



INDIANA
RURAL HEALTH TRANSFORMATION

RHTP Initiative Updates

April 2026



Indiana
Department
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Health

What is the Rural Health Transformation Program?

Federal Grant Program

- The One Big Beautiful Bill Act created a \$50 billion fund called the **Rural Health Transformation Program (RHTP)**, which empowers states to **strengthen their rural communities** by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.
- The funds are allocated to approved States over **five fiscal years** (FY), with \$10 billion of funding available each fiscal year, beginning in FY 2026 and ending in FY 2030.

Indiana's Plan

- The State of Indiana was awarded **approximately \$207 million in December 2025** for the Indiana Rural Health Transformation Program that is designed to address growing challenges in health care access and worsening health outcomes across rural communities in Indiana.
- Indiana is pursuing **12 RHTP initiatives** that align with CMS's strategic goals for the program through efforts that **support rural communities** and **engage local stakeholders** as they tackle specific community needs



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Initiative 1: Growing Care Coordination - Medical Operations Coordination Center

Brian Busching, Director

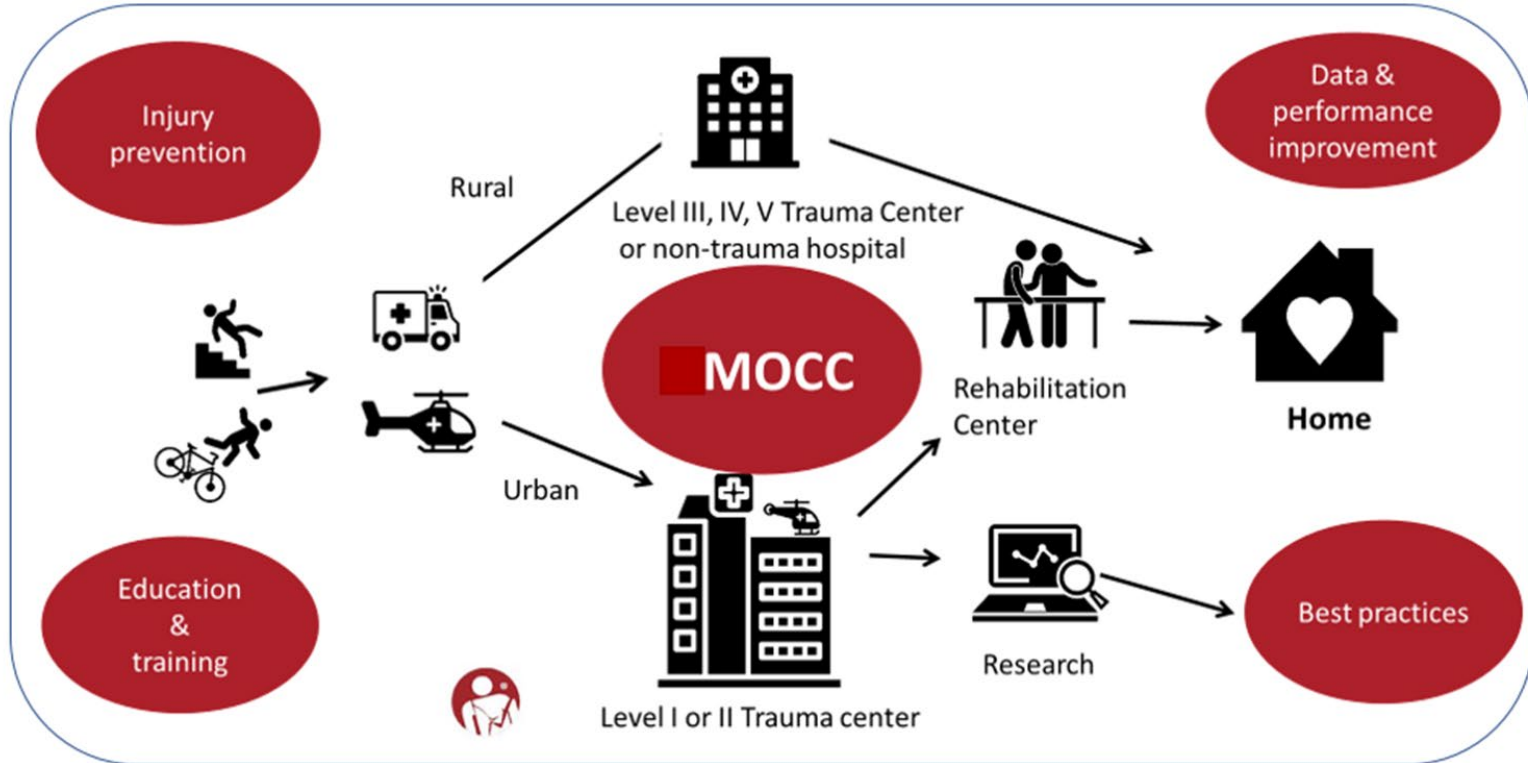
IDOH Division of Trauma and Injury Prevention

Objective: Ensure rural communities get timely access to trauma, stroke, psychiatric, and maternal care through a 24/7 statewide hub intended to coordinate patient transfers, EMS resources, hospital capacity and preparedness.



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Daily MOCC Use for Coordination of Emergency Care



Initiative 1: Growing Care Coordination

Key Year 1 Activities

- I. Establish healthcare emergency systems platform, including capacity and patient movement monitoring
 - II. Establish MOCC, including communications and operational policy and procedures
 - III. Conduct Rural ACO Feasibility Study
- Coordinates right patient to the right place and supports day-to-day interfacility transfers when normal patient flow is disrupted
 - Triage mental health and low acuity patients to crisis centers and outpatient care sites, connecting them with appropriate care and freeing up Emergency Departments
 - Ability to scale up for higher acuity or elevated situations that require surge capacity and load-balancing
 - Established and kicked off ACO meeting group in late February – **Complete**
 - ACO Feasibility Scope drafting – **In process**



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Initiative 2: Growing Community Connections through Indiana 211

Kevin Evans, Deputy Director
Indiana 211

Objective: To leverage Indiana 211 as the statewide infrastructure for health and human services resource data, enabling providers to identify needs, initiate referrals, and track outcomes with a closed-loop system of care.



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Initiative 2: Growing Community Connections through Indiana 211

Indiana 2-1-1

GET CONNECTED. GET HELP.
FREE | CONFIDENTIAL

Connecting Hoosiers to Resources Statewide

 No EMR Provider Search	 Client/Patient Self Search	 iFrame Integration in EMR	 Resource Directory Integration in EMR	 Comprehensive Closed Loop Integration in EMR
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- ✓ Up to Date Reliable Statewide Resource Database
- ✓ Trained Navigators Responding to Interactions
- ✓ Efficient Referral Coordination
- ✓ Data Collected from Access Points Statewide for Easy Identification of Needs and Gaps



Initiative 2: Growing Community Connections through Indiana 211

Key Year 1 Activities

- I. Establish contractual agreements with necessary systems integration and community resource partners
- II. Establish EMR and non-EMR integration solutions
- III. Conduct provider network engagement and assessment to inform integration solutions and community resources

- Menu of integration solution pathways identified in coordination with planned vendors – **Complete**
- Provider materials outlining integration pathway options – **Draft in process**
- Primary solutions partner contracting – **Drafted**
- Community resource partner grant agreement – **Drafted**
- Integration and engagement consultant position – **Posted**



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Initiative 3: Improving Patient Outcomes through Enhanced Interoperability and Tech

Bob Davis, IDOH Chief Public Health Intelligence and Transformation Officer

Objective: To connect over 450 facilities/organizations to the Indiana Health Information Exchange (IHIE) enabling the **secured** sharing/access of patient health information. To advance Mobile Integrated Health (MIH) by integrating EMS into the HIE and care coordination systems.

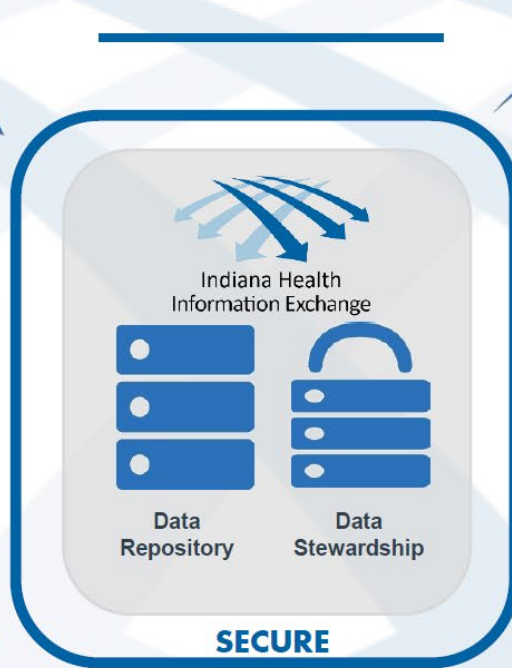
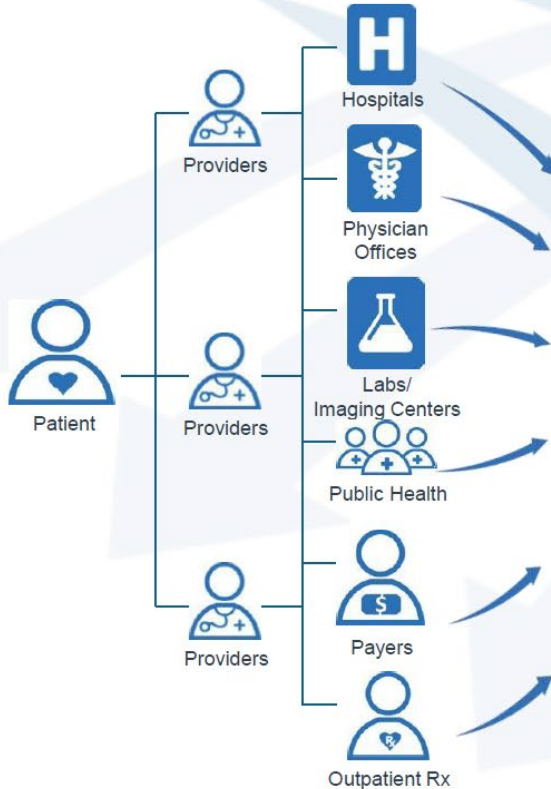


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HEALTH DATA SOURCES

**HOW OUR HIE
PRODUCES VALUE**

VALUE-ADDED SERVICES



Clinical Data Repository (INPC™)

- MPI & Record Locator Service
- Longitudinal Patient View
- SSO with patient context
- Patient Query Search and Return

Clinical Results Delivery (D4D)

- Web-based portal or EMR delivery

ACO & Population Health Mgmt.

- Clinical Event Notifications (ADT Alerts)
- Clinical value report
- Population Health dashboard

Public Health Integration and Automation

- Bio-surveillance
- Communicable Disease Reporting
- Immunizations

Federal Government Services

- SSA Disability Determination
- VA's VLER Program

Meaningful Use Supporting Services

- Transitions of Care
- Public Health Integration
- CCD Connect

INDIANA HEALTH INFORMATION EXCHANGE

Initiative 3: Growing Improved Patient Outcomes through Enhanced Interoperability and Technology

Key Year 1 Activities

- I. Organization Readiness Assessment for HIE Connectivity ==> understanding of current capabilities; insights into barriers/constraints; inform practical, phased implementation strategies
 - II. Engage with associations and TA providers
 - III. Connect Long-Term Care facilities, initially focused on SNFs/NFs; other prioritized provider cohorts
 - IV. Assess patient consent management with respect to data that is protected under 42 CFR Part 2 (FQHCs, CMHCs, CCBHCs)
- Improve care coordination/quality of care
 - MIH: with access to actionable patient data and clear referral pathways, EMS will deliver patient-centered care in home and community settings while supporting continuity across the healthcare system
 - Enhance patient safety
 - Increase efficiency
 - Reduce healthcare costs
 - Support public health activities



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Initiative 4: Pediatric and Obstetric Readiness in Rural Emergency Departments

Angelo Soto, Director

IDOH Director of Emergency Preparedness

Objective: Establish key partnerships with stakeholders to conduct needs assessments, provide technical assistance, training, and growth of programmatic infrastructure to help rural EDs and pre-hospital entities attain pediatric/obstetric readiness status.



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Major Elements of the Initiative



- Creation and establishment of key subject matter experts across the state
- Creation and completion of the readiness assessment for Rural EDs and Pre-hospital entities
- Training/Equipment coordination

Initiative 4: Growing Pediatric & Obstetric Readiness in Rural Emergency Departments

Key Year 1 Activities

- I. Issue grant contracts to IU School of Medicine (OB and PEDs Readiness)
 - II. MOU Creation with IDHS for Pre-hospital readiness
 - III. Initiate standards of readiness and begin Assessments for qualifying rural health entities
 - IV. Develop infrastructure for training, equipment and data management
- Key outcomes this year: Qualified EDs and pre-hospital entities are supported to work on PEDs/OB readiness to better care for Hoosiers in an ever-growing care gap within our rural areas of Indiana.



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Initiative 5: Cardiometabolic Standards of Care in Rural Indiana

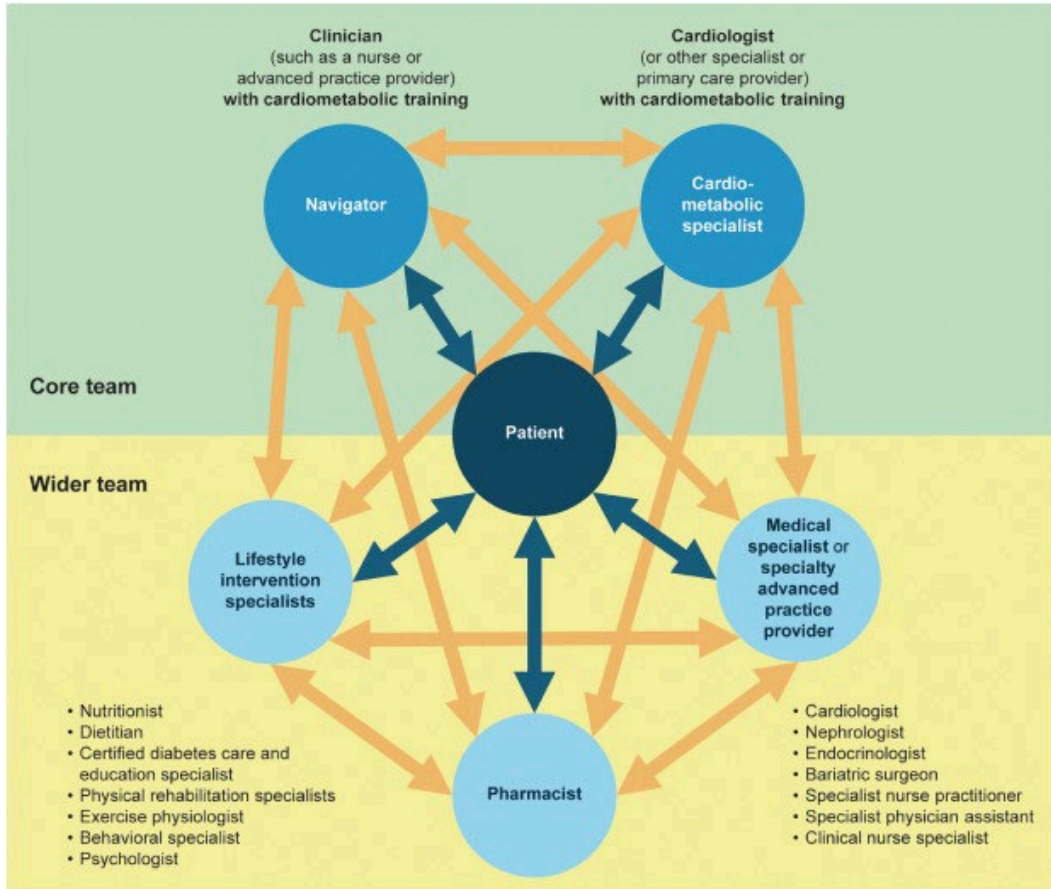
Naima Gardner, Director

IDOH Division of Nutrition and Physical Activity

Objective: To prevent and reduce chronic disease in rural Indiana through the establishment of eight Cardiometabolic Centers of Excellence, delivery of direct nutrition and physical activity education, healthcare workforce training in Lifestyle Medicine, and analysis of Food is Medicine opportunities in rural communities.



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Cardiometabolic Center Alliance (CMCA) Model:

- Holistic, multidisciplinary care model that treats multiple cardiometabolic conditions and risk factors simultaneously.
- Standardized, guideline-based clinical care pathways – led by primary care physician
- Team-based approach

5 Enjoy-
FIVE or more vegetables & fruits every day

2 Power down-
no more than TWO hours of screen time a day

1 Play actively-
at least ONE hour each day

Choose healthy-
ZERO sugar-sweetened drinks

FOOD IS MEDICINE



Initiative 5: Growing Cardiometabolic Health Standards of Care in Rural Indiana

Key Year 1 Activities

- I. Establish Centers of Excellence in coordination with Regional Coalitions (Year 1 implementation phase)
- II. Smart SNAP nutrition education program
- III. Lifestyle medicine training and certification program
- IV. Develop 5-2-1-0 education campaign
- V. Food is Medicine logistics feasibility study

- Identify 7 additional sites for Cardiometabolic Care Model – **webinar coming soon!**
- Lifestyle Medicine training and certification – Year 1: 700 certifications and 500 trainings
- Food is Medicine/Double Up Feasibility Studies
- Smart SNAP: 5-2-1-0, direct education, wearable tech to track health outcomes
- Identified following vendors:
 - **Major Health Partners, American College of Lifestyle Medicine, American Heart Association, Purdue Extension, Indiana Alliance of YMCAs**



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Initiative 6: Access to Hospital Post-Discharge Medications

Katelin Rupp, Deputy Director

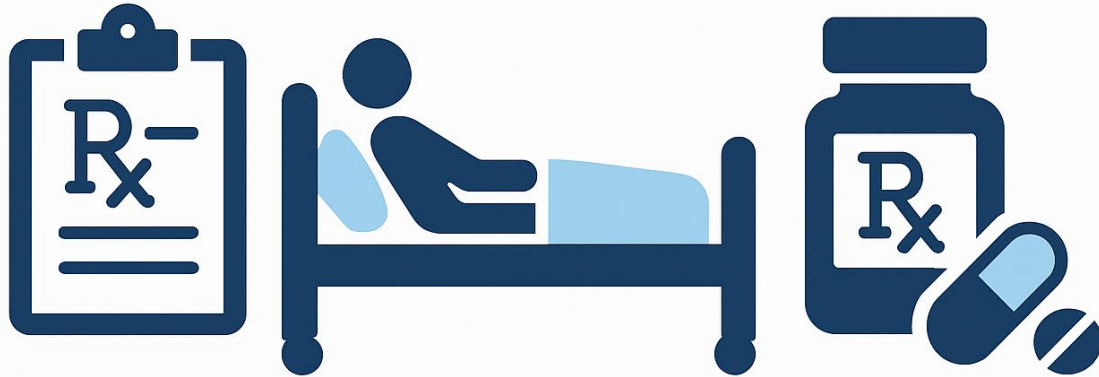
IDOH Division of Chronic Disease, Primary Care and Rural Health

Objective: Ensure hospital patients in rural communities receive their prescription medications before discharge, at outpatient prices, and that clinical staff work with each patient to review their medications, answer questions and support transition of care.



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Hospital Meds-to-Beds Program



A pharmacy service providing medications to hospital inpatients prior to discharge

Initiative 6: Growing Access to Hospital Post-Discharge Medications

Key Year 1 Activities

- I. Develop rollout approach and identify target hospitals for implementation
- II. Conduct assessment of rural hospitals to determine readiness and current infrastructure
- III. Recruit and convene working group with stakeholders from hospitals with functional Meds-To-Beds programs, pharmacy schools, and the Indiana Pharmacy Association
- IV. Execute grant agreements with hospitals
- V. Development of hospital-specific Meds-To-Beds implementation plans

Informational webinars for hospitals

Monday, April 6
at Noon EST



Friday, April 10
at Noon EST





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Initiatives 7&8: Expanding Teleconsultation and Telehealth Access and Infrastructure

Peter Krombach

IDOH Deputy Chief Data Officer

Objective: Improve access to care in rural communities by expanding telehealth and teleconsultation capabilities, strengthening infrastructure, and enabling timely, coordinated, technology-supported care for high-impact conditions.



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REAL-TIME CARE
(Synchronous)



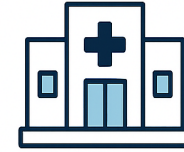
DEFERRED CARE
(Asynchronous /
eConsult)



CONTINUOUS CARE
(Remote Patient
Monitoring &
Mobile Health)



**ACCESS TO
CARE EXPANSION**



**CARE DELIVERY
TRANSFORMATION**



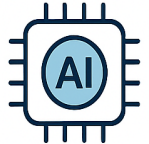
**CHRONIC DISEASE
MANAGEMENT**



**PREVENTION &
POPULATION
HEALTH**



**WORKFORCE &
PROVIDER SUPPORT**



**TECHNOLOGY
INNOVATION & AI**

Initiative 7&8: Growing Teleconsult & Telehealth Access and Infrastructure

Key Year 1 Activities

- I. Conduct landscape assessment
- II. Identify and evaluate opportunities for extending current partnerships or implementing pilot programs

- Teleconsultation and Telehealth Health Landscape Assessment
 - Establish a comprehensive baseline of telehealth and teleconsultation capabilities across regions, providers and specialties
 - Identify gaps in access, infrastructure, and specialty care availability, with emphasis on rural and potentially underserved populations
 - Develop a data-driven prioritization framework for high-impact investment areas
- Strategic Benefit for Future Funding Years
 - Enables targeted, evidence-based allocation of funds rather than fragmented programs
 - May help inform regional coalition activities in Years 3-5



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Initiative 9: Growing our Rural Health Paraprofessional Workforce

Shelbi Cummings, State Program Director
IDOH Division of Nutrition and Physical Activity

Objective: Grow and retain the healthcare, behavioral and oral health paraprofessional workforce establishing career pipelines and pathways, employer technical assistance and support, and community health worker planning and integration in clinical and community care pathways.



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Initiative 9: Growing our Rural Health Paraprofessional Workforce

We are investing in Growing our Healthcare Paraprofessional Workforce



Strengthening the CHW Ecosystem



Rural Healthcare Academics



Rural Healthcare Paraprofessional Recruitment and Retention



Expand Access



Improve Clinical Outcomes



Reduce Cost of Care



Strengthen Care Coordination

Initiative 9: Growing our Rural Health Paraprofessional Workforce

Key Year 1 Activities

- I. Convene cross-sector partners to develop a statewide CHW strategic plan
- II. Develop rural employer TA playbook for integrating healthcare, behavioral and oral health paraprofessional roles in clinical and community care pathways
- III. Implement rural healthcare academies to engage rural high school students in healthcare, behavioral and oral health career pathways
- IV. Fund employer-driven workforce recruitment and retention innovation strategies

- Identified initiative workgroup members – **Complete**
- Developed SOW, timelines and budget for each initiative subrecipient – **Complete**
- Integrated behavior and oral health priorities in the Rural Healthcare Academies – **Complete**
- Developed RFA for rural healthcare academies – **Complete**
- Developed recruiting and retention innovation strategy – **Complete**
- Discussions about integration of Initiative 9 activities with Regional GROW proposals – **In progress**



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Initiative 10: Clinical Training and Readiness

Brooke Mullen, Director

IDOH Office of Performance Excellence

Objective: Advance rural healthcare access and clinical workforce strength through expanded physician training pathways, increasing clinical rotation capacity, and targeted investments in maternal health.



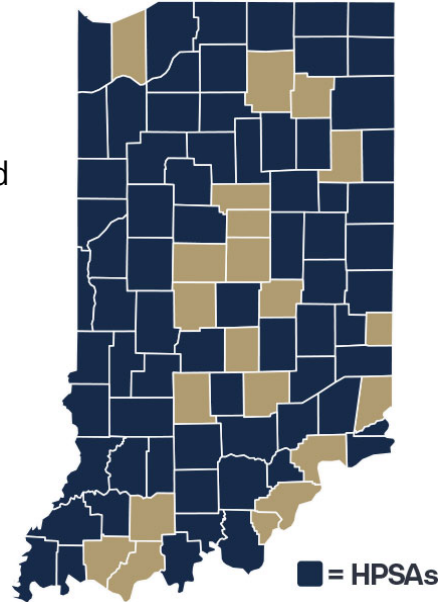
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Initiative 10: Growing Clinical Training and Readiness

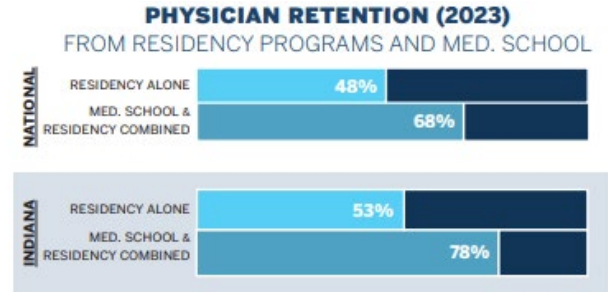
Key Year 1 Activities

- I. GME enhancement – Rural Graduate Education Strategic Plan
- II. Physician incentives

- Graduate Medical Education strategic plan – **In process**
 - HEA 1358 requires med students to complete a rural health rotation



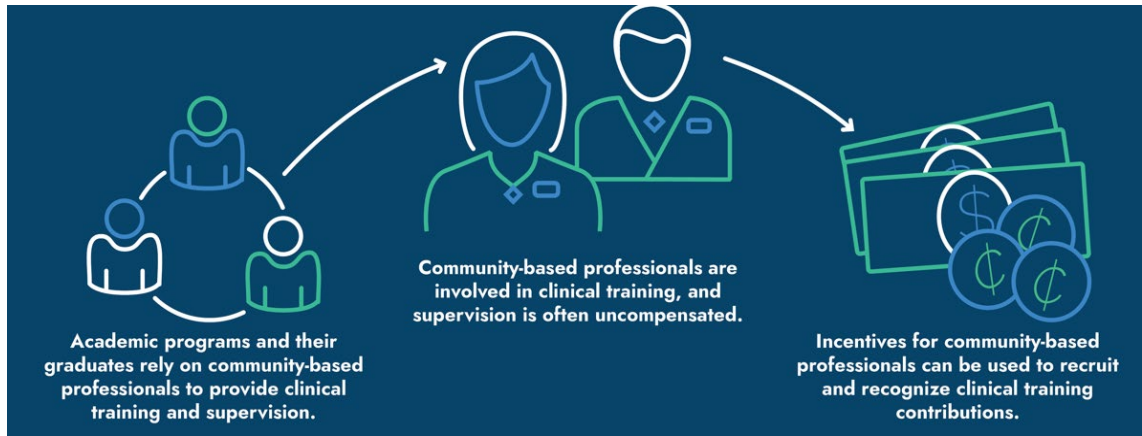
- Physician Incentives– **In process**
 - **Family med, internal med, peds, general surgery, anesthesiology, OB/GYN and psychiatry**
 - Incentives to begin in summer 2026



Initiative 10: Growing Clinical Training and Readiness

Key Year 1 Activities

- III. Rural preceptor incentives
- IV. Development of Rural Health Preceptor Registry



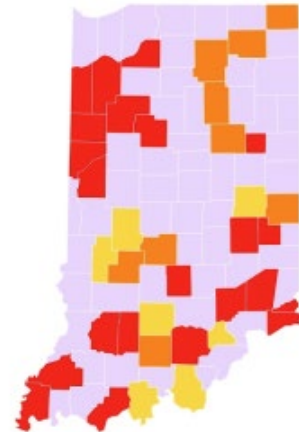
- Preceptor categories and award amounts determined – **In process**
 - Up to \$10,000 per year.
- Rural Preceptor Registry – **In process**
 - Launch 2027

Initiative 10: Growing Clinical Training and Readiness

Key Year 1 Activities

V. Investing in maternal health to empower rural communities

- OB Fellowship for Family Med Physicians – **In process**
 - 4 Fellowships per year
 - Rural Rotations
- Certified Nurse Midwife Training – **In process**
 - 5 CNMs per year
 - Rural placements





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Initiative 11: Growing our Rural Behavioral Health Workforce

Sarah Sailors, Director
FSSA Division of Mental Health and Addiction

Objective: Grow and retain the **rural behavioral health workforce** through career pathways, employer support, and expanded training.



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Initiative 11: Growing our Rural Behavioral Health Workforce

Indiana ranks **44th** nationally for Mental Health Workforce availability with a **500 to 1** ratio compared to the national ratio of **320 to 1**.



Initiative 11: Growing our Rural Behavioral Health Workforce

Key Year 1 Activities

- I. Establish Healthcare Academies partner in collaboration with Initiative 9
- II. Establish grant for peer certification training and ongoing education
- III. Establish grant for BH threat assessment and management training workshops
- IV. Issue Clinical SWK and R&R Requests for Funding (RFFs) and issue awards

- Identified initiative workgroup members – **Complete**
- Collaboration with Initiative 9 to establish Healthcare Academies partner – **Ongoing**
- Grant agreements scope drafting for peer support and training workshops (expected execution by May 1) – **Drafts in process**
- Program manager position – **In process**
- Clinical social worker and recruitments and retention RFF – **Drafts in process**
 - Anticipated release in early May



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Initiative 12: Growing Rural Opportunities for Well-being (GROW) Regional Grants

Naima Gardner, Director

IDOH Division of Nutrition and Physical Activity

Objective: To create comprehensive, community-driven solutions to rural health challenges that expand and strengthen the overall Indiana RHTP initiative through regional grants that support capacity-building, cross-sector collaboration, and sustainable strategies that improve health outcomes and advance regional well-being.

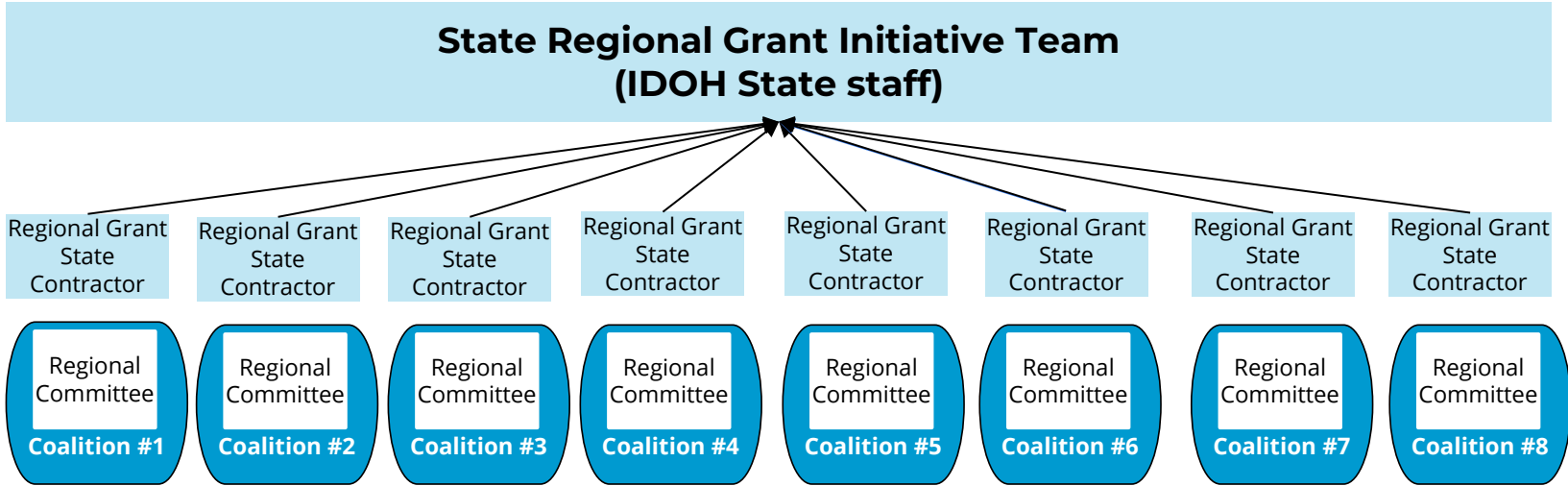


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GROW Regional Grants

- The GROW Regional Grants are designed to complement the 11 statewide initiatives by serving as the local implementation engine for Indiana's RHTP priorities.
- Each Region must submit a unified application that supports the statewide RHTP objectives, with 3 required focus areas:
 1. Pre- and postnatal care
 2. Chronic disease prevention and management
 3. Access to care and unmet social needs
- Collaboratively designed and implemented with unique, community-driven governance structure.

RHTP State Steering Committee



Technical Assistance Providers

Needs Assessments, Regional Conveners, Grant Application Development Support

Rural Health Transformation Technical Assistance Network (RHT-TAN)

Regions 1, 2, 3

Andy VanZee

Indiana Hospital Association
(IHA)

avanzee@ihaconnect.org

Regions 4, 6

Ben Harvey

Indiana Primary Health Care
Association (IPHCA)

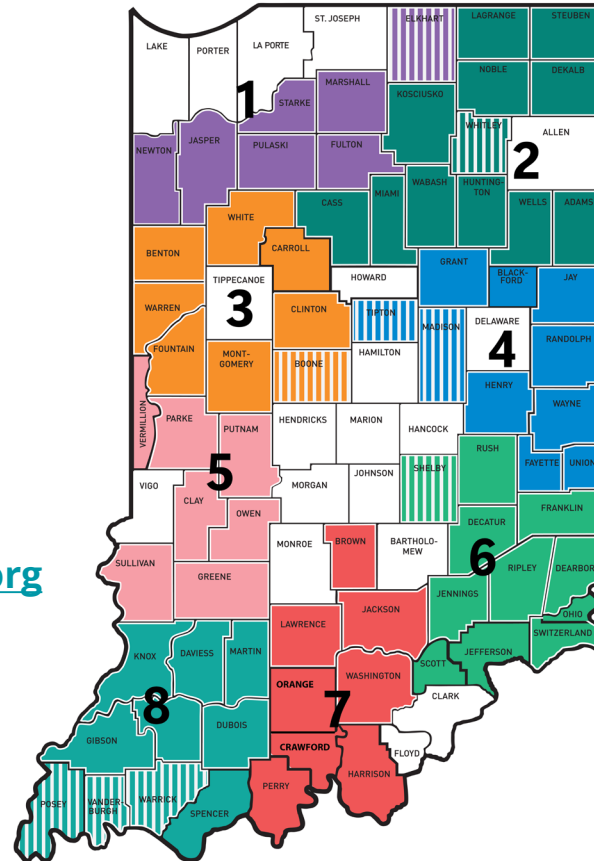
bharvey@indianapca.org

Regions 5, 7, 8

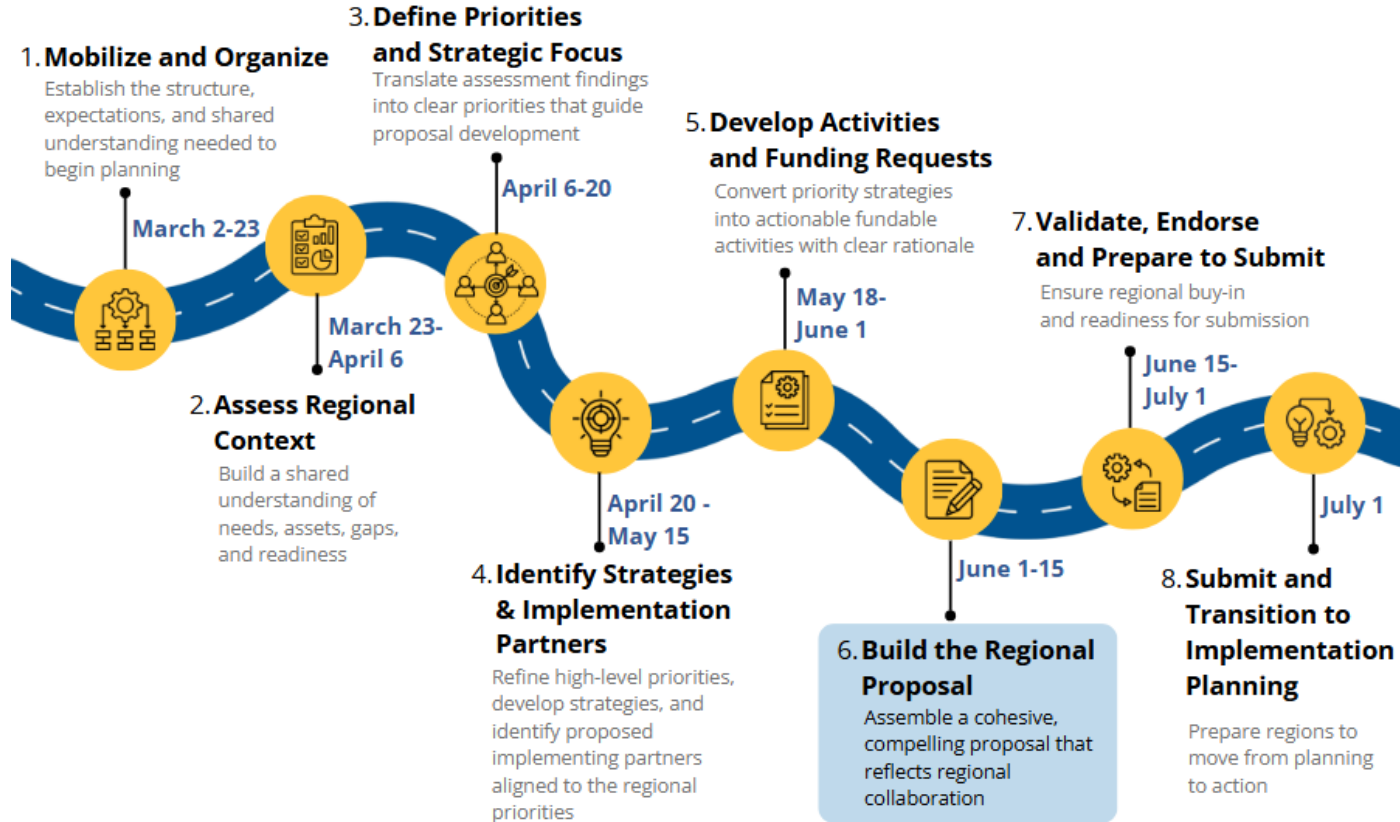
Dr. Cara Veale

Indiana Rural Health
Association
(IRHA)

cveale@indianarha.org



2026 Roadmap Application Development and Submission Process



Initiative 12: GROW (Growing Rural Opportunities for Well-being) Regional Grants

Key Year 1 Activities

- I. Issue GROW Regional Grants Requests for Fundings (RFFs) in March
- II. Award GROW Regional Grants in September
- III. Begin funding and distribution in October

- Formalize Technical Assistance Partnership (RHT-TAN) – **Complete**
- Developed RFF Application – **Complete**
- Released RFF opportunity on 3/2/2026 – **Complete**
- Established GROW Regional Committees – **Complete**
- RHT-TAN continuing to meet with Regional Coalitions to support the RFF Application – **In process**



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Questions & Answers

Please submit your question in the Q&A

 growruralhealth@health.in.gov

 www.growruralhealth.in.gov

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