

Realizing the Promise of RHTP: Transforming Infrastructure into Sustainable Rural Care

Hosted by Elimu and BerryDunn

August 20, 2026

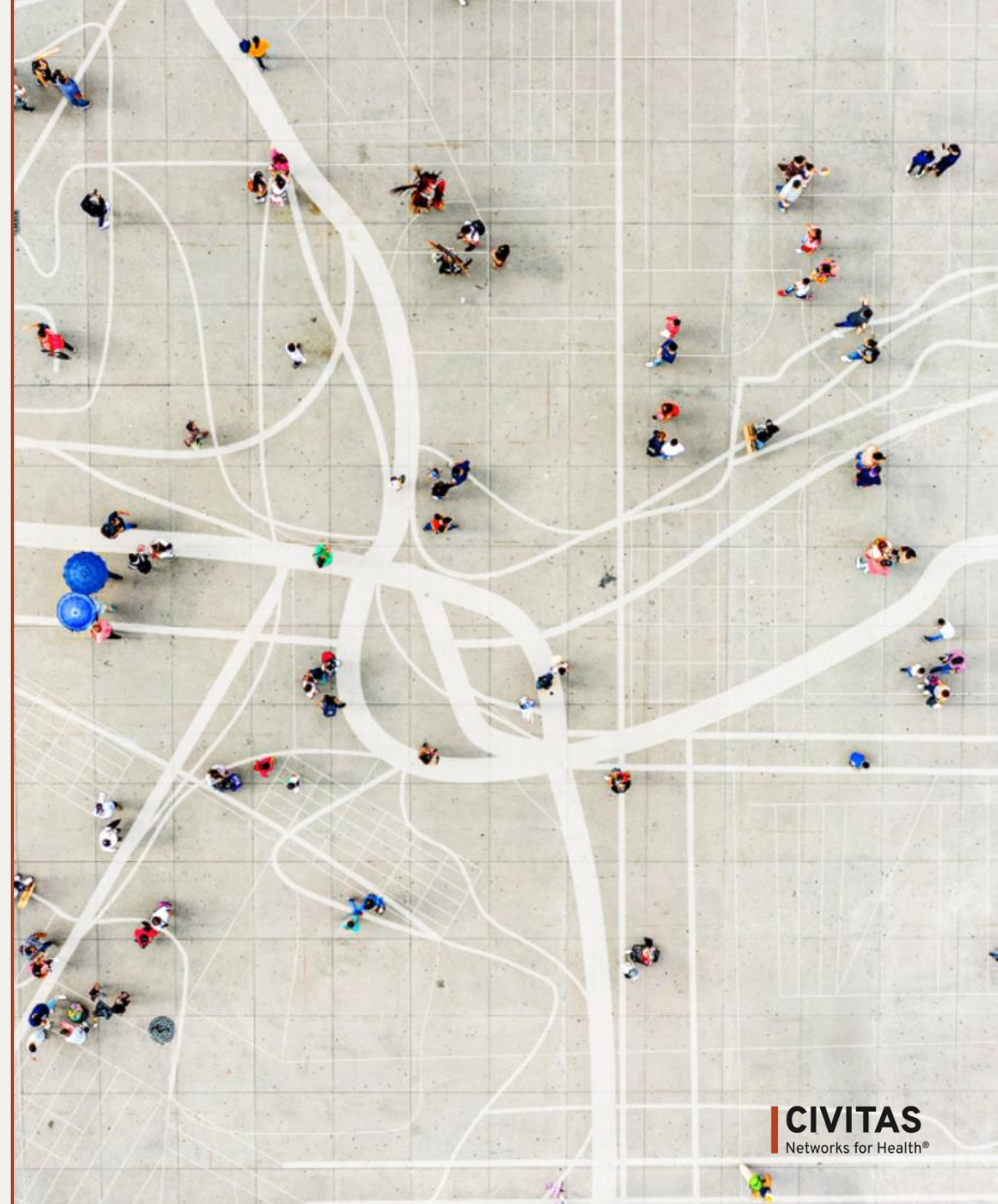


Agenda

- Welcome & Civitas Updates
 - Jessica Little, Chief Operating and Programs Officer, Civitas Networks for Health®
- Realizing the Promise of RHTP: Transforming Infrastructure into Sustainable Rural Care
 - Jim Shalaby, Co-Founder & CEO, Elimu Informatics
 - Katie Gray, Consultant Manager, BerryDunn
- Discussion and Q&A

Housekeeping Reminders

- This is a webinar where all participants are automatically muted and your video is not displayed.
- If you would like to ask a question, please use the Q&A function on the right-side taskbar.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, please reach out to contact@civitasforhealth.org.



An aerial photograph of a park with a complex network of winding, light-colored paths on a paved surface. Numerous small figures of people are scattered throughout the scene, some walking, some sitting, and some standing in groups. The paths create a web-like pattern across the frame.

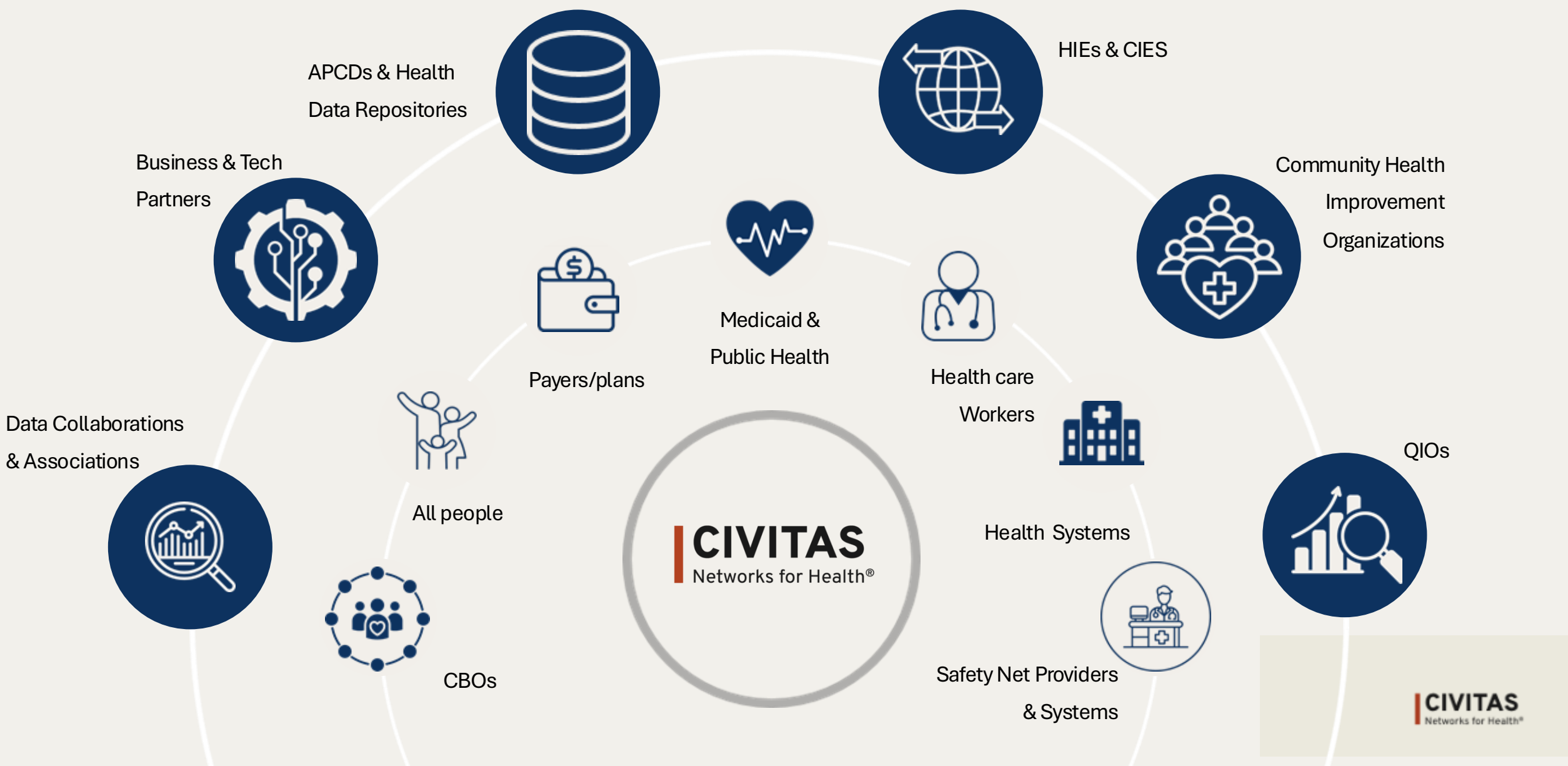
About Civitas Networks for Health®

Who we are, who we serve, and about what we do

Who We Are

- Civitas members include a wide range of organizations:
 - Health Information Exchanges (HIEs)
 - Health Data Utilities (HDUs)
 - Community Information Exchanges (CIEs)
 - Regional Health Improvement Collaboratives (RHICs)
 - All-Payer Claims Databases (APCDs)
 - Quality Improvement Organizations (QIOs)
 - Strategic Business and Technology Partners
 - Affiliated Associations
- We work together at the local, regional, state, and national levels
- Together, we invest in data-driven multistakeholder collaboration to enhance health, addressing cost, equity, quality, and safety

Who We Serve



Expert Convenors

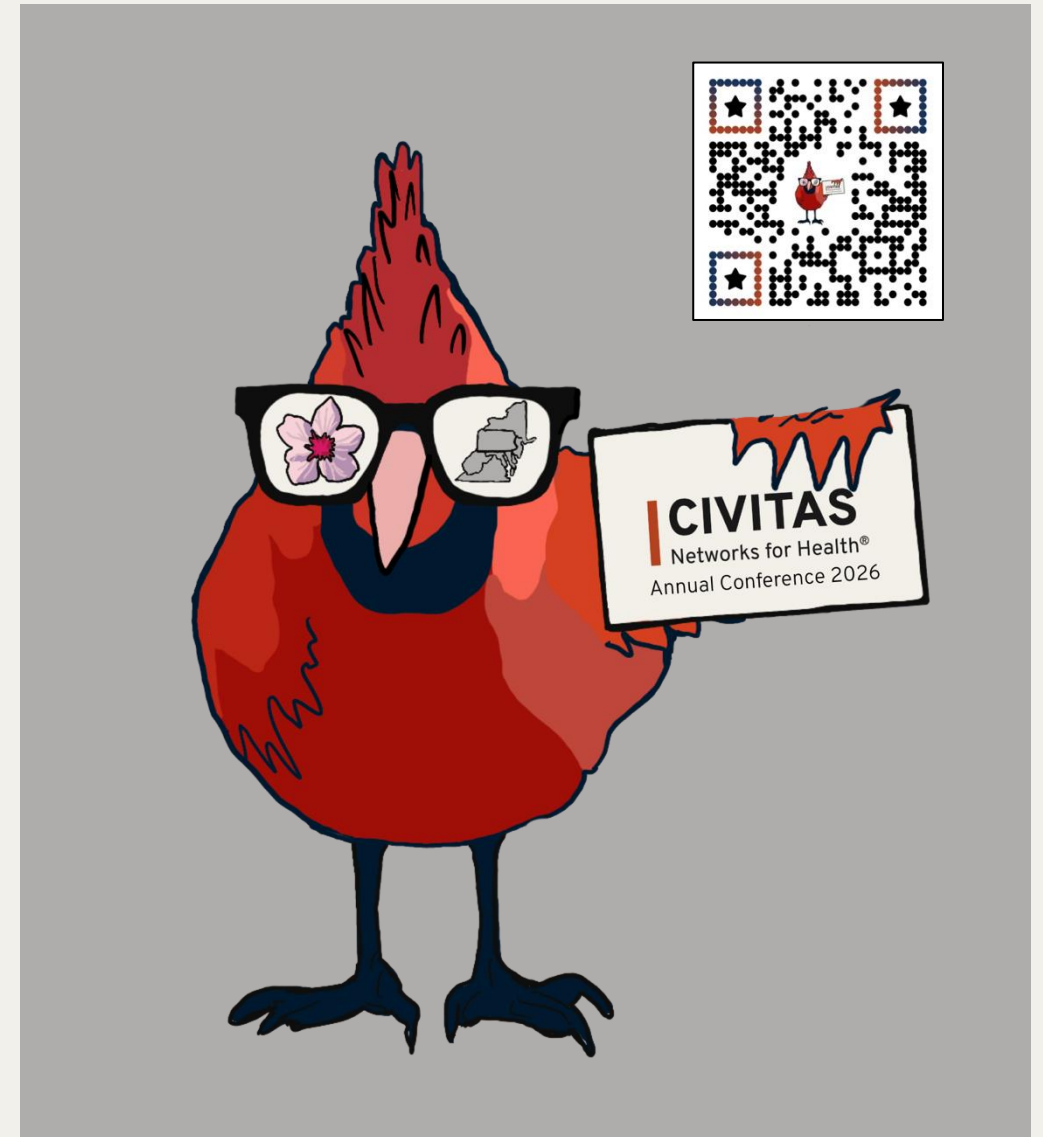
- Civitas provides a unique platform that connects collaborators working on health improvement across the country
- We believe that local communities should lead and influence national progress on health
- We offer forums for shared learning, education, networking, and advocacy, and have proven our strength at helping our members in the ever-changing health landscape



Join Us at the Civitas 2026 Annual Conference!

Join 750+ leaders from across the health data and improvement ecosystem. Hosted in collaboration with our Mid-Atlantic Host Committee, just minutes from Washington, D.C. in Arlington, VA.

- [Registration is open](#) – secure your spot today!
- Plan early and save with [discounted hotel and flight options](#).
- [Get your Civitas merchandise](#) before the conference – 100% of proceeds go to Doorways for Women and Families Virginia.
- Interested in sponsoring? We still have a select few opportunities available for you to get in front of a national audience shaping interoperability, data exchange, and health transformation. Review the [Sponsorship Prospectus](#) and email contact@civitasforhealth.org if you're interested in learning more.



Submit a Community Excellence Award Nomination by August 31

The Civitas 2026 Community Excellence Awards recognize outstanding Civitas member organizations and individuals advancing community health through innovation, leadership, and partnership. These awards highlight impactful contributions in areas such as data use, quality improvement, governance, and mentorship. Please browse this year's award categories below and submit a Civitas member organization or one of your peers that you think exemplifies the award description.

Thank you in advance for helping us recognize the amazing organizations across our networks!

Learn more and submit a nomination by August 31 to be considered.



Register to Attend the Remaining Virtual Preconference Sessions (Open to the Public!)

Join us for virtual preconference sessions designed to deepen learning and spark meaningful discussion ahead of the Civitas Annual Conference. Register to attend:

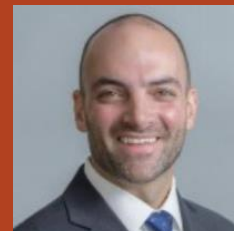
- **September 10, 3-4:30 p.m. ET** – [From Data to Impact: Using APCD Analytics to Shape Policy and Improve Population Health](#)
- **September 16, 2-3:30 p.m. ET** – [Co-Designing Trusted CIEs: Privacy, Coordination, and Data Systems for Whole Person Health](#)

Thank you to our returning virtual preconference sponsor, J2 Interactive!

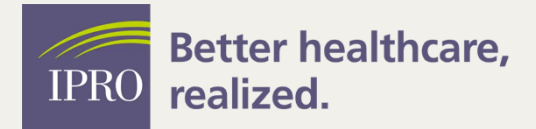


Conference Keynotes to Look Forward To

- **Tuesday, September 22** – *Bridging Federal and State Policy with Local Implementation for Transformation*, featuring Dr. Ayanna Bennett (DC Department of Health), Dr. B. Cameron Webb (Virginia Department of Health), and Dr. Joseph Kanter (Association for State and Territorial Health Officials; Panel Moderator)
- **Wednesday, September 23** – *Real World Considerations for Deploying AI in High-Stakes Environments*, a fireside chat hosted by Civitas CEO Jolie Ritzo with Dr. S. Craig Watkins (IC² Institute at the University of Texas at Austin).
- **Thursday, September 24** –
 - *Putting Patients at the Heart of Health Care and Health Technology*, featuring Anthony Polizzi (Chief Patient Experience & Innovation Officer, CMS), Regina Holliday (Resident, Art Teacher, Artist, Muralist, Patient Rights Arts Advocate, & Founder, Walking Gallery & the Medical Advocacy Mural Project), Sarah DeSilvey (Terminology Director, Gravity Project), and Jessica Little (Chief Operating and Programs Officer, Civitas; Moderator)
 - As part of our *Public Policy Briefing*, sponsored and hosted in partnership with Troutman Strategies, Dr. Tom Keane (National Coordinator for Health IT) will join Craig Behm (President & CEO of CRISP - Chesapeake Regional Information System for our Patients and Chair of the Civitas Government Relations and Advocacy Committee (GRAC)), for a fireside chat focused on the federal health IT landscape and the future of interoperability, health data exchange, and digital health infrastructure.



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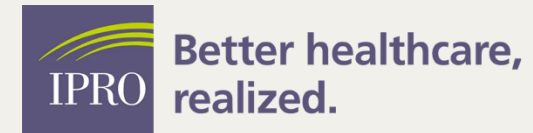
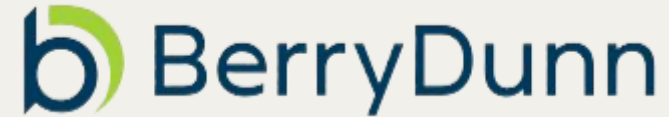


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Realizing the Promise of RHTP

Transforming Infrastructure into
Sustainable Rural Care

Katie Gray, MBA, PMP, BerryDunn

James Shalaby, PharmD, Elimu Informatics

8/20/2026 11:00AM – 12:00PM PDT



Introductions



Katie Gray – BerryDunn

James Shalaby – Elimu Informatics

- Technology Enablers
- Interoperability
- Workflow Transformation

Agenda

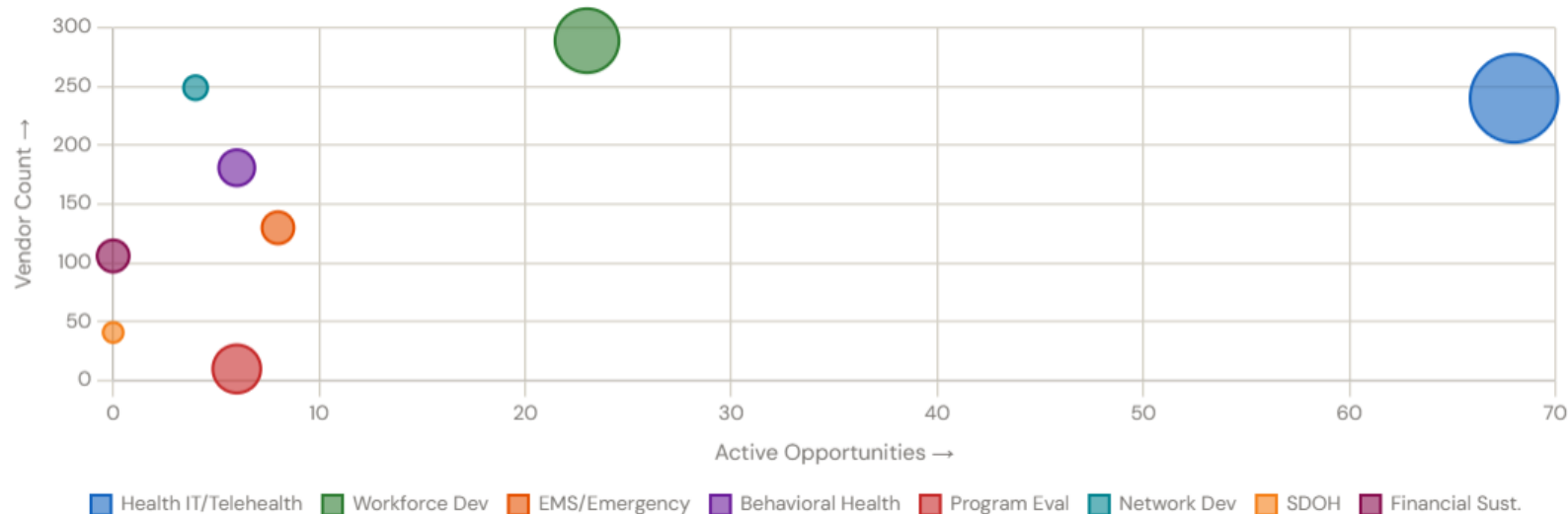
Topic	Presenter	Time
RHTTP Overview	Elimu	5 minutes
Strategic Perspective	BerryDunn	15 minutes
Survey Results Meaningful Technology Infrastructure	Elimu	15 minutes
Q&A and Wrap-Up	All	15 minutes

State RHTP Overview

- RHTP trackers provide state data, examples include:
 - Rural Care Journey — Rural Health Transformation Program (RHTP) Tracker
 - Harper RHTP Tracker by State

Active opportunity demand vs. vendor supply — key themes

Opportunity gap = high demand (active opps) + low supply (vendor count). These are the highest risk-adjusted market entry points.



Blue = high demand (opportunities) and high supply (vendors) for Health IT/ Telehealth

\$/Rural Resident	Total Award	Focus Area
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Data: CMS

- Budget Period (BP) Year 1 Closeout
 - Year 1 reports are due August 30, and funding closes October 30, however, open opportunities and contracting are still being processed
 - Until Year 2 budgets are confirmed, States may pause new opportunities until funding amounts are released
 - Year 1 opportunities target state-specific initiatives to implement rural provider workforce development and incentives (e.g., education funding and new position incentives), telemedicine and EMS investment, health IT (EHRs) and HIE optimization, VPB implementation support, Indian Health Services support, and maternal/child health access programs

State RHTP Overview

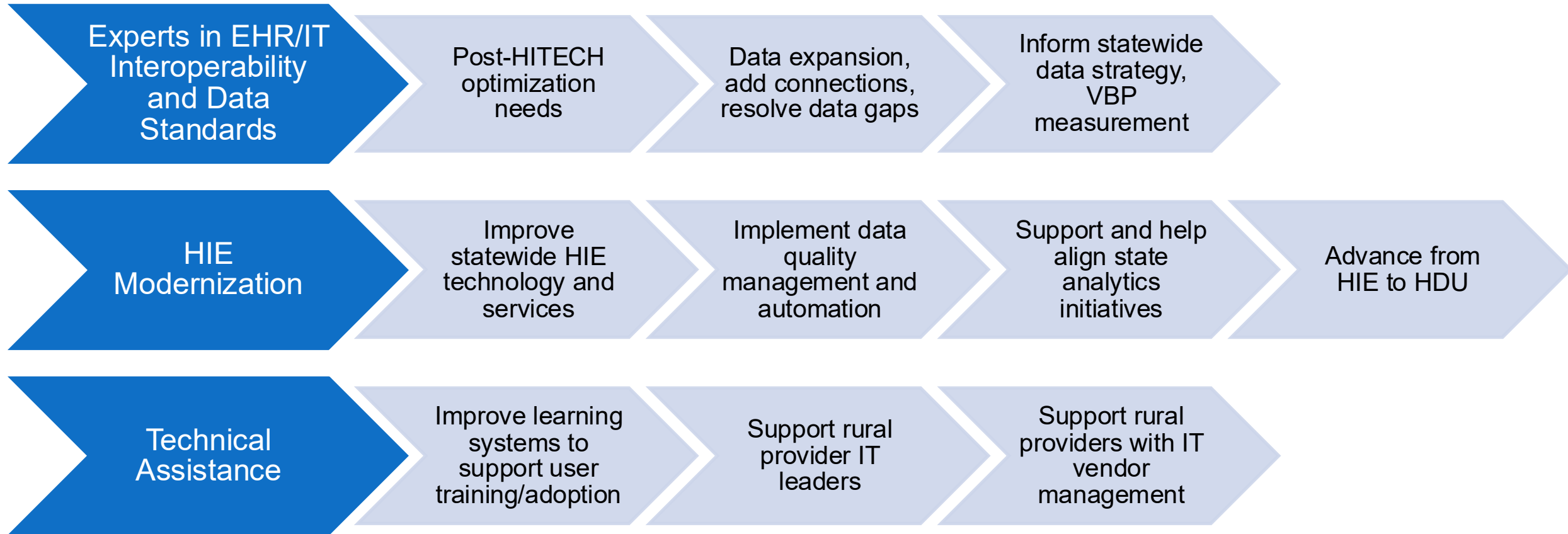


- RHT projects will be defined by the durability of what is left behind- stronger workforce, a connected care network, a sustainable reimbursement pathway, better data infrastructure. Something rural communities can keep using.
- Sustainability and infrastructure that lasts after the grant is a key focus by states.
- RHTP scoring rubrics and strategic documents emphasize any group working with these funds needs to understand the implications of what will happen to a community after the funds are gone.

State RHTP Challenge/Risk Areas



Role of HIE in State RHT Initiatives



Engage with State RHTP Leads



- Develop a sustainability plan in partnership with state agencies (e.g., Departments of Health, Medicaid, etc.)
- The HDU model continues to emerge and gain support
- Meet the state where they are at today – incremental value-add leads to increased scope
- Transparency builds trust and efficiencies

Before building a technology roadmap, we surveyed 120 rural healthcare leaders to understand the ground-truth challenges impacting patient care and follow-up.

- **Focus:** Addressing continuity of care bottlenecks in chronic disease management
- **Scope:** Deep-dive interviews across FQHCs, health systems, and community partners

We spoke to 120 people



Clinicians
24



QI
21



Executives
16



Patients
21



SMEs
11



Partners
33



FQHCs
30



Large health systems
38

What we learned

“It would be great if there were an AI-enabled **system that could just handle all of this administrative stuff**: make the call, look at the schedule, book the appointment, etc.”



CMO, FQHC

“I have been told to run for the hills if a vendor proposes PMPM pricing”



Senior VP, Health System

Key Findings from healthcare professionals:

1. Closing care gaps remains more challenging than identifying them
2. Outcome-based pricing models for technology are generally preferred over traditional PMPM structures
3. Procurement decisions prioritize established trust, workflow compatibility, and short time to ROI
4. Patient outreach is a significant operation bottleneck (10% success)
5. SDOH affect care plan adherence which drives outcomes
6. Staffing shortages continue to limit capacity for quality improvement initiatives
7. EHR integration is a baseline requirement
8. FQHC priorities for quality differ from large health systems' priorities
9. Quality metrics vary significantly by payor
10. RPM adoption is limited by technology and operational barriers

Key Findings from patients:

1. Trust in the health system and PCP
2. Doctors don't listen to what patients want and treat everyone the same way
3. Health insurance – everyone complained about premium, copays, coverage

Investing Strategically In Technology Infrastructure



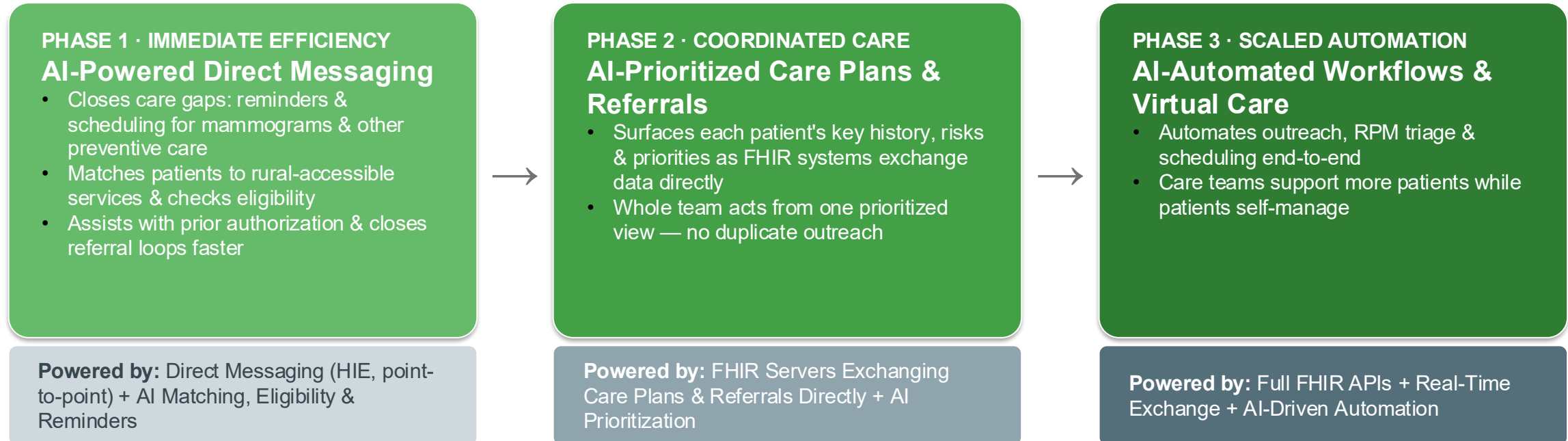
Key consideration:

1. Interoperability-enabling technology achievable at the rural health level
2. Demonstrating near-term / immediate value
3. Long-term sustainability plan – reimbursement for services provision
4. Designed to mature and scale over time

Leading With Value: Applications Drive the Roadmap



Deliver immediate impact for the whole care team — providers, nurses, care coordinators, and patients — then mature the interoperability foundation to unlock the next level of impact.



Key insight: *Direct Messaging plus AI goes far, but referrals and care planning get dramatically more efficient once **FHIR servers exchange data directly, system-to-system** — not just point-to-point messages. Progressive FHIR adoption complements Direct Messaging; it doesn't replace it.*

Panel Joint Discussion



- Putting RHTP \$\$\$ to use
- Sequencing of funding rollout
- Strategic trends
- Sustainability beyond 5 years

References



- [Rural Health Transformation \(RHT\) Program | CMS](#)
- [Rural Care Journey — Rural Health Transformation Program \(RHTP\) Tracker](#)
- [RHTP Guides & Strategy — Rural Health Transformation Program | Rural Care Journey](#)
- Elimu Informatics Resources



Stay in Touch with Civitas



Scan for Civitas Resources

www.civitasforhealth.org