



**MASSACHUSETTS**  
**RURAL HEALTH TRANSFORMATION**

# **Rural Health Transformation Program (RHTP)**

**June 9, 2026**





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# RHTP Introduction

# Rural Health Transformation Program

The Rural Health Transformation Program (RHTP) is a 5-year program authorized by H.R.1 One Big Beautiful Bill Act to empower states to improve healthcare access, quality, and outcomes by **transforming the healthcare delivery ecosystem** in rural communities across the country. The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment.

In the fall of 2025, states responded to a Notice of Funding Opportunity (NOFO) from the Centers of Medicare and Medicaid Services (CMS). **Massachusetts received a Notice of Award of \$162,005,238.13 as a first-year award in the form of a cooperative agreement from CMS.** Future years of funding will be redetermined by CMS annually.



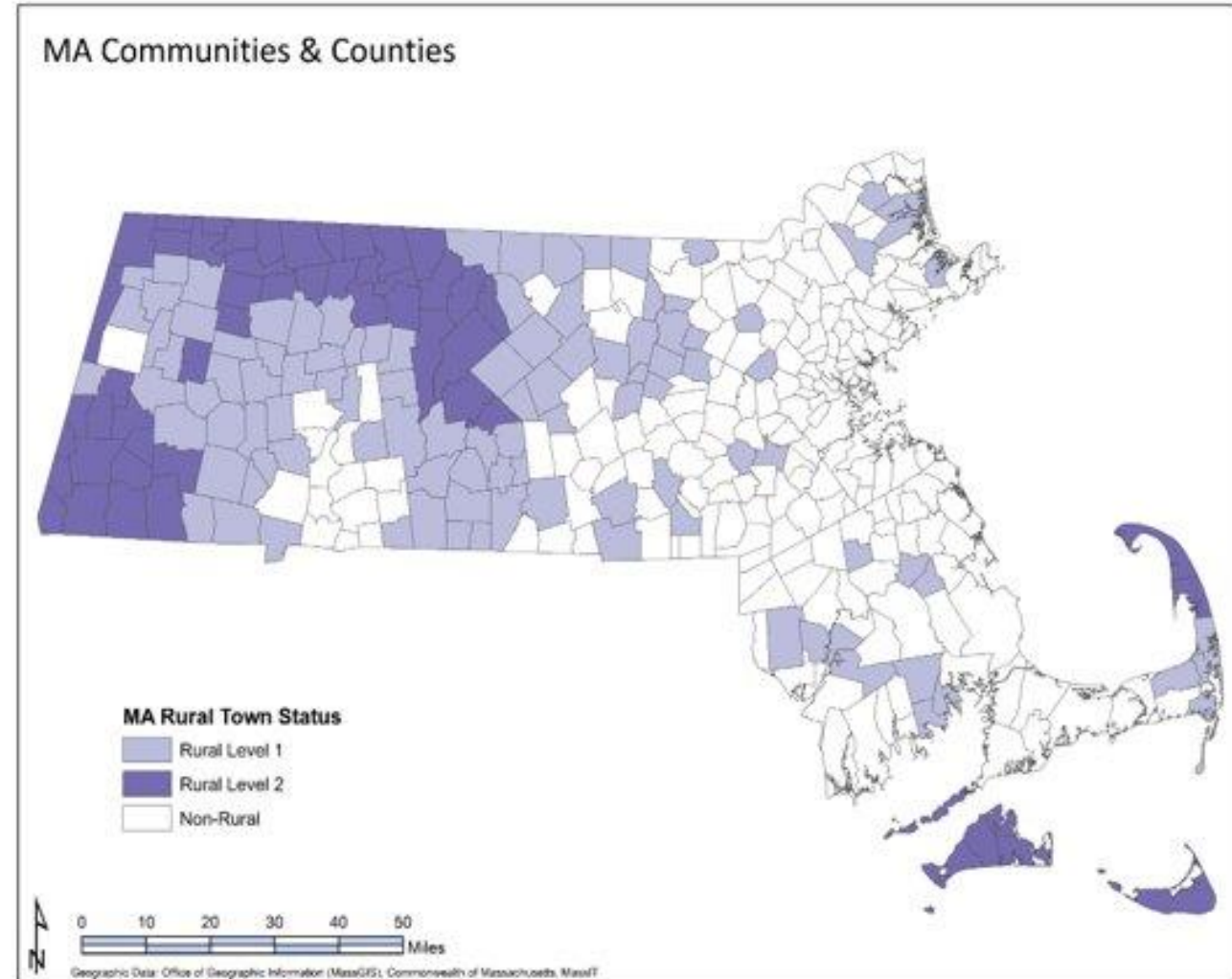
# What is “Rural” in Massachusetts?

- **160** of Massachusetts' 351 towns are designated **Rural**
- The MA Department of Public Health created a state definition framework in 2002 with guidance and input from rural communities and leaders. The definition is updated every ten years with the updated census data. To be considered rural, municipalities must meet at least 1 of 3 federal rural definitions at the sub-county level
- The number of criteria a town meets, determines the level of rurality:

**RURAL LEVEL 1 TOWNS**  
have more population than level 2 and are closer to urban core areas.

**RURAL LEVEL 2 TOWNS**  
are less populated, more remote, and isolated from urban core areas.

**10% of MA residents live in rural communities.**



# Context on MA Rural Health Needs

**Demographic Differences:** Compared to the rest of the state, rural communities have a higher proportion of adults age 60+, a lower proportion of family households vs. individual households, and lower annual household incomes (~\$23K lower)

**Health Disparities:** Rural communities experience a higher prevalence of chronic conditions and higher mortality from chronic conditions than non-rural communities.

<i>Chronic Condition</i>	Heart disease	Hypertension	Diabetes	Stroke
Non-Rural Prevalence	6.4%	28.5%	9.6%	3.0%
Rural 1 Prevalence	7.0%	30.3%	9.7%	3.1%
Rural 2 Prevalence	<b>8.1%</b>	<b>32.4%</b>	<b>10.6%</b>	<b>3.7%</b>

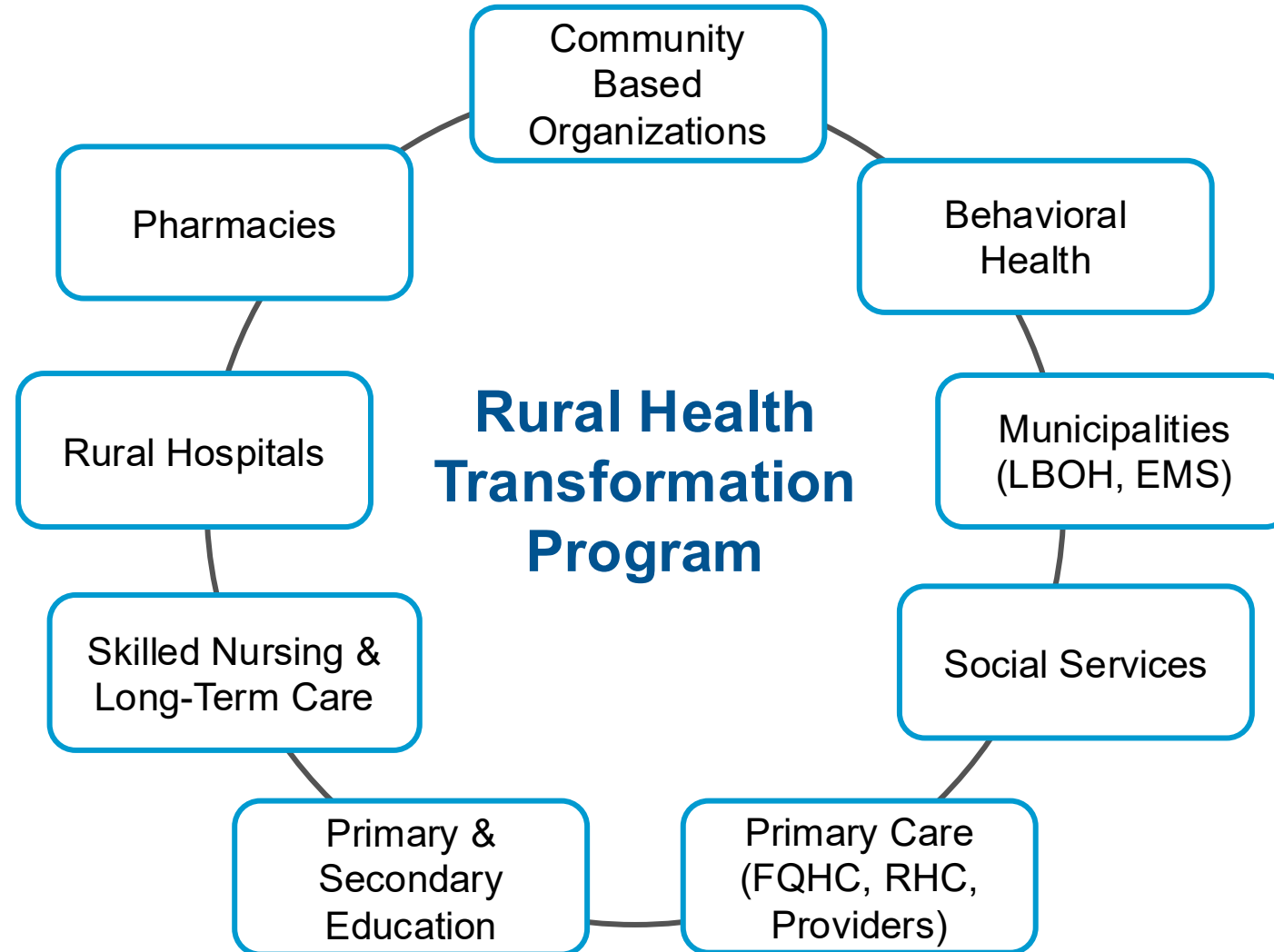
## Health Access Challenges

- **Hospital access points are decreasing:** 11 designated rural hospitals in 2014 vs. 6 today.
- **Primary care, pharmacy, and specialty care access are limited.** Only 14 of the state's 143 FQHC sites are rural; only 25 pharmacies serve all 160 rural communities; specialty wait times are up to 1 year in some areas.
- **Insurance & affordability:** a higher share of rural residents are on public insurance (47% vs. 38% in non-rural) and 41.3% of rural residents report health insurance affordability issues.

**Provider Challenges:** Facilities struggle with recruitment, retention, and competition; capacity limitations of limited rural-area long-term care facilities, behavioral health resources, and specialized care have led to longer waits for patients to be transferred to appropriate services, resulting in boarding and longer stays.

# Rural Health Ecosystem

RHTP is making investments and building capacity across the entire rural health ecosystem.



# Application Development

## Application Timeline

# Vision, Goals, and Strategies

We envision a Commonwealth with thriving rural communities where well-being is a reality for all.

## **Goal 1: Ensure rural residents can readily access healthcare services.**

- Strategy 1: Create opportunities for rural health entities to strengthen, enhance, and reimagine services.
- Strategy 2: Support approaches to attract, maintain, and expand the healthcare workforce in rural communities.
- Strategy 3: Invest in systems change, expanded use of technology, strategic networks, and coordination of rural health services to foster innovation and efficiencies.

## **Goal 2: Generate opportunities to improve the health and well-being of rural residents**

- Strategy 1: Enable innovative approaches to manage chronic diseases of rural individuals.
- Strategy 2: Support interventions focused on prevention to address the root causes of disease.
- Strategy 3: Invest in digital health tools to simplify care and enable individual agency in health.

## **Goal 3: Scale systems, policies, and investments to meet unique needs of rural communities.**

- Strategy 1: Identify barriers and facilitate program, policy, and system changes to reduce burdens and align with needs of rural communities, organizations, and individuals.
- Strategy 2: Employ models to ensure sustainable investment in rural communities to support health.
- Strategy 3: Support the use of information and technology to facilitate data driven decision making and ensure appropriate services address rural communities their unique needs.

# Summary of MA Initiatives & Objectives



## I. Population Health Advancement

1. Improve clinical infrastructure
2. Enhance clinical-community coordination
3. Expand value-based payment models



## II. Innovation in Rural Care Models

1. Rural-appropriate care models
2. Expansion of proven models
3. Improve delivery & efficiency



## III. Training Healthcare

1. Strengthen the healthcare workforce in rural communities



## IV. Healthy Rural Communities

1. Support community infrastructure
2. Create linkages to clinical activities
3. Leverage community-based networks



## V. EMS Service Integration

1. New EMS services in rural areas
2. Increase role of EMS in clinical care
3. Operational stability for local EMS agencies



## VI. Enhancing Technology

1. Promote statewide connectivity
2. Modernize rural health IT systems
3. Enhance secure data exchange



## VII. Facility Modernization & Re-Use

1. Minor renovations & enhancements of rural healthcare facilities

# I. Population Health Advancement Initiative

Improving clinical infrastructure, increasing coordination, and expanding payment methodologies to advance rural providers' value-based care and population health efforts to lower cost and increase quality of care.

## MAJOR ACTIVITIES

1. Create Chronic Disease Management (CDM) Networks
2. Launch "Rural MA Connect" for clinical providers, social service organizations, and community-based organizations to share data
3. Rural Innovation for Systems Change and Effectiveness (RISE)
4. Extend Automated Adverse Event Monitoring (AAEM) pilot
5. Expand Remote Patient Monitoring (RPM) Programs
6. Implement New Home Visiting Programs
7. Expand Hospital at Home Program
8. Create New Incentives & Payment Programs

## IMPACTS



Expand access through tele-pharmacy, tele-dentistry, and school-based tele-behavioral health



Keep patients local; improve prevention & chronic disease management, and medication adherence; decrease pre-term births; & provide in-home geriatric care

# II. Innovation in Rural Care Models Initiative

Facilitating the introduction and redesign of models in rural MA to increase access, broaden service availability, and improve efficiencies in the delivery of health care.

## MAJOR ACTIVITIES

1. Stand Up Mobile Health Units
2. Build Integrated Specialty Care Networks
3. Expand Telehealth for Pharmacy, Dental & Behavioral Health
4. Launch the Rural Digital Health Sandbox Program
5. Launch “Stronger and Healthier Communities through Integration of Emerging Health Tech” (SHINE HT) Program
6. Implement Rural Maternal Health Continuum of Care Project
7. Expand Opioid Treatment Program Sites

## IMPACTS



Leverage existing resources and capacity through innovative models to increase access (equipment, not buildings; school-based, and expanded telehealth)



Increase specialty care for high-need, special populations including intensive maternal SUD treatment and youth with complex needs

# III. Training Healthcare for Retention, Innovation, & Excellence (THRIVE)

Strengthen the full continuum of the healthcare workforce in rural communities with targeted activities focused on workforce development, recruitment, and retention.

## MAJOR ACTIVITIES

1. Launch a Rural Talent Recruitment Campaign
2. Expand Statewide Rural Training & Pipeline Programs
3. Create Rural Nurse Practitioner Residency Programs
4. Support Pathways to Permanent Housing for Clinical & Support Staff
5. Launch Incentive for Clinician Field Placements
6. Facilitate Recruitment & Retention Plan

## IMPACTS



Sustainability through 5 yr commitments, program infrastructure investments, worker housing support, and facility supports.



Support for allied health, direct care practitioners, and support personnel

# IV. Healthy Rural Communities Initiative

Supporting community informed and led prevention and chronic disease activities and networks to increase opportunities and address gaps related to the root causes of health.

## MAJOR ACTIVITIES

1. Establish Community-Based Chronic Disease Prevention Programs
2. Expand Community Based Organization (CBO) Networks
3. Coordinate with Local Public Health Shared Service Arrangements (SSAs)
4. Implement Population Specific Programs

## IMPACTS



Shared services, community connections, leveraging schools for healthy eating & physical activity, and special-needs populations



Prevent and manage chronic conditions, reduce loneliness and isolation, improve outcomes, tailored disease prevention & management education

# V. EMS Service Integration Initiative

Investments and programs to increase viability, promote integration, and expand the role of EMS services in rural communities.

## MAJOR ACTIVITIES

1. Provide Support to Encourage Participation in Community Paramedicine Models
2. Implement a Pilot Reimbursement Program
3. Develop and Launch a Prehospital Protocol and Medication Dosing Mobile Application

## IMPACTS



Keep community members at home or deliver care in CHCs and rural clinics to avoid unnecessary ED use



Improve health outcomes by matching individuals to the right-level of care faster. Reduce ED boarding with non-urgent transfer support.

# VI. Enhancing technology, interoperability, and connectivity

Improving the technological infrastructure of rural health providers to increase connectivity, create efficiencies, and support better health outcomes.

## MAJOR ACTIVITIES

1. Expand Rural Provider Participation in the State's Health Information Exchange (HIE)
2. Link Rural EMS and Hospitals to Critical Systems
3. Create and Deploy a Local Public Health (LPH) Electronic Record System
4. Provide Needed Cybersecurity Supports to Rural Provider
5. Provide Targeted Technical Assistance (TA) Supports to Rural Provider

## IMPACTS



Optimize systems of care, reduce access gaps, and increase information & connectivity to reduce costs and improve outcomes.



Reduce patient transfers, reduce unnecessary ED visits, and increase chronic disease prevention & management

# VII. Facility Modernization & Re-use Initiative

Funds to support minor renovations and enhancements of rural facilities to optimize space, improve operational efficiency, and expand access to health services in rural areas.

## MAJOR ACTIVITIES

1. Fund Critical Capital Updates for Rural Hospitals
2. Fund Critical Capital Updates for Rural Health Centers
3. Fund Critical Capital Updates for Rural Nursing Facilities
4. Fund Specialized Rural Nursing Units for BH & SUD

## IMPACTS

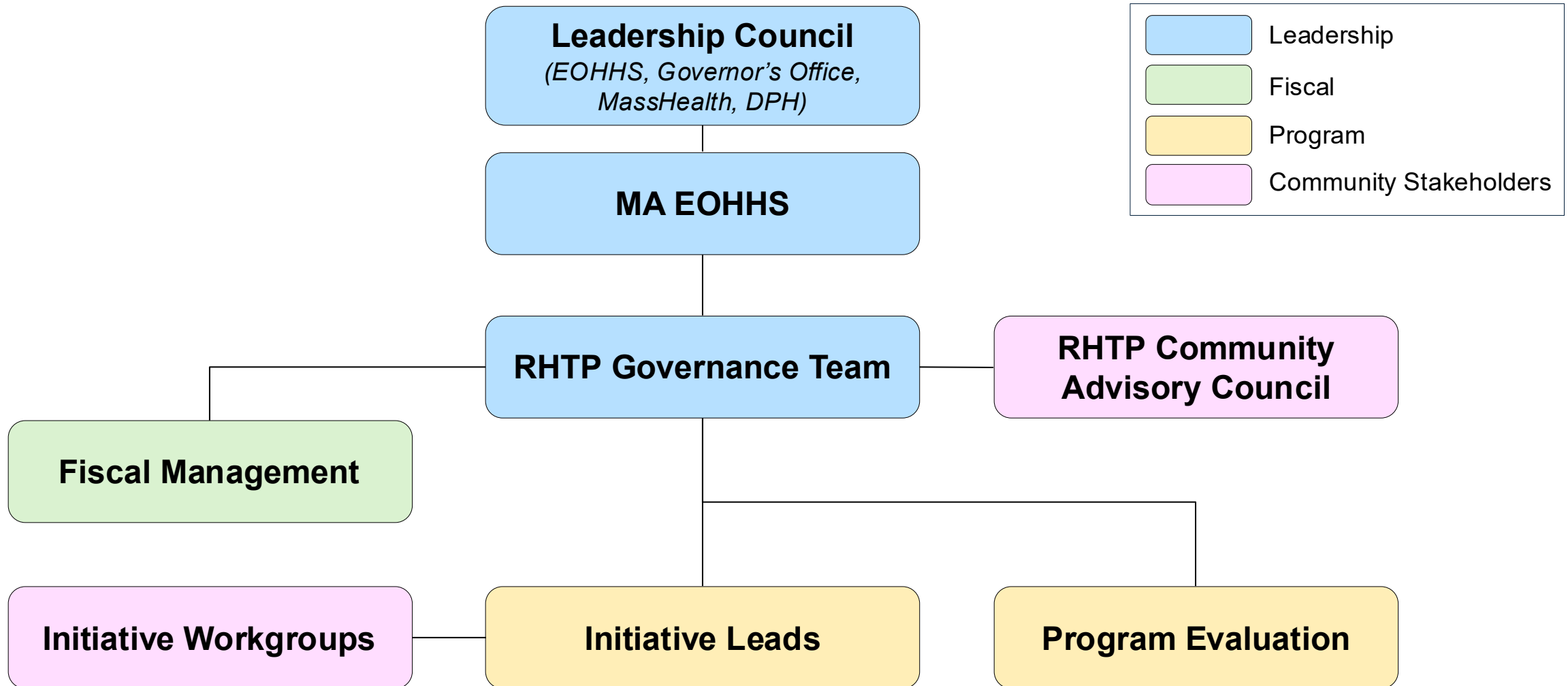


Improve health outcomes by delivering time-sensitive care locally, improve infrastructure, expand operations with new revenue-building service lines



Keep specialty care closer to home, increase access to primary care and reduce wait times for specialty services.

# Governance Overview



# Ongoing Public Engagement

## RHTP Community Advisory Council

**Purpose:** Advise leadership, support project governance, and liaise with key constituent groups.

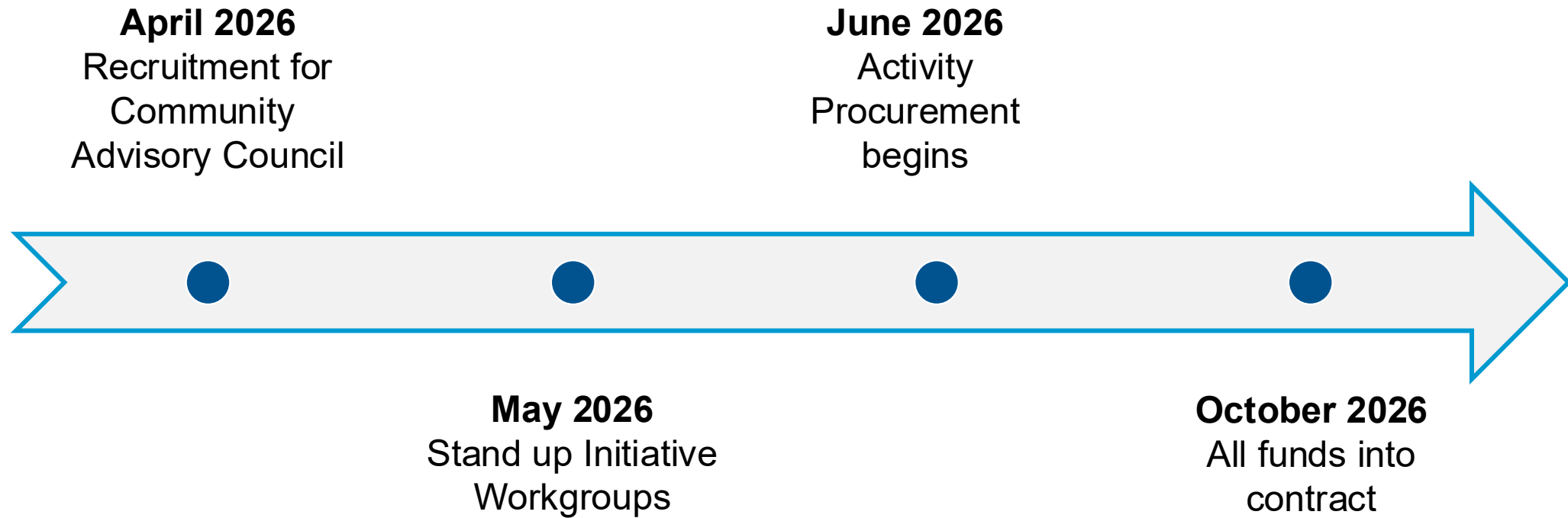
**Composition:** Appointed seats from key rural and trade groups. Solicited Statewide and community-level organizations, associations, and residents.

## RHTP Initiative Workgroups

**Purpose:** Bring technical, subject-matter, and rural expertise to activity development; improve coordination and alignment across initiatives.

**Composition:** Internal state agencies/programs. External organizations and community members. Technical experts.

# Estimated Program Timeline



Thank you!

For more information, visit

<https://www.mass.gov/rural-health-transformation-program>

or

email

[Rural@mass.gov](mailto:Rural@mass.gov)

