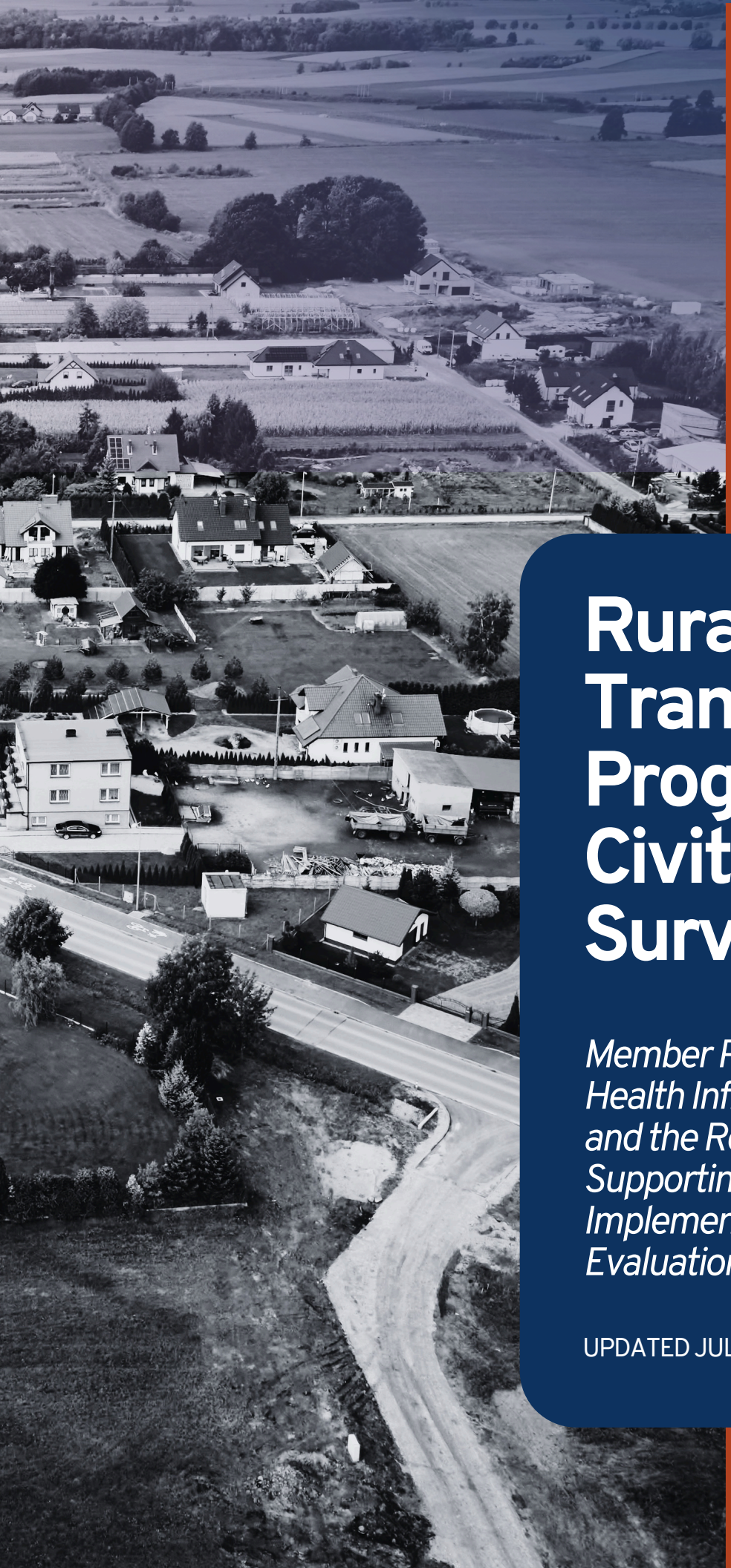

CIVITAS
Networks for Health®

Rural Health Transformation Program (RHTP) Civitas Member Survey Findings

Member Perspectives on Rural Health Infrastructure, Sustainability, and the Role of Civitas Members in Supporting States with Program Implementation, Planning, and Evaluation

UPDATED JULY 2026

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Executive Summary

Civitas Networks for Health® (Civitas) members are essential partners in the implementation, evaluation, short and long-term sustainability of the Rural Health Transformation Program (RHTP). Our members, Health Information Exchanges (HIEs), All-Payer Claims Databases (APCDs), Community Information Exchanges (CIEs), Regional Health Improvement Collaboratives (RHICs), Quality Improvement Organizations (QIOs), and Health IT Providers are actively working within the states and geographies they serve to not only improve rural health but also assist with RHTP implementation and year one success. Across survey responses from 41 organizations, members described a wide range of capabilities that directly align with the needs of states and rural communities, including health information exchange, interoperability, data infrastructure, care coordination, analytics, population health, technical assistance, quality improvement, and stakeholder convening. The survey results identify the primary member organization types represented as Health Information Exchanges (HIEs), Quality Improvement Organizations (QIOs), health IT vendors, and data analytics providers.

From survey findings it's clear that Civitas members do not view RHTP as a short-term funding opportunity alone. Instead, respondents consistently framed RHTP as an opportunity for states to build, strengthen, and sustain permanent infrastructure that supports rural health transformation beyond the federal funding period. A thematic analysis of the survey results identifies the central message that states should use RHTP to build permanent infrastructure rather than fund temporary projects, with respondents emphasizing sustainable governance, financing, and demonstrated value.

Civitas members also identified significant concerns, including funding continuity, accelerated implementation timelines, workforce capacity, duplication of existing infrastructure, provider readiness, interoperability barriers, and the risk that investments may not be sustained after federal funds expire. The survey's thematic analysis names funding continuity, governance structures, demonstrating ROI, and workforce capacity as top sustainability concerns.

Despite these concerns, one thing Civitas knows is that transformation happens locally

through data-led, multi-stakeholder, innovative, and inclusive work. It comes as no surprise that our members will be central to supporting the RHTP and working directly with states and communities throughout to build lasting infrastructure that will result in impactful change.

The findings also point to a strong role for Civitas as a national convener, policy advocate, amplifier of member expertise, and resource developer. Members specifically recommended peer learning collaboratives, RHTP-specific workgroups, implementation guides, sustainability roadmaps, policy advocacy, common metrics, and evaluation frameworks as ways Civitas can help support state and member success.

Survey Methodology

This was a mixed-methods survey that included both qualitative and quantitative components. The qualitative questions were designed to gather Civitas member perspectives on organizational readiness, state support, sustainability needs, and implementation concerns. The quantitative component asked respondents to rate how connected their organization is with the state and local entities managing RHTP funds. The survey asked respondents to answer the following questions:

- How is your organization positioned to support the RHTP, and what capabilities, functions, or services does it offer to the state(s) you serve?
- What must states put in place to remain successful after federal funding for the RHTP ends? What will be required, including resources, structures, and other supports, to sustain implementation efforts post-program, and how can Civitas support those efforts now and going forward?
- Which aspects of the program concern you most, such as implementation barriers or funding?
- Which state or states is your organization supporting?
- On a scale of 1–10, how connected is your organization with the state and local entities that are managing RHTP funds? A score of 1 indicates not at all connected, while a score of 10 indicates very strongly connected.

Key Findings from the RHTP Survey

Key Finding 1: Members See HIEs and Health Data Infrastructure as Foundational to RHTP

Survey respondents consistently described health information exchange and data infrastructure as foundational to RHTP implementation. The thematic analysis identifies "HIE/Data Infrastructure as Foundational" as a major theme, noting that HIEs serve as a core data backbone for RHTP implementation across most states and that mature statewide infrastructure enables scalable, secure data sharing.

Civitas members highlighted existing connectivity with hospitals, providers, health plans, public health agencies, community-based organizations, and state partners as a major advantage. The survey analysis notes that organizations are leveraging existing connectivity with hospitals, providers, and health plans and that HIEs are positioning themselves as HDUs.

This finding is especially important because many respondents urged states to build on what already exists rather than create duplicative systems. In the survey's sustainability themes, respondents emphasized treating HIE and data infrastructure as a permanent utility, investing in interoperable systems that serve multiple use cases, building on existing statewide infrastructure, and avoiding duplication.

Key Finding 2: Interoperability, Data Exchange, and Care Coordination Are Core Member Capabilities

Civitas members described a wide range of technical capabilities that align directly with RHTP goals. The survey analysis identifies interoperability and data exchange services as a major theme, including Admission, Discharge, and Transfer (ADT) alerts, clinical notifications, Continuity of Care (CCD) document exchange, secure messaging, national network participation, FHIR standards, bi-directional data sharing, patient identity management, and provider directories.

The survey findings also highlight care coordination and whole-person care as a major area of member strength. Respondents described closed-loop referral systems, real-time notifications, portal access, longitudinal patient views, and integration of social determinants of health data as tools that can improve coordination across clinical and community settings.

These capabilities are particularly relevant in rural communities, where fragmented systems, workforce shortages, long travel distances, limited resources, and access barriers can make coordinated care more difficult. During the July Civitas Rural Health Workgroup (RHWG) meeting, members discussed access and workforce challenges, maternal health and interoperability, technology and practical solutions, social determinants, and upstream factors as key rural health themes.

Key Finding 3: Analytics, Population Health, and ROI Measurement Are Essential to Long-Term Success

Respondents repeatedly emphasized the need to demonstrate impact. The thematic analysis identifies analytics and population health as a major capability area, noting that population health tools can identify high-risk patients and gaps in care, predictive modeling and risk stratification can support targeted interventions, quality metrics and performance measurement can enable ROI demonstration, and claims and clinical data integration can provide comprehensive insights.

The sustainability section of the thematic analysis reinforces this point, identifying "Demonstrating ROI & Outcomes" as a core requirement for states after federal RHTP funding ends. Key takeaways include establishing baseline metrics, tracking progress consistently, demonstrating cost savings, quality improvements, and health outcomes, using data analytics to quantify program impact, and building compelling evidence for decision-makers.

This is a critical finding for Civitas because Civitas members are not only supporting implementation; they can also help states prove whether RHTP investments are working. By helping states measure outcomes, reduce duplication, identify gaps, and track progress, members can support both near-term reporting and long-term sustainability.

Key Finding 4: Sustainability Is the Central Concern

Across the survey, sustainability emerged as one of the most urgent and consistent concerns. The thematic analysis identifies sustainable funding and financial models as the first theme under the question of what states must put in place after federal RHTP funding ends. Key takeaways include diversified funding through Medicaid managed care incentives, value-based payment models, state appropriations, alignment of HIE services with reimbursement, sustainability planning from day one, and a transition from grant-funded activities to embedded operational funding.

Respondents also emphasized the importance of durable governance structures. The survey analysis notes that states will need multi-sector governance bodies that include providers, payers, public health, community-based organizations, and state agencies; accountability frameworks; formalized collaborations; and governance bodies for cross-state learning and troubleshooting.

Civitas members also identified workforce and technical capacity as a sustainability need. The analysis highlights ongoing training, technical assistance, workforce development, data literacy, workflow integration, staffing technology programs, and automated workflows that reduce manual burden on rural staff.

Key Finding 5: Members Want Civitas to Convene, Advocate, Translate, and Amplify

Civitas members identified a clear role for Civitas in helping the network move from individual state implementation efforts toward shared learning and national impact. The survey analysis lists several recommended roles for Civitas, including convening peer learning collaboratives and RHTP-specific workgroups, sharing best practices, developing implementation guides and sustainability roadmaps, advocating for federal policy supporting HIEs as essential infrastructure, facilitating matchmaking between states facing similar challenges, and helping develop common metrics and evaluation frameworks.

The RHWG discussed these roles in its last meeting. Objectives include collecting and disseminating case studies, lessons learned, and best practices; convening dialogue around practical solutions; providing timely intelligence on guidance and funding

opportunities; and elevating member roles in rural health initiatives.

The July RHWG meeting discussion questions also pointed toward next steps for collective action, asking members what opportunities the findings create for HIEs, QIOs, Regional Health Improvement Collaboratives (RHICs), and All-Payer Claims Databases (APCDs); which sustainability concerns are most urgent; where Civitas members could have the greatest collective impact; and what Civitas should do next based on what was heard.

THEME PREVALENCE

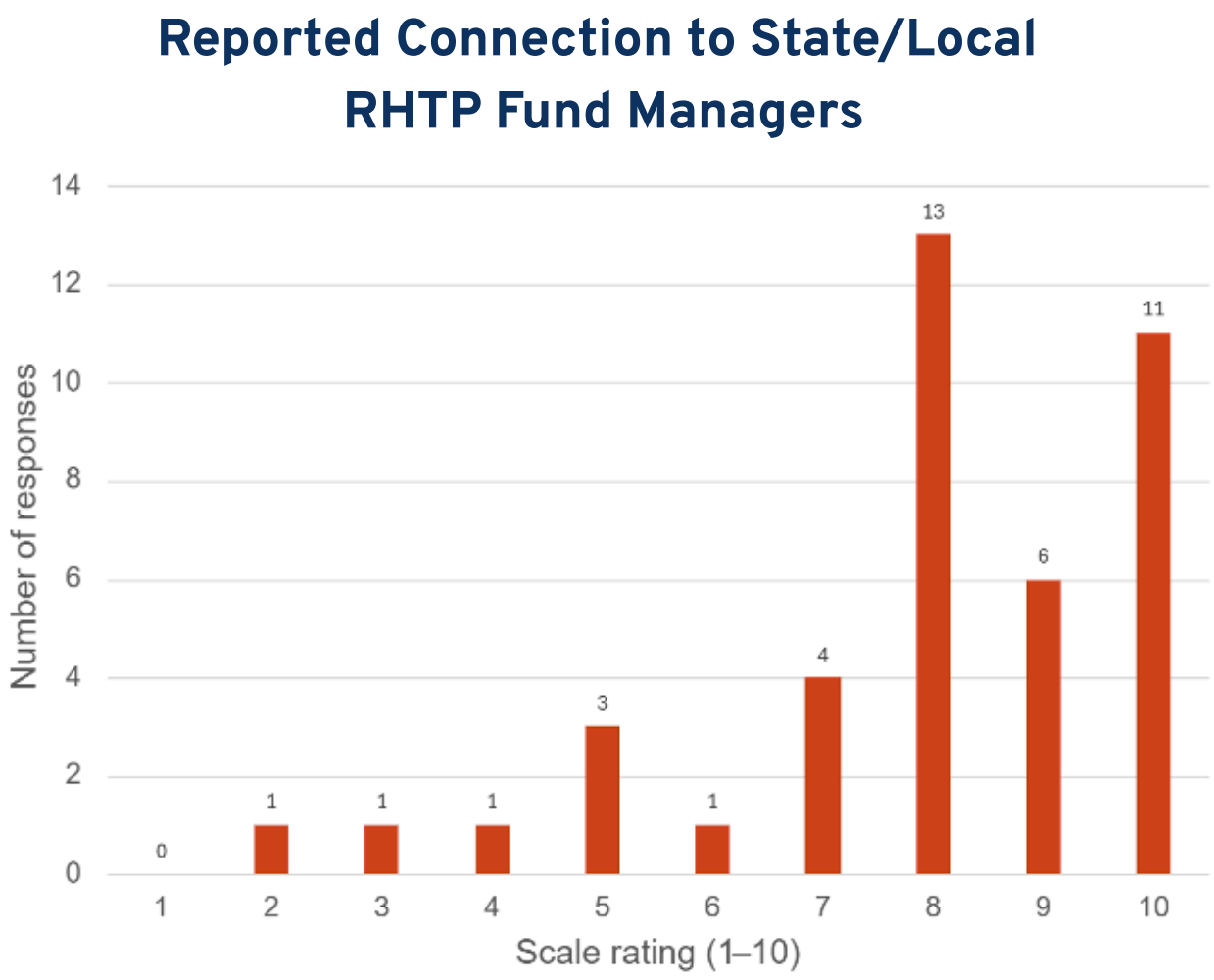
Chart 1 summarizes keyword-assisted theme prevalence across responses from 41 organizations, showing the topics most frequently reflected in Civitas member feedback. “Interoperability, Data Exchange, Care Coordination” was the most frequently identified theme, appearing in responses from 25 organizations and underscoring these areas as core member capabilities. This was closely followed by “HIEs and Data Infrastructure as Foundational,” which appeared in responses from 24 organizations and highlights how members serve as the data foundation for RHTP implementation. Other recurring themes emphasize the breadth of Civitas member expertise and support roles across analytics, sustainability, technical assistance, public health reporting, and convening/governance.

Chart 1

QUANTITATIVE SURVEY MEASURES

Chart 2 shows responses from 41 Civitas member organizations to the question, "On a scale of 1–10, how connected is your organization with the state and local entities managing RHTP funds?" With a rating of 1 indicating not connected at all and a rating of 10 indicating very strongly connected, the most common response was 8 (13 organizations). Overall, connection appears strong with these results suggesting that most members feel well connected to RHTP fund managers.

Chart 2



How Civitas Will Support Members with RHTP

Civitas has an important role in supporting Civitas members and states through several near-term actions:

- **Explore the Development of an RHTP Sustainability Roadmap:** Create a practical resource outlining key components of sustainability planning, including governance, financing, infrastructure, workforce, policy alignment, and ROI measurement.
- **Lead a Rural Health Workgroup and Offer Other Educational Opportunities for Peer Learning:** Use the RHWG as a forum for Civitas members to share implementation updates, challenges, state approaches, and lessons learned.
- **Create Member Case Studies and Use Cases**: Highlight attributed examples that show how Civitas members are supporting RHTP through data exchange, analytics, care coordination, technical assistance, and evaluation.
- **Advance Policy and Advocacy Messaging**: Elevate the importance of sustainable health data and health improvement infrastructure, including the need for ongoing funding, state and stakeholder alignment, increased interoperability, and recognition of members as essential partners.
- **Support Matchmaking and Cross-State Learning**: Help connect Civitas members, partners, and state officials working on similar implementation challenges, sustainability models, or rural health use cases.
- **Share Attributed Member Insights**: As part of the survey, Civitas members were asked whether they were comfortable having their responses attributed. Civitas will work to make attributed examples available soon and looks forward to continuing to highlight members' work to support community learning, education, and alignment with other members.

Conclusion

The RHTP survey findings show that Civitas members are well positioned to support rural health transformation through trusted infrastructure, convening expertise, technical assistance, analytics, and implementation support. For Civitas, the findings offer a timely opportunity to support members through practical resources, peer learning, policy advocacy, Civitas member storytelling, and shared evaluation frameworks. By helping members and states align sustainable infrastructure, measurable impact, and cross-sector collaboration, Civitas can help ensure that RHTP investments deliver lasting value for rural communities.

Thank you to all of the Civitas member organizations that participated in the survey – we appreciate your insights. If you are a Civitas member and have not yet taken the survey, it's not too late to do so. Please scan the QR code below to get started.