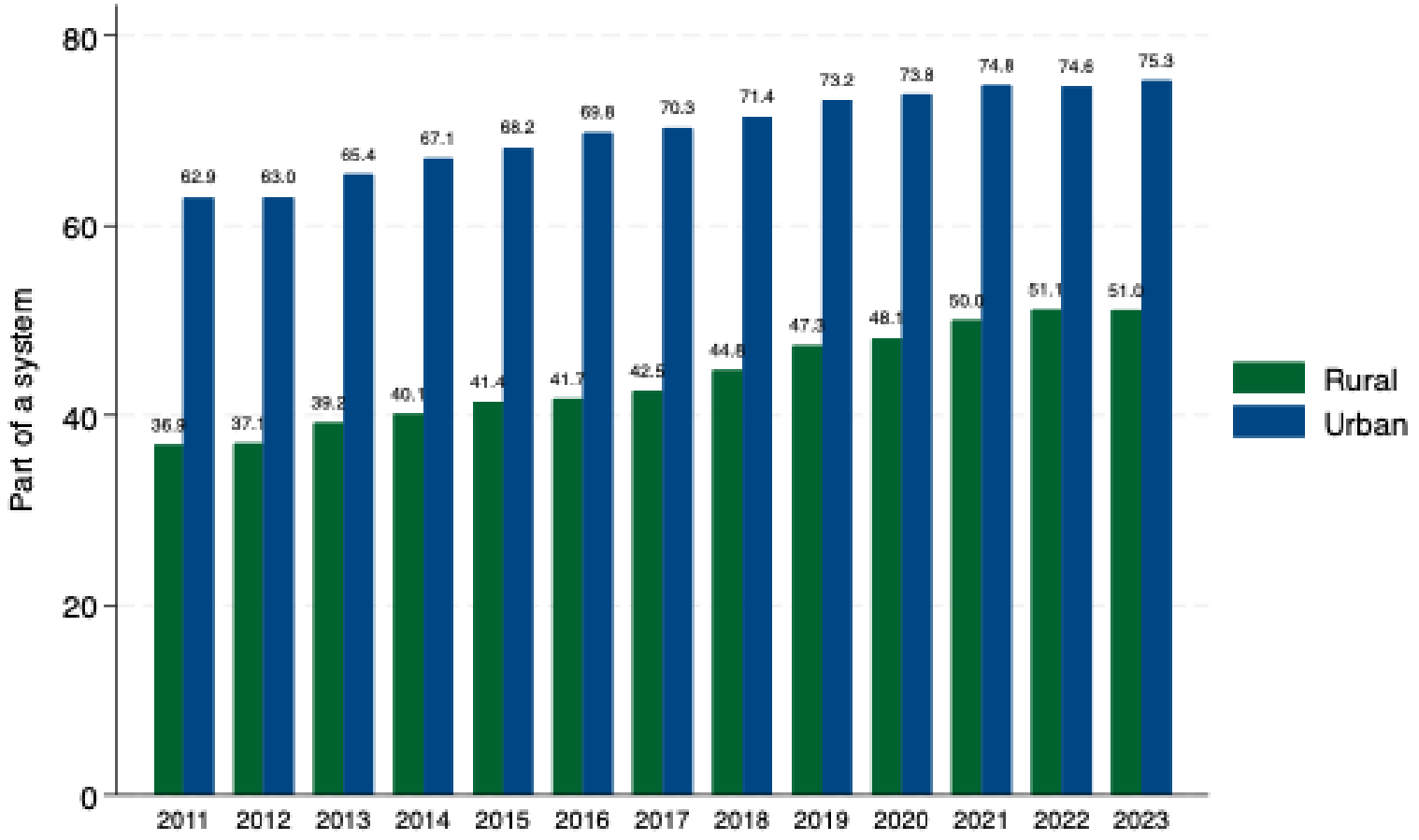
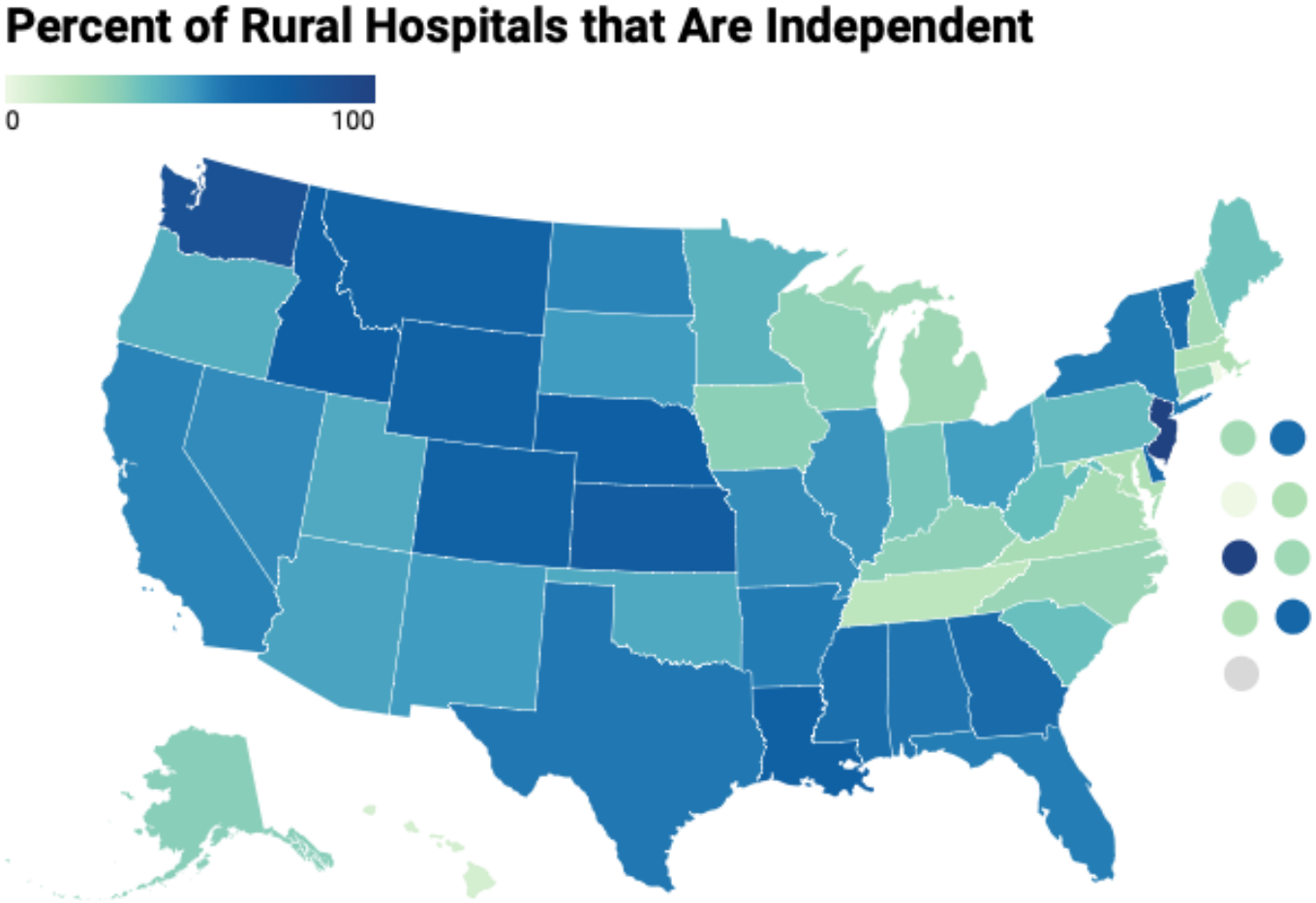
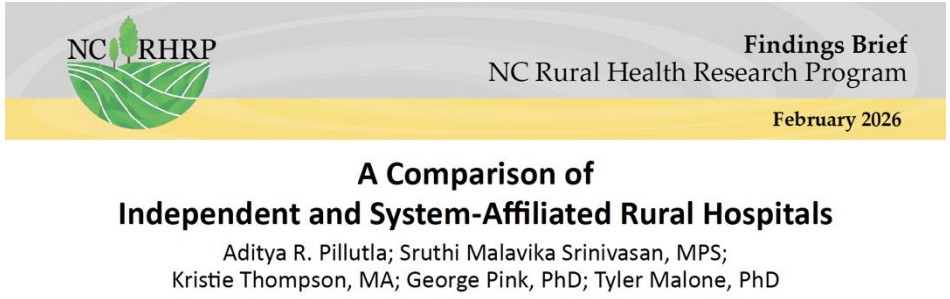
- Increasingly part of a system



Healthcare systems are a major factor in innovating health workforce strategies

- Rural hospitals are increasingly part of a healthcare system
- ECON 101: “systems internalize overall welfare of the system”

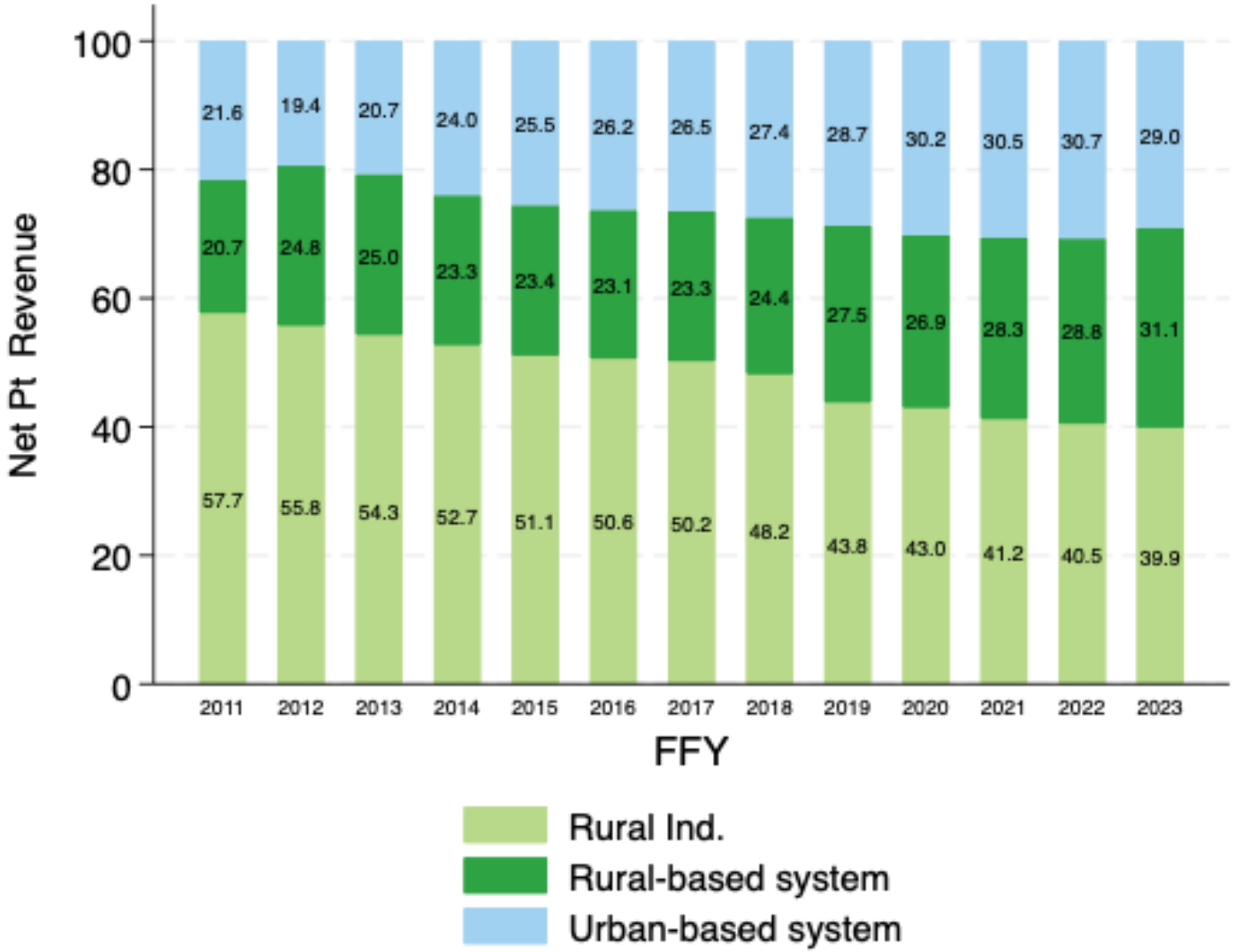




https://www.shepscenter.unc.edu/product/a-comparison-of-independent-and-system-affiliated-rural-hospitals/
Cecil G, Sheps Center for Health Services Research

What is the role of rural hospitals over the next two decades?

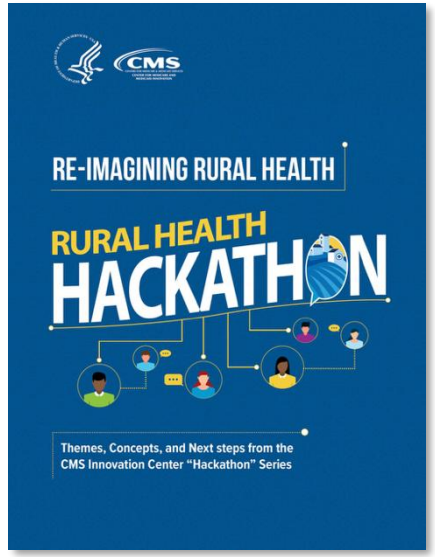
- Increasing importance of outpatient service lines
- Cutting services (e.g. OB)
- Increasingly part of a system
- Disproportionately into rural-based systems



Cecil G, Sheps Center for Health Services Research

How can we deliver care locally – appropriately?
Care -> community, not community -> care

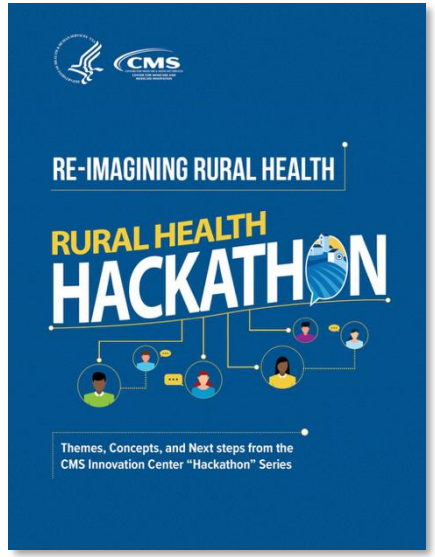
- Leverage system-ness (or create partnerships)
  - Referrals
  - Centers of excellence that capitalize on financing models
    - (e.g. eyes in a CAH)
  - Satellite specialists (“Rotate the workforce, not the patient”)
  - Hub and spoke 2.0 – flagship needs vs. rural needs
- Rural hospitals as complement, not competitor
  - “Pressure release” – rural capacity higher
    - Esp. in CON states
  - High-touch services: pneumonia inpatient, therapy outpatient
  - Post-acute closer to residence – balancing VBP measures & patient preferences



NC-STeP

How can we deliver care locally – appropriately?
Care -> community, not community -> care

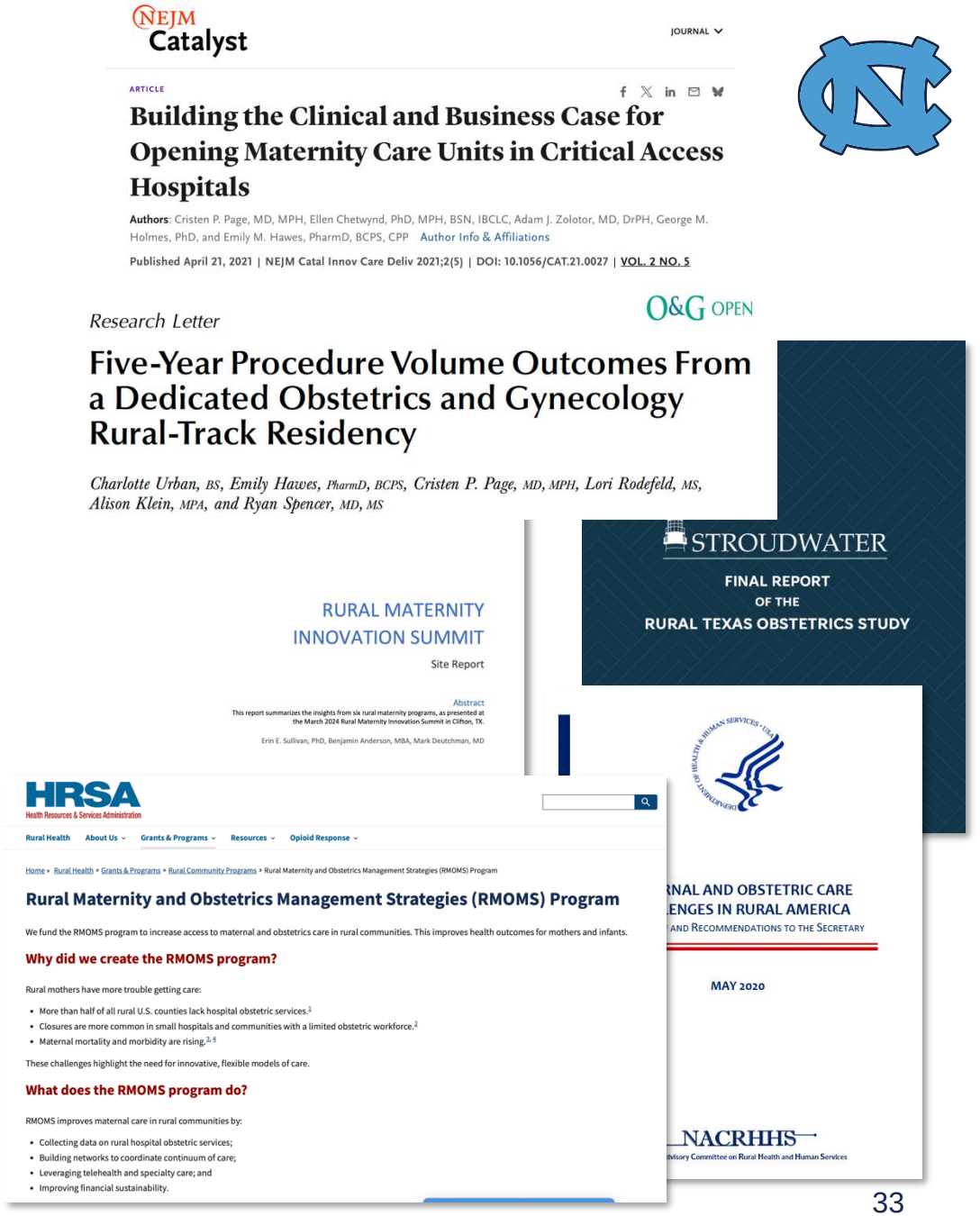
- Recognize the realities of low volume settings
- Dynamics of managed (vs. owned) hospitals
  - What is the win-win (e.g. access to capital, referrals, tech, HR….)
- Technology – in-kind opportunities
  - EMR inclusion
  - Telehealth (sure, why not – and great in some cases)
    - Psych (ECU), MFM (Mercer)
  - AI liberation – but where was it trained? (e.g. coding practices)
  - Need to recognize realities of rural digital ecosystem



NC-STeP

Spotlight: Maternal Health

- Rethinking the financial frame
  - From *service-line specific* to *strategic and cross-service*
  - Ex. UNC Chatham model: standby cost for CRNA – vs. as resource for OR
  - Leverage L&D for family med learners ➔ 50%+ in rural
- Stroudwater reports:
  - Rethinking full effect finances – eg. overhead cost allocation, 340B; include ancillary provided by the OB providers
  - Partnerships (e.g. FQHC)
  - Workforce mix: FPOBs, CNMs vs. OB
  - **Case study: Initial review=> loss of 800K; proper analysis=> + 1.7M**
- RMOMS has prioritized care mgt & triage, not aggregation
  - MFM telespecialty– e.g. Mercer & LHD



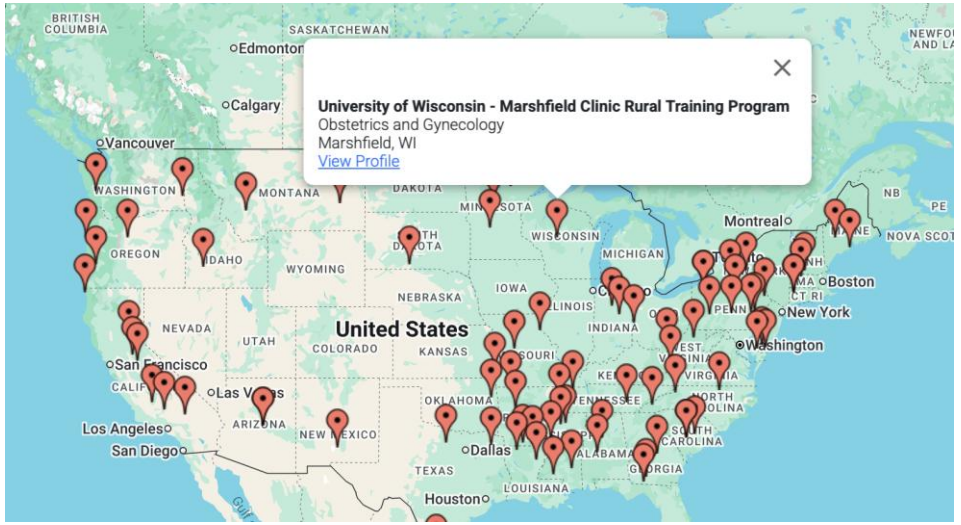
Other initiatives

GME strategies

- Conventional wisdom: “rural hospitals are too small to support GME”
  - To support a standalone, more or less (generally) true. But creativity!
  - Rotation (“rural track” models) can open up possibilities in lower volume settings, increase access, and expose learners to rural settings
  - THCGME – work with health centers
  - In some cases, (effective) volume may be *higher* in rural areas
- Policy momentum: SCH & MDH financing, definition of rural, min % rural track, etc.

RuralGME.org

Cultivating Rural Surgeons: An Analysis of the Current Rural Surgery Graduate Medical Education Landscape and a Roadmap to Program Creation



Examples of State RHTP GME Initiatives

- **Washington**: Expand WWAMI Family Residencies in Washington State (four more clinical residencies by 2030)
- **Maine:** Use Consortium for Healthcare Education and Training (CHET) to expand residencies
- **Iowa:** Not much in RHTP *per se*, but paired with state actions (Supplemental Enhanced Payment for GME in acute hospitals)
- **Wisconsin:** Marquette new rural dentistry residency; Campuses will replicate evidence-based models, …to expand rural training for disciplines such as pharmacy, behavioral health, and primary care
- **North Dakota**: Create new physician residency training slots including tribal-specific residencies.
- **Indiana:** The Indiana CHE GME Board will administer $30M in grants to rural GME programs to improve retention and address workforce shortages in rural Indiana, targeted for expansion of residency programs in rural communities to fund new positions.
- **Tennessee:** Increase number of rural residencies – psych from 0 to 10, overall 10 to 50. (250 goal probably not physician?). By FY31, 25 new rural residencies or fellowships will be active.
- **South Carolina:** enhance the equipment used for rural GME programs, such as robotic surgery; incorporating nutrition education

AI as the solution to all life's problems

- AI (and technological innovation) major role in the RHTP NOFO, and certainly beyond
- Concerns:
  - Does AI that is developed at large academic medical centers and urban communities perform as well in rural settings?
  - Are rural communities well-positioned for AI and other tech deployments (e.g. broadband, digital literacy)
  - Do rural providers have the tools to deploy and support AI?
  - What supports (coaching, technical, financial, etc.) do rural providers need?
- North Carolina approach: NC CHAIN (funded by Duke Endowment)

NC CHAIN Program Structure & Operating Model

Simplified view

A statewide collaborative advancing responsible AI and digital health adoption across North Carolina.

WHAT NC CHAIN DOES

Serves as a statewide hub for responsible AI and digital health collaboration.

1. **Convenes partners**
   Brings organizations together to share priorities and promising practices.
2. **Builds practical support**
   Provides guidance, technical assistance, education, and tools.
3. **Supports responsible adoption**
   Connects responsible AI, evaluation, policy, workforce, and infrastructure work.
4. **Learns and improves**
   Tracks lessons learned and shares evidence, resources, and best practices.

HOW ORGANIZATIONS ENGAGE

A simple experience from first connection to shared learning.

1. **ENGAGE**
   Connect with partners, events, and outreach channels.
2. **ASSESS**
   Identify needs, readiness, priorities, and opportunities.
3. **COLLABORATE**
   Work with NC CHAIN to test ideas and share learning.
4. **CONNECT**
   Match organizations to resources, experts, and tools.
5. **IMPLEMENT**
   Apply guidance, training, and support in local settings.
6. **EVALUATE**
   Track outcomes, lessons learned, and improvement needs.

INTENDED OUTCOMES

The end goal is shared capacity, responsible adoption, and scalable impact.

- **Responsible AI adoption**
- **Local Implementation Capacity and Workforce Development**
- **Health equity**
- **Shared statewide resources**
- **Scalable implementation models**

The Challenge: sustained progress

- Invest in transformation, not temporary activity.
  - 1,528 days until RHTP expires.
- Evaluate and spread what works.
  - Evaluation as a key component of current and future success. RHTP is a thousand flowers – find the bloomers.
- Build capacity that outlasts RHTP.
  - Don’t forget the legacy systems that got us here (present company included). Startups may be flashy but they will evaporate when the money does.
- Appreciate the *Wedding at Cana* – even if the *Mona Lisa* gets all the hype.
  - It’s great that rural health is getting all this attention. And we need to recognize and support <u>all</u> the strategies.

Contact

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For more than 30 years, the Rural Health Research Centers have been conducting research on healthcare in rural areas.

Rural Health Research Gateway

The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

ruralhealthresearch.org

Funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration


FIRST. AND FOR ALL.