

Rural-First Digital Health Networks Executive QuickStart Guide



2026



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ABOUT CTRC

The California Telehealth Resource Center (CTRC) offers no-cost, unbiased training, educational resources, and technical assistance to help California providers and patients get the most from telehealth. As the federally designated telehealth resource center for the region, we offer unbiased tools and services based upon proven telehealth practices. We create lasting change and improvement by focusing on implementation, sustainability, reimbursement and policy, integration, workflows, and patient/provider adoption.

As part of the National Consortium of Telehealth Resource Centers and the OCHIN family of companies, CTRC assists thousands of providers and patients annually. We have extensive experience supporting the healthcare safety net, rural and urban providers, and patients and families throughout California who would otherwise be unable to access quality healthcare due to geographic isolation, language/cultural barriers, lack of insurance, disability, homelessness, and more.



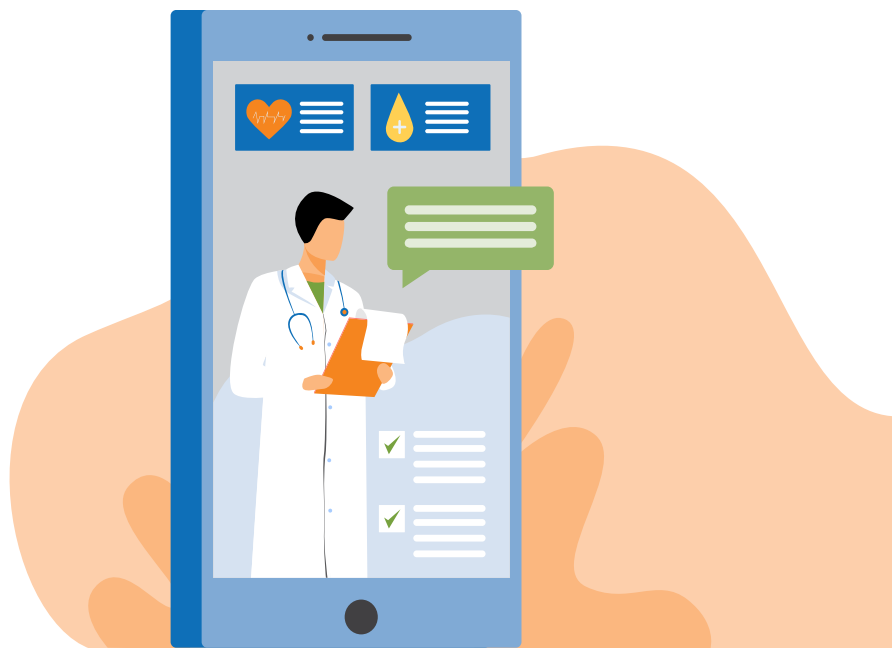
Executive Quick Start Guide

Rural-First Regional Digital Health Networks (Without the 'Flyover' Effect)

California's rural communities need more than isolated virtual visits. Sustainable access depends on rural hospitals, Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), FQHCs/Community Health Centers (CHCs), and community clinicians operating as an intentional regional network. The goal is to keep care local whenever clinically appropriate, while using telehealth, eConsults, and remote patient monitoring (RPM) to bring specialty expertise to the patient rather than sending the patient, and the associated revenue, out of the community.

What Problem or Need Are You Addressing?

Rural communities face persistent specialty access gaps, workforce shortages, and transfer pressure that can unintentionally shift care away from local systems. Over time, this erodes rural clinical capacity, financial sustainability, and patient trust. A rural-led regional digital health network is designed to expand access and clinical support while intentionally keeping patients, care coordination, and dollars local whenever possible.



30/60/90-Day Priority Actions

30 Days	60 Days	90 Days
<p>Establish leadership and governance:</p> <ul style="list-style-type: none"> Designate a rural-network executive sponsor and convene a cross-organization steering group, including a CAH or rural hospital, RHC, FQHC or CHC, EMS or home health, and at least one specialty partner. 	<p>Define priority pathways</p> <ul style="list-style-type: none"> Select two to three high-impact specialty pathways, such as cardiology, endocrinology, or behavioral health. Define “local-first” escalation rules that clarify what care remains local and when escalation or transfer is clinically necessary. 	<p>Launch a core digital health bundle</p> <ul style="list-style-type: none"> Implement synchronous telehealth visits, standardized eConsult workflows, and a limited RPM pilot for one priority cohort, such as heart failure, COPD, or hypertension. <p>Use proven planning tools</p> <ul style="list-style-type: none"> Leverage CTRC tools to reduce common missteps, including the Equipment Selection Guide, Sustainability Calculator, and eConsult workflow templates. <p>Align on shared outcomes</p> <ul style="list-style-type: none"> Define a single, shared outcomes dashboard across partners, tracking wait times, avoided transfers, patient travel miles saved, readmissions, and patient experience.



Evidence Snapshot: Why this approach works



- Telehealth and RPM are well-established strategies for extending clinical capacity, supporting chronic disease management, and reducing avoidable utilization when paired with clear clinical workflows and follow-up processes (Centers for Medicare & Medicaid Services [CMS], 2023).
- eConsult programs can significantly shorten time to specialist input and strengthen primary care capacity when supported by standardized protocols, documentation, and expectations for turnaround time (Vimalananda et al., 2015).
- Regional network models are most effective when “referral gravity” remains rural-first, supported by shared clinical protocols, coordinated scheduling rules, and transparent specialty access agreements.

Safety & Regulatory Foundations

Privacy and Security

- ✓ Confirm HIPAA compliance, executed business associate agreements, role-based access controls, and completion of a documented Security Risk Analysis using the HHS Office for Civil Rights and ONC SRA Tool.

Accessibility and Nondiscrimination

- ✓ Ensure compliance with ADA, Section 504, and Title VI requirements, including interpreter services, accessible telehealth platforms, and accommodations for patients with disabilities, as outlined in HHS civil rights guidance for telehealth.

Modality Clarity

- ✓ Clearly distinguish between synchronous telehealth visits, eConsults, and monitoring services, as documentation, billing, and compliance requirements differ by modality.



Payment & Sustainability: What to verify early

- ✓ Use CTRC's Digital Health Payment Guide to map billing codes, documentation requirements, and coverage rules by modality and payer.
- ✓ Develop a payer matrix covering Medicare, Medicare Advantage, Medi-Cal fee-for-service, Medi-Cal managed care, commercial plans, Tribal health programs, and the VA.
- ✓ Confirm modifiers, originating and distant site rules, and reimbursement rates.
- ✓ For FQHCs and RHCs, verify encounter-based or PPS payment methodologies and payer-specific telehealth codes. Medicare, for example, commonly uses HCPCS G2025 for certain telecommunications services.

CTRC's Digital Health Payment Guide



Liability & Audit Readiness

- ✓ Align medical staff bylaws, credentialing, privileging, and cross-coverage protocols, particularly when specialty services are provided by clinicians outside the rural facility.
- ✓ Standardize documentation templates that capture modality, patient consent, patient and provider location, and clinical rationale, which is essential for audit defense.
- ✓ In vendor contracts, require uptime service-level agreements, indemnification provisions, defined incident response timelines, and support for accessibility and interoperability standards.



Success Metrics to Track

Access

- Time to specialist input
- Percentage of referrals resolved through eConsult
- Telehealth no-show rates
- Audio-only versus audio-video utilization and underlying drivers

Quality

- Avoidable transfers
- Emergency department utilization
- Readmissions for targeted cohorts
- Patient-reported outcomes when feasible

Access

- Interpreter utilization rates
- Accessibility, accommodation requests and fulfillment
- Broadband constraints and mitigation strategies

Financial

- Net revenue retained locally
- Cost avoidance from reduced transport and transfers
- Clinical and staffing time per episode of care

CTRC Calls to Action

- ✓ Request a CTRC technical assistance consultation.
- ✓ Use CTRC's Equipment Selection Guide and Sustainability Calculator before making purchasing or contracting decisions.
- ✓ Apply CTRC's Digital Health Payment Guide to build a payer-by-modality billing playbook and reduce claim denials.

References

American Medical Association. (2022). *Digital health implementation playbook*. [Digital health implementation playbook series | American Medical Association](#)

Centers for Medicare & Medicaid Services. (2024). *Telehealth services and remote patient monitoring*. <https://www.cms.gov/files/document/mln901705-telehealth-remote-patient-monitoring.pdf>

Health Resources and Services Administration. (2023). *Telehealth resource center program*. <https://www.hrsa.gov/rural-health/telehealth>

National Institute of Standards and Technology. (2023). *Artificial intelligence risk management framework (AI RMF 1.0)*. <https://www.nist.gov/itl/ai-risk-management-framework>

Office of the National Coordinator for Health Information Technology. (2023). *Security risk assessment tool*. <https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

U.S. Department of Health and Human Services. (2024). *HIPAA and telehealth*. <https://www.hhs.gov/hipaa/for-professionals/special-topics/telehealth/index.html>

U.S. Department of Health Care Services. (2024). *Medi-Cal telehealth policy and billing guidance*. <https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>

Vimalananda, V. G., Orlander, J. D., Afable, M. K., Fincke, B. G., Solch, A. K., & Simon, S. R. (2015). Electronic consultations (e-consults) to improve access to specialty care: A systematic review and narrative synthesis. *Journal of Telemedicine and Telecare*, 21(6), 323–330. <https://doi.org/10.1177/1357633X15582108>



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