

# NCTRC Webinar - Rural Health Transformation Implications for Rural Care

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## SUMMARY KEYWORDS

Rural health transformation, workforce trends, telehealth, digital health, clinical capacity, administrative capacity, technical capacity, pipeline development, recruitment incentives, retention strategies, telehealth platforms, AI readiness, patient digital literacy, care models, digital workforce.

## SPEAKERS

Aria Javidan, Jordan Berg

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### Aria Javidan

Hello, the webinar will begin shortly. Hello, my name is Ari Javidan, and I'm the project manager for the National Consortium of Telehealth Resource Centers. Welcome to today's webinar, Rural Health Transformation Fund: Workforce Trends and Implications for Rural Care. Today's webinar is hosted by the National Telehealth Technology Assessment Center. These webinars are designed to provide timely information and demonstrations to support and guide the development of your telehealth programs. To write a little bit of background on the consortium located throughout the country. There are 12 regional telehealth resource centers and two national, one focused on telehealth policy and the other on tele technology assessment. Each serve as focal points for advancing the effective use of telehealth and supporting access to telehealth services in rural and underserved communities. Just we wanted to highlight that the consortium is collecting success stories from organizations, patients, and providers who have benefited from telehealth with support from a telehealth resource center. Share how your TRC has helped make telehealth work for you, for a chance to be featured along with your organization in our monthly consortium newsletter. A few tips before we get started today. Your audio has been muted. Please use the Q and A function of the Zoom platform to ask questions. Questions will be answered at the end of the presentation. Please only use the chat feature for communicating issues with technology or communication access issues. Please refrain using the chat to ask questions or make comments. Please also note that closed Captioning is available, and that is located at the bottom of your screen, today's webinar is also being recorded, and you will be able to access today's and past webinars on the NCTRC YouTube channel and the NCTRC website at [TelehealthResourceCenter.org](https://www.TelehealthResourceCenter.org) With that, I will pass it over to our presenter for today, Jordan Berg, Director of the National Tele Technology Assessment Center.



Jordan Berg 07:00

Jordan Berg 07:00

Thank you for that warm welcome, Aria. I'm going to get my slides up and running here, and we will get started. All right, that looks to be doing the things that we wanted to do. Good morning, or good afternoon, everyone. My name is Jordan Berg. I am the Director for the Telehealth Technology Assessment Center, and Aria did a great job of kind of covering who the TRCs are and what we do, but it's my pleasure to begin talking with you guys today about some of the things that we're looking at in terms of workforce trends, workforce trends, and some of the rural implications coming out of a review that the TRCs did around the state rural health transformation program plans. The focus for today is not only on whether or not the workforce appears in the plans, spoiler alert, it's workforces in every single state plan, but how the workforce discussion is being framed, what sorts of strategies are showing up for tackling some of these workforce questions, and what this might mean for rural care delivery over the next several years that the rural health transformation plan program is going to be running. A key framing that we want to have for this discussion is that workforce is not just about adding more clinician headcount, that is such an important point, and we'll reinforce this many times, but clinicians are needed, and there's a vast gap, but there are also other roles that need to be tackled if we are actually going to transform in the rural health landscape, so, and we'll, we'll, we'll, we'll get into this, but just kind of a preview, we're going to talk about administrative, technical, and clinical capacity that needs to be, that needs to be enhanced in order for us to do the goals of the transformation program, I do want to just kind of give a quick caveat, or just kind of a quick bounding. This was an assessment that we did. We'll talk a little bit about the methodology that we used, but it is a kind of a snapshot in time for plans that states are rolling out that are still in the process of changing, so if we were to do this presentation again in six months, we would have very different information to share, but it was helpful for us to kind of get a sense of what the states were thinking, how they were approaching this, and we're hoping to share some of that with you, so the central tension around what we're going to be talking about today is what are in the plans, and then what the actual requirements are to accomplish what's in the plans in terms of workforce. So, a lot of what we see in the rural transformation planning is about a couple different things, expanding access, changing care models, and using digital tools like telehealth and other digital resources to more effectively reach patients, but each of those goals don't really get off the ground unless we have the correct workforce to expand rural access, we're going to require additional clinical workforce if we introduce new care or innovative care models, we're going to require additional administrative and operational capacity. If we're going to expand telehealth and digital health, we were going to require additional technical workforce in the rural locations that we're going to be delivering those care models. So that's the framing for the webinar, and that's the tension that we want to keep in our heads, so rural transformation is not just a program or a technology story, it's a people story, it's a workforce story, and that's what we want to kind of reinforce as we kind of go through today. So, let's talk a little bit about our review, what we did, kind of how we approached the information, and what we were looking to kind of obtain as we went through this process, so it's a pretty straightforward approach. Towards the beginning of this year, we realized these plans are going to be coming out the, the, this is going to be moving very, very quickly, and we need to be able to a speak to this to understand kind of what is the plan, how and how states are planning to approach this, and three really kind of guide where we need to be doing our deep dives next, so everything we see, everything that we've done is kind of just gearing up for the next round of like looking at the plans, looking at public information, and doing deeper dives into what's actually in the rural health transformation plans. Our approach was pretty straightforward. We looked at the our primary source was all of the state published rural health transformation plans and any supporting material that they made available publicly. We then applied a structured framework across those plans with the goal not to score states or predict like what the outcome was going to be like whether or not

they'd be able to achieve their aims but we wanted to see kind of what the trends were what states were doing what things were similar what things were different and to identify you know patterns gaps areas for further discussion and opportunity, so the output is across trend state across state trend review, and part of the output is the webinar that we're doing for you today. So we want to share what themes are appearing broadly, some of the strategies that we're seeing the most commonly from the states, and where they may be areas that require more attention as implementation moves forward, so that center go back here, so the three input, the three three parts are input, lens, and output. So let's let's dive into the lens. What was the lens? What was the queries that we asked against the state plans? So the workforce lens that we're applying has five, it's a lens of lenses. We looked at the plans through five related workforce lenses. The first lens that we looked at is the framing, how inside of the plans is workforce positioned? We saw that for some plans it was a dedicated initiative, or do we see it as showing up as a cross-cutting, cross-cutting element that supports other initiatives within the plan? So, did the state plans look at workforce as its own element, or was it something to be used in support of different initiatives that they, they talked about other places. Second, what were some of the key strategies that the states proposed to use? So, workforce strategies, our states focused on recruitment, are they looking at training, are they looking at pipeline development, retention, upskilling, or other strategies? Third, and this is part is the part that's near and dear to my, my heart is technology. Do plans address workforce needs around delivering more digital care, telehealth, remote care, rural IT capacity, and finally, the last is we wanted to get a sense of what roles were specifically mentioned within the plans, and then how specific states were around the plans in general, and kind of what they were, what they were hoping to do on the front of workforce. I do want to make an important note, we didn't formally code strategies across timelines, so we don't have a lot of time data, but we will talk about that a little bit later in the plan. So, all of the time kind of information that we have is inferred, it is not from the initial set of queries, but it's an important thing that I don't think we can leave out as we have are having this discussion. So, we talk about time horizons, we talk about the things that we can practically do within timeframes, but that was not something that we looked at in our initial query across the state plans. So, let's dive into some of the things that we looked at in each of those sections. So, first, workforce, what was the what was the overall integration of workforce into the plan? So, no surprise, every single state had mention of workforce, every single state underlined workforce as an important element of what they were trying to do. Of the 50 states we do see that they had a different approach in 22 of the plans workforce appears as a dedicated initiative or as a standalone priority, but in a slight, slightly more plans it appears more as a cross-cutting strategy, where it's important, but it's embedded within the broader priorities, such as access, sustainability, service delivery, or systems transformation, so it's a tool to achieve the priorities versus it being a priority in and of itself. Why does this matter? This distinction matters because it gives a sense as to whether workforces being its own pillar, its own primary transformer transformation lever, or whether it is being a supporting condition for other transformation goals. The second thing that we wanted to look at was some of the workforce strategies, and the finding here is that states really are leaning heavily on familiar workforce strategies, things that they know and have been looking at for a while, as, as kind of the levers that they want to pull for transforming workforce. So, when you look at these, we see kind of common parts of the workforce playbook pipeline development, so creating the mechanisms for getting more and more providers and other staff trained was one of the was appeared the most often in the most plans, followed by recruitment incentives, general education and training, broader workforce training programs, and that was about building workforce workforce tools and workforce programs within RHTP that were focused primarily on workforce development rather than actually just doing the trainings or providing trainings directly. We also see that retention and operational support strategies are a lot less visible in this coding. It becomes important later as we ask what kinds of strategies can

realistically influence rural capacity within the rural health transformation plan timeframe window, and one of the things I do want to note here is a lot of these sections can overlap in terms of practice and especially around some of the education and training for this review, we just wanted to show how strategies were generally mentioned, and then how the plans kind of described them. We wanted to give some big numbers in terms of the workforce conversation was having that we're having in terms of roles, so one of the key things that we found was that all of the workforce plans were very clinically focused, and that's not wrong, so obviously we are facing a large clinical shortage across all of the sites, both rural and in urban areas, the, the by and large, the primary elements that were mentioned are clinical. So, looking at the roles named in the plans, these are actually specific roles that were roles or jobs or staff that were looked at in the plan, clinician center pattern becomes very clear. Physicians appeared in all 50 plans, nurses appeared in nearly all 50 plans. I was surprised at the, the at how few behavioral health type providers were mentioned, and community health workers and other digital and health, it were mentioned only very little, without there wasn't much mention of those specific roles within the plan, so that category really stood out for me by its absence, only one plan in our quote in our review, really explicitly mentioned workforce training for digital health, and it doesn't mean that states are uninterested in technology, that's actually the tension that we're seeing, almost are really all the states mentioned technology as a way to meet their goals, but including data systems, remote care, modernization, but the workforce conversation itself is just very focused on traditional clinical roles. Again, I don't want to like undermine the importance of those clinical roles and undermine the fact that we do have such a large workforce shortage, but it was a little bit stark to me that the focus really is on physicians, nurses, and then much less on some of these other roles that are very important to a lot of the plans, at least what the plans are saying that they want to accomplish, and that kind of, that kind of is borne out in this slide here, so we see this is really the tension that we're describing. Telehealth and digital workforce care are really very visible in all the plans in our coding. 40-six states indirectly connect the importance of telehealth to the workforce-related access goals that they describe in their plans, so this includes digital tools, remote care, infrastructure. These are some of the common themes that we're seeing, but explicit workforce planning tied to technology or tied to digital health is much less visible. Only two states that we saw in the plan explicitly, explicitly connect telehealth with workforce initiatives, so we, so it's kind of, we see telehealth and digital health being mentioned to address the what the plan wants to accomplish, but we're not seeing a lot of workforce focus being placed on digital health and planning, so only two states explicitly connect telehealth with workforce initiatives, and there was only one state that included a dedicated rural IT digital workforce strategy. So the issue isn't that states are ignoring digital care, they're not. The issue is that people, that the people that are needed to implement, support, troubleshoot, and sustain digital care are much less visible in the plans and in the workforce areas of the plans than other areas. So that's the key point. Digital transformation is going to need a lot of roles in order for us to actually transform. It's not self-executing, we need the providers, we need the administrative staff, and we need the IT support staff. So we had kind of described a little bit right at the beginning some of the time frame pressure that the plan really has for us, and so I want to dive into that a little bit here again. The review itself didn't formally look at time frame time horizon as part of the plan, but once we really look at what the strategies the states want to emphasize, we really have to ask the question, What can we realistically change within the RHTP window by 2030 right. So, pipeline development matters, and it's an important thing for us to dive into, but as we build those training pathways and we build that future rural clinical workforce, that's a long-term investment. We know that it takes a long time to get providers through those programs to make sure that they actually complete the programs, and once they actually have completed the programs, get them invested in rural locations and actually providing the benefit that we want to get from them as we kind of build those programs. I don't, again, I want to make sure

that we're underlining this pipeline. Development is critically important. We have to expand our training pathways. We have to build the future rural health workforce, and our provider supply are really important long-term investments. But again, the timeframe that we're looking at is going to take many years to mature. A new clinician pipeline is not going to solve the staffing pressure that we're fighting, we're facing really during the RHTP window, the during the RHTP period. And the other question I had on this, and so you can kind of see the asterisk here is especially if this is something that we're having to report metrics on for the yearly review, as to, like, are we meeting our initiatives? So, if we're, if we're really focused on pipeline development, we're not going to be able to have the outputs from that kind of fully formed as we're doing. There's other things that we can measure, but that's going to be one of the things that states are going to have to look at, is how are they actually providing the metrics for for those plans. So, alongside the long term pipeline work, what are some of the near term, medium term strategies that really are going to matter, and some of those are going to be, how do we retain existing staff? How do we recruit already trained clinicians into rural locations? How do we extend the reach of those, those clinicians, particularly with specialties, specialty care through telehealth? How do we in the medium term really Upskill the current workforce, so the workforce already in place? How do we make sure that they are ready with the digital health tools and the things that they need to know to really deliver the best care? How do we redesign our care teams so that they're actually able to be more efficient and to actually do the to be the change be be the transformative transformative change that we need to have in these plans and how do we strengthen our administrative and technical capacity to really support the medium and near and medium terms that we need to develop so again, and I keep repeating myself, we can't ignore pipeline work, we can't ignore these long-term goals, but it's also important for us to look at and separate some of the nearer and medium-term goals to increase capacity and to make sure that we're keeping and having the best possible level of staffing we can have, so what does that kind of really mean? So, if we are looking at these short and medium term capacities, what does that mean as we, as we kind of approach these plans, if we think about what change can happen in that near medium term? It's not only producing more clinicians, it has to come from using some of the workforce differently. So, this means that we'll have to retain and extend our clinical capacity. It means that we're going to have to find ways to reduce administrative burdens and create those new workflows for clinical staff, and it also means we're going to have to have the technical capacity to support this digital implementation, troubleshoot our issues, and maintain telehealth of telehealth and IT systems at the rural level, so this gives us kind of the three buckets that we're going to use as we kind of talk through the rest of the our little discussion here today. It gives us the focus on clinical capacity, administrative capacity, and technical capacity, and we'll be talking about each of those in turn, so so clinical workforce, so again, clinical workforce shortage is absolutely real. State plans are right to focus on provider shortages, long training timelines, and the specialty access gap. Those are things that we need to address in the near to medium term. Some of the most practical strategies that we were looking at are about retaining current clinicians, so how do we keep clinicians in the roles that they're at? How do we recruit those that have are kind of getting through the pipeline that we already have, and how do we redesign our care teams and extend our expertise through specialty care, so a lot of these are the response for a lot of these do have a telehealth implement. Telehealth is important here, especially for that specialty access, especially for those consults, telementoring, remote support. It's important to look at this precisely, though. Telehealth can extend the reach of clinical expertise, but it doesn't really create new medical clinical supply. New, it doesn't create new clinicians, it doesn't create new roles, but it can help make those roles more efficient, and it can help extend the reach of those. So, again, it's that tension. We have a lot of things that we need to do, but we don't have, or how we're going to get the people to actually do it, is that really key workforce question. So, the key question is not how do we produce more clinicians,

it's how do we keep support and extend the clinicians that we do have into the rural communities that rely on them, so from an administrative function, and I think we can all picture some faces within that blue circle of the people that can actually do and support the really active work that we do is in our rural telehealth implementation. Right, so it's often not the face of our telehealth programs, but I think a lot of times these programs just don't happen if they don't have the administrative and operational capacity to make them go. I'm going to tell a little story here. One of the, one of the key things that we found during COVID was for my parent organization, the Alaska Native Tribal Health Consortium, was as we pivoted to do more and more digital care, really the bottleneck became not the clinicians for our particular use case, but it became the ability to do these administrative functions to get the patients into the visits, and we reached out directly to them in their home, so reaching out and doing the scheduling, reaching out and doing outreach, and looking at the referrals, all of these things, these are the things that have to happen for the care to be delivered, and if we'll get to that, so administration workforce again generally not the face of the care that we're delivering, but the care doesn't happen if we don't have these supports. Top program, remote patient monitoring program, care coordination model doesn't just add a clinical service, it create we have to create the staff to do the work around these. So, what are these? Some of these things look like scheduling, patient outreach, referral management, care coordination, enrolling patients in RPM programs, doing RPM follow-up documentation, billing support, quality reporting. It's going to be a really important one for rural health transformation. Is that we have to report on the metrics that we're meeting. If that work is not staffed or planned for, it tends to fall back on the clinicians or the nursing staff that are already stretched very thin. So this is one reason workforce planning needs to account for the operating model around care, not only the clinician delivering the visit, and I like our little blurb there. Unstaffed work falls on overburdened teams. All right, the third bucket here that we're looking at is technical workforce. This is a conversation that's near and dear to my heart, and it's the one that really kind of keeps me up at night. Is how are we actually planning for the additional work that's going to be coming in terms of technical workforce? Again, digital transformation is not self-executing. It's not going to just happen. We have to prepare and build in the support for these, so the technical workforce layer is where rural health transformation plans review. It really raised some alarm bells for me. The plans often mentioned telehealth platforms, remote monitoring tools, data exchange, interoperability, AI-enabled tools, cybersecurity upgrades, but every one of those digital investments is going to need people to make it work. Someone has to support implementation and work for design, someone has to manage device setup and deployment, someone has to understand the ramifications around health, it integration, security, technical operations, risk management, and governments. It's aligns with some of the things that we've seen in other programs that that we've worked on. So that's another story time. So TTAC has been involved over the last few years with something called the Telehealth Broadband Project, and through this project we we really started looking at really rural locations and where we were really interested in how broadband affected how connectivity affected our ability to deliver care and really rural locations and the more and more we dove into what it really looked like what broadband and connectivity look really looked like on the ground and really rural areas. The lesson that we kept finding and kept surfacing over and over again was that it wasn't the connectivity in some situations. In some situations it absolutely was. Connectivity was the barrier, and if you didn't have it, you didn't do the care, but in a lot of locations the connectivity was there, but it wasn't really the limiting factor. The really limiting factor was around technical capacity, about being able to deploy tools and actually use the tools and fix basic problems when they occurred at a technical level to actually deliver the care, and I think that that bears out in that, that for TTAC, that's always going to be a thing that we're really interested in, is how do we make sure that we have those technical skills at that really rural level to be able to deliver kind of on the promise of some of these rural health transformation

plans, so so again, and we're going to say it multiple different ways, we're going to underline and kind of make, make this point again and again. Rural transformation is going to depend on our workforce capacity. There's no way that we can do the the broad goals of the Rural Health Transformation Fund, without looking at our ability to supply the workforce, so we're going to deploy, depend on clinical capacity to deliver care, to extend their expertise, and to support patients, administrative capacity to coordinate care, sustain the workflows, and help reduce clinical burden, technical capacity to enable care models, operate infrastructure, and maintain digital tools. If any of these layers are missing or underdeveloped, transformation becomes a lot harder to implement and almost impossible to sustain. That is why workforce planning needs to be looking beyond just just the sheer clinical head count and consider the full operation model around rural transformation again. Not to say we have to also look at our clinical workforce and make sure that we're addressing that, but these other areas are vitally important as well. All right, it wouldn't be a presentation that I was involved in, in the last, in the last six months, if I didn't have something in here about AI, but this is not an AI presentation, we're not key talking on AI, but I did want to make sure that we drop this in here, because in addition to a workforce analysis of the state plans, we've also done some AI analysis of estate plans, and AI is mentioned a lot, and it is a key element of a lot of the rural workforce transformation that's in plan, and so we're going to touch on this very briefly, but AI does get mentioned in pretty much every rural health transformation plans, but it's really at a high level, and it's really very broad in kind of the ways that it is planned to impact and help deliver care, so plans kind of signal interest in AI as a workforce extender, a tool for efficiency, a tool for analytical insight, a tool for care improvement, innovation, and modernization, but a lot of the implementation still lack a lot of detail. Rural organizations are going to need to have clear use cases. They're going to need to have the ability to right fit the tool. So we like to say there's no such thing as a best telehealth technology. There's just a best fit telehealth technology, and I think that's true with AI too. There's no such thing as a best AI tool for clinical care, only a best fit AI tool for clinical care, and the skills needed to actually do that are kind of going to be key to emerging workflow. So, right fit selection, workforce planning, governance, evaluation capacity, and then the really those boots on the ground to really say, yep, we can implement this. No, we can implement this. This is going to work. This is not going to work without those work without that workforce at that rural level. It becomes very hard to manage and maintain AI. Key point is that AI readiness requires workforce capacity. Organizations need people who can choose, use, and oversee these tools responsibly, and it's not just it. So, AI readiness is going to require clinical, administrative, and technical capacity. Again, these three columns of our workforce are so vital. Using that same framework, we see that it shows up in each of the categories. Clinical teams need to be able to determine if AI is appropriate to support care delivery, and how to verify those outputs. Those clinical outputs, accountability really does have to sit with the care team. Administrative teams need to be able to identify where automation may help or where it may interfere with existing workflows, it's very possible for a two-disci tool just to shift work rather than to actually just reduce it. So organizations need to have the staffing to be able to determine whether these promised efficiencies are actually real, whether they're actually delivering on what they say they're doing, or if they're just maybe shifting work or creating problems elsewhere. Technically, organizations need to be able to have the capacity to evaluate, select, and monitor tools, and to support governance, security, and AI life cycle. So, AI is going to help, has the potential to help with workforce pressures, but it's also going to create new workforce responsibilities that a lot of rural locations probably aren't staffed to address, so we've just been ringing alarm bells, and we're not really, we have not given you anything super practical to maybe take away and to kind of help with some of this decision making, so let's take a few minutes to do that. Where should we be looking? Where should we be watching? What are some things that we might do? So, looking at kind of the things that we saw, there are kind of four areas I think that leaders for rural health need to

be watching. First, look at your state's workforce strategy maps. Again, we want to focus on pipeline and recruitment. We want to make sure that we're getting providers, but we also want to make sure that we're using some of these resources, these once in a generation resources that really do have potential to be transformative to look at near term strategies that are also going to shape what changes we're actually able to deliver within this RHTP period. Second, we have to address and look at our care model capacity, so those clinical, administrative, and technical roles that shape whether transmit transformation succeeds. So, look at what staff do we have in place, what things are we actually going to need to expand in order to implement these programs? Where are we strong? Where are we in need of help? Third, we need to look at our digital workforce gap, so we may have more money to invest in technology than we have to invest in the workforce needed to operate that technology, and we can literally get the cart in front of the horse, so our technology investments may outpace our workforce development, so we need to make sure that we're looking at, do we have the staffing to operate, and not just the new staffing coming in, but our current staffing. How do we get our staff more familiar with these digital tools, more comfortable with these digital tools, and able to implement them in ways that are going to have impact for our rural patients, and finally, one of the things we need to be looking at is that AI readiness. So, this broad AI interest is going to require practical capacity in all three of those areas: clinical, administrative, and technical, and we have to be able to evaluate, govern, and implement these tools in a way that's accessible and safe for both our staff and for our patient, so again we're going to say the same thing multiple times, but the rural workforce question really isn't how do we get more clinicians, it's how do we build that full workforce capacity we need for rural transformation. I wanted to also provide, as we're kind of closing in on the last portion of the talk today, is what are some actual practical resources that are out there that can help you start to tackle it. For those of you that haven't, I think just really diving into those state plans, and as state, as the states roll out the new contracts and the vendors that they're working with, start diving into those, engage with these with your parent organizations, but I also wanted to provide other general resources around these for more information on workforce data and strategy. I highly recommend, and the PDF version of these slides, which should be going out to participants, will have all of these links in there, and they should be active, so you can actually follow those links, but HRSA is Bureau of Health Workforce, and HRSA is Workforce Projections, and the Rural Health Information Hub workforce guides are great starting points to really start diving into the different roles, both clinical, administrative, and technical, that you might need for deploying your plans. The I apologize for not having the link for the, the second item. There I was, when I was actually finishing up these slides, I noted that the HRSA health workforce data and projections was actually down for maintenance, and so I wasn't able to pull anything from their website, but I actually checked it this morning, and it looks like their maintenance is done. So I actually am pasting that into the chat. Aria, could we post that to general chat? I don't know if that's just going out to the, you know, actually I can do this. Never mind.

A

Aria Javidan

Yeah, I mean, I got it, Jordan. Okay, cool. All

J

Jordan Berg 44:23

right, cool. Just a, just a toggle. So those are great places to really look at what workforce questions do we need to be asking. What is the workforce data look like currently, and what are some of the general strategies? So those are some key resources there around recruitment, retention, and state support. I've got a few links here. State Offices of Rural Health are a great resource. National Office of the National Association of State Office of Rural Health, and some of the state loan repayment program, so we've added all of those resources there, so that you can kind of start having those recruitment pipeline and support conversations for telehealth and digital care. Obviously, the National Telehealth Technology Assessment Center is a resource for you. We're there on that first list. We also obviously want to highly recommend that you check out the National Consortium of Telehealth Resource Centers. They have a lot of emerging and new resources about telehealth that you can access from that website, but the most important thing is that you actually go to that website and you use it to find your regional telehealth resource center. Those are the people that are really the closest to the states that you work with, really closest to the questions that you're asking on a daily question, daily basis. So, please use those resources to get to your rural telehealth resource center, your regional telehealth resource center, and finally our parent organization, our grant funding organization, the Office for Advancement of Telehealth. They have a lot of resources as well, including their telehealth.hhs.gov which has a wide variety of different academic and resource links there. So I wanted to make sure that those were available for you as well, and with that I think we should have some time for some questions and discussion. I can start us, maybe with our, you know, what we'll leave it off. Aria, have there been any questions that have popped into the chat?

A

Aria Javidan

Yeah, there's a few in the Q and A. I'll start you off. The first one is, can you share which state had a strategic digital health plan?

J

Jordan Berg 46:55

Maryland. Maryland was the only one that actually outlined a digital health or digital workforce training plan as part of the tele as part of their plan.

A

Aria Javidan

All right. Thank you. Next question, did the presenter give a baseline on what the capacity shortages, digital gaps, broadband availability, etc. are for rural areas today? I wanted to see if we can take these hopes and goals of RHTP and lay it across the baseline of where we are today.

J

Jordan Berg 47:27

That's a good question. I know there have been, and actually I'm going to go back. So the HRSA Health Workforce Data and projections website is probably the place that we would want to go to find those baselines. HRSA has been doing a lot of work to, especially for the programs that they administer, pull together lists of the types of workforce, workforce shortage, and kind of the elements around there. So, I would highly recommend that you check out those HRSA data websites in that first column here of this resource page.

A

Aria Javidan

Thank you, Jordan. Next question is kind of a long one. At the recent Health Sector Coordination Council all-hands meeting, the same digital workforce gap your slide 17 flags as a watchword came up from the cyber side. I am a physician with community health worker capacity building and tele training experience. The cybersecurity workforce is named on slide 13, but stays at a generic technical operations level. Did any state plans you reviewed specify roles or KPIs for sustaining cyber resilient workforce capacity, particularly around infrastructure reliability and patient side trust in digital care.

J

Jordan Berg 48:45

The short answer is no. So, so we did see again the Maryland plan was one that had actual digital health, but there were very.. there was.. there was a lot of mention of cyber security and patient safety and privacy, but not a lot of specificity in any, in most of the plans as to how they plan to actually deliver on that, and that's just to be fair, let's, let's, let's call a thing, I think these these spaces are moving super, super quick, so the states are trying to get, trying to move at the pace of the programs, so I think what we will see is there will be a lot more detail as the states roll out there, as we get contract information starting to come in, and as the states roll out more details as to the applications that they've actually looked in and kind of the things that they're funding at the state level.

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Aria Javidan

Thank you. Next question, what role does patient digital literacy in making these tools work and using new tools? What's the division of labor between admin and IT staff and patients?

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Jordan Berg 50:01

So really, that's a really good question, and if the answer was no last time, the answer is yes this time. I do think that this is a challenge that that all rural healthcare is going to face, is that we have to, there's a couple elements to this. One is some of these tools are actually deployed that we're talking about, like remote patient monitoring, or, you know, that new emphasis on wearables. These are things that are being deployed to the patient and the patient home, and our current workforces, I don't think, are really good at making patients understand what these tools can do, what the benefits and challenges of them are, and really kind of putting them at ease. I also think we need to be able to train our staff to have conversations around some of the artificial intelligence tools as well, making sure that patients know when AI is being used, how it's being used, and kind of what their options are if they're apprehensive about using these tools, and that they have ways to kind of make sure that they're getting the care that they want, I do think that's going to be, I think we have to focus on the things that that that we can do within RHTP, and the things that we can do within RHTP, I think are mostly getting our workforce kind of ready to go, but I do think you're absolutely right, we, as these technologies become quicker, as they roll out quicker and quicker, as our workforce struggles to keep up with the pace of change, it's going to be the same thing reflected in our patient population. Some of these technologies are going to be some, in some cases, patients are going to race ahead of us, and so they're going to be coming to you with a bunch of data that they've generated from a bunch of digital tools, and we're going to have to have kind of a plan for how are we going to address when a patient shows up with a bunch of variable information, and maybe the answer for some of that is just to say, you know, hey, this is useful, we can look at it for trends, but we can't really put this into your record, we can't really make this part of your plan of care, but we can look at as an informational point. But I think you're calling out an important point, and it's not just a patient or a provider or a staffing problem, it's a human problem. We're all struggling to keep up with the pace of change and to make sure that we're kind of aware of what's what's happening, what's out there.

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Aria Javidan

Thank you. Next question: has peer to peer training networks, such as Project Echo, been considered to structure training of a community of practice as they advance and challenge emerges in different projects?

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Jordan Berg 52:57

I will caveat this with saying we did not do a specific query around the the specific type or brand that is Project Echo, but peer to peer training was mentioned in a lot of the plans, Project Echo was mentioned in a lot of the plans, that's pretty anecdotal, it wasn't part of our core set, but in the in the support documentation that we actually had from each of the questions, Project Echo was mentioned a lot, and these kind of peer to peer training and these peer to peer support, there's a lot of emphasis on allowing rural providers to work at the top of their license, which is kind of a core tenet of some of those project echo elements is that we want to, you know, training people to do the most they can with the credentialing that they have.

J Jordan Berg 53:50  
Thank

A Aria Javidan  
you. This next question is pretty broad, which stakes, which states connected telehealth and workforce development.

J Jordan Berg 53:59  
Maryland was the was the was the main one they had that they had a pretty solid through line of like digital workforce telehealth and you know rural clinical all of again like the the it was kind of inverted every plan really referenced telehealth as a way to improve the capacity and our ability to deliver care into rural America. Almost no plans mentioned the importance of creating the staffing and workforce needed to do that digital care. So, I think that's the big, to me, that's the big alarm, is that we're saying telehealth and digital health is going to fix a lot of these problems, but we're not saying we need to invest in the workforce and everybody to make sure that we have the tools to actually do this, and so that's the, that's the point that I, I kind of saw was that, yeah, telehealth is being mentioned, digital health is being mentioned, RPM is being mentioned, all of these things are being mentioned a lot, but the digital training, the digital Upskilling that's going to be needed to bring those tools to bear is either, if it is mentioned, it's pretty vague in terms of how it's going to happen again, that could just be that we're we're kind of all racing towards the towards the goal here, but I think we need a lot more specificity as to how we actually deliver those tools.

A Aria Javidan  
The next question is, I think about the plan specifically. So I'm working in both Georgia and Maryland, money has already been dispersed to the states, yet there are no RFPs on the website. When do you expect nonprofits will be able to submit their proposals? Are you expecting to provide services in 2026

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Jordan Berg 55:51

I'm not going to speak to that super directly. I do know that the states the the this, the states that we have talked to, they are scrambling. It is a scramble to get those RFPs processed, to get those RFPs in. I do know that a lot of states were had their plans, and that they were delayed due to kind of some review that happened at the CMS level, so plans went to CMS, and then there was some turnaround time, and then that pushed out the RFP. I would, the as everything that I've seen is that these funds should be rolling out as quickly as the states can get them out, and that's going to be different state to state, and I can't speak to that kind of broadly, and it was kind of outside of the scope of what we were looking at here, but I do know that there are at least that funds have to be committed, and there are plans to have funds committed by by this grant year, so that there we are on a type timeframe. It's not going to be 2027 that these funds start rolling out. There's going to be commitments that have to happen this year, and so the timeframe and the scurrying that's happening is Israel,

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Aria Javidan

well all right. Next question is, are any states partnering with their rural health systems, EMRs for remote care and patient education?

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Jordan Berg 57:33

I know that I can speak to that one specifically. I do know that a lot of state plans talk a lot about most state plans had some sort of had some sort of digital health exchange element that they were looking at, and so that was one of the one of the deliverables within a lot of the state plans with some sort of digital health exchange, and the ability to have the ability to share data between different health systems, different rural health systems. You would have to look at state by state. I do know that it was mentioned frequently. Again, I don't have any of the specific numbers or specific states out of hand.

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Aria Javidan

Just a couple more questions here. How much does occupational licensing impact the kinds of technical and support workforce? Does it take a license to be telehealth support staff?

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Jordan Berg 58:38

It's going to vary state by state. Most states generally, not there are some states that require some certification. The types and the levels of certifications to do telehealth for those states are generally, I know some of the telehealth resource centers actually offer some of the trainings that do some of that, so that's at a state by state level. Many of the states don't, so there's no specific certifications. Some of the states have a certificate that you have to get, and there are ways to get those within the states, but, but generally not. Yeah, I think that's the answer for that. All right,

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Aria Javidan

next question is, can we say that care collaboration is more valuable than care coordination in telehealth, because some of the important resources, like caregivers and also patients, are not under the guidelines and commands of the health centers? Are there any efforts to think out of the box?

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Jordan Berg 59:39

I'm going to sidestep that question, that's one that's outside of my scope. I think there are definitely folks in the telehealth resource centers that can speak to that a lot more actively than I can. I think I will say, if, if we're really going to, there would, okay, I'll say two things. One is a lot of the plans that we did look at were really interested in changing care models versus just just trying to reinforce the models that were already there, and that was that was an element of kind of how the RFPs were written, you had to have a transformative care model, and I think some of the things that you're talking about here is we do have this opportunity to do things differently, gather some data, and kind of show that it works, and so I think this is a prime opportunity to pivot to some, some higher levels of kind of some holistic care, treating the entire person, integrating behavioral health into the broader health space, using unique and interesting technologies to collect data that we haven't been able to collect before. I think all of that's on the table. I just think making sure that we have the opportunity to get these things implemented and that we're actually able to do it is again tying it back to the workforce. We're going to need the staff and the people to actually do

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Jordan Berg 1:01:16

it

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Aria Javidan

all right. And we just have time for one last question here. It's a follow-up, and it says, "I agree that for digital health, AI, or other technology to be implemented, it needs clinical admin and tech capacity. But do the employees and the leadership in rural areas want technology? Is that the reason why the RHTP submissions contain very little digital tools or interest, or mentioned things at high level? Is that a job that still needs to be

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Jordan Berg 1:01:41

done, and I want to make sure I'm being clear that the reviews say there's a lot of digital tools and there's a lot of plan to use digital, there's not a lot of plan to get the workforce to support the digital tools in place, so that's that's the that's the the point that I want to make, and again, a lot of it was around specificity, a lot of it may be boiled into kind of just the way that that care is delivered, but lots of interest in a lot of in deploying digital tools to rural locations, but what we found and what we see is that rural healthcare providers are struggling to deliver the care that they're currently delivering, and we need to find ways to, if I think, I think, if you, if you go to, you know, a lot of rural health care providers, and you're like, hey, we're going to do this new thing, and we're going to add this new capacity, and now you're doing an RPM program. It's just not within their capacity. There's just not the bandwidth to do it. So, I think there's a lot of.. there's potentially a lot of interest from rural providers in technology and in doing different, better care for their patient population, but there. it's just handing them one extra thing on top of everything else that they're trying to do. We have to have the capacity to do to support the workforce, so that we can actually do the care. So I would say a lot of these providers, they're just trying to stay afloat, and they're trying to keep going, and so maybe they're not able to kind of wrap their heads around some of the tools, but I have also seen a lot of rural locations that are very excited about technology, but they're like, we just, we can't until we have the infrastructure support.

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Aria Javidan

All right. Thank you so much, Jordan. That is all our time for questions. We will share the full question list with Jordan after this, and we will also post the recording and PowerPoint to the Consortium website with TTAC. Information is there as well. If you'd like to follow up, I'm going to bring up our closing slides. There we go. Just a reminder that our next webinar will be held on Thursday, June 18, and that will be hosted by the South Central Telehealth Resource Center. It will be on value-based care integration using RPM data to succeed in alternative payment models. Registration information is available on the NCTRC events page. And then lastly, we do ask that you just take a few short minutes to complete the survey that will pop up at the conclusion of this webinar, as your feedback is very valuable to us. Thank you again to the National Teletechnology Assessment Resource Center for hosting today's webinar, and thank you to Jordan for his presentation today. Have a great day, everyone. Goodbye.