

# The Rural Health Transformation Program Data Infrastructure Playbook



Following authorization of the \$50 billion Rural Health Transformation Program (RHTP), states spent weeks developing their applications, making difficult choices about investment priorities and how to sequence the work. When the Centers for Medicare and Medicaid Services (CMS) announced first-year awards for all states late last year, they revised and resubmitted their plans. With many states having received final budget approval from CMS and implementation beginning, these awards mark a turning point for the future of rural health.

## Transformation Hinges on Data Infrastructure

RHTP funding is flowing. Now comes the hard part: putting the plans into practice. This playbook offers states practical guidance on how to turn their RHTP investment into a durable data infrastructure regardless of the model they chose to pursue.

A strong data infrastructure is foundational for rural health transformation. Modern, interoperable systems connect fragmented providers and coordinate care. Without data insight, states can't fully understand rural communities' needs, identify where to invest, or determine whether those investments are delivering results.



### Five Data Infrastructure Models

Gainwell Technologies LLC conducted an [in-depth analysis of all 50 state RHTP grant applications](#). The analysis reveals five distinct models states are using to create a data-driven foundation for rural health transformation:

**1. Centralized Statewide Integration.**

Centralized development of a statewide data backbone to eliminate data silos and support whole-person care.

**2. Regional Hub-and-Spoke Models.**

Shared service hubs and regional networks share investments to deliver infrastructure, analytics services, and technical support to rural facilities.

**3. HIE-led Statewide Data Integration.**

Enhancement of existing HIE infrastructure to support better clinical data exchange.

**4. Specialized Shared Platforms.**

Focused specialized platforms to address specific, high priority use cases in rural communities.

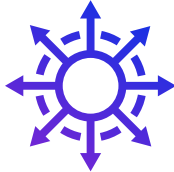
**5. Initiative-led Infrastructure.**

Acceleration of specific rural health initiatives, including workforce, maternal health, behavioral, and value-based care for payment transformation.

# From Funding to Execution: 10 Plays for Results

States developed their infrastructure plans based on their unique circumstances—the specific challenges they face, the resources they can build on, and the priorities that their communities have identified. RHTP applications reflect a range of approaches. The models are different. But the fundamentals of implementing them are the same.

**Here are 10 plays that every state should have in their playbook.**



## **PLAY 1:**

### **Start With Strong Fundamentals**

With a compressed timeline for results, it can be tempting to move straight to an infrastructure plan. But RHTP is not a typical grant program. States are building something with generational impact, and getting the fundamentals right in the early stages makes this possible.

This work starts with establishing a clear vision and strategy as the compass for all decision-making. Align stakeholders so that everyone understands the value of the larger initiative and their role in advancing it. Success measures should never be an afterthought. Building measurement and monitoring into the strategy from the outset helps avoid locking into manual reporting that doesn't scale with the program.

A strong foundation also requires data governance. States risk costly course correction if they delegate responsibility across the ecosystem without centralized guidance on data quality, data sharing, privacy, and security. Decouple governance from data ownership and develop it in partnership with the stakeholders who will use the system. Establish governance once, then enforce it consistently.



## **PLAY 2:**

### **Build for Beyond RHTP Funding**

RHTP funding presents a rare opportunity to build an infrastructure that can improve rural health and be extended to support other programs for generations. However, one of the earliest challenges that states face is the need to balance short-term rural health commitments with augmenting or weaving together existing infrastructure investments for a lasting impact.

The good news is that states don't have to sacrifice one goal for the other. To achieve both, keep the long-term vision in focus while developing the short-term roadmap. Decisions made today about architecture, governance, and vendor relationships will determine how powerful and adaptable the data infrastructure will be tomorrow.

Stress test data infrastructure against future demands. Take the time to explore important questions. Will the data infrastructure support AI-powered analytics? Will it flex with changes in payment models? Will the system meet rural health priorities that emerge in five years?



### **PLAY 3:** Make Quick Wins **Part of the Strategy**

Large infrastructure programs take time to gain momentum. While quick wins should not define the entire strategy, they can help states demonstrate progress to secure Year 2 RHTP funding and create the path for long-term architecture.

Begin with a baseline assessment of existing assets and programs to pinpoint where the state is today and what needs to be augmented or enhanced. For example, community hospitals already have initiatives in areas like telehealth and maternal health that can be reused, scaled, or extended to additional use cases. Use these inputs to identify high-value, quick wins that support both RHTP and long-term goals.

Reporting and communicating results to stakeholders, including legislators and the media, is key for demonstrating quick wins. Initial reporting will be simple and focused on basic metrics, as meaningful health outcomes take time to emerge. By embedding measurement and analytics into the strategy, any reliance on manual reporting is temporary rather than a long-term solution.

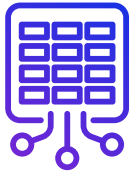


### **PLAY 4:** Get a Head Start With **Existing Assets**

Existing assets aren't just a source of quick wins. They are a foundation for smarter and faster implementations. Augment existing data infrastructure, active waiver programs, and public health initiatives to deliver on RHTP commitments.

In most states, the data infrastructure foundation already exists. Many have deployed health information exchanges (HIEs), all-payer claims databases (APCDs), and other data systems to bring together state data. Assess how these data utilities can further support data exchange, interoperability, and analytics for rural health. For example, FHIR-enabled APIs deployed to meet Interoperability compliance for CMS-9115 and CMS-0057 can be particularly powerful because they are standardized, scalable and can extend to all authorized payers, HIEs, community health systems, and community-based organizations. CMS has made it clear that the interoperability framework is an acceleration layer for HITECH investments, including HIEs and EHRs.

Rural health funding can help augment state systems previously built through other Federal programs. For example, programs built under Medicaid Section 1115 and Section 1915 Waivers leveraged existing infrastructure like HIEs to support care coordination or created infrastructure in areas like care management and behavioral health that can be extended. Find the overlaps, build on what is already in motion, and use RHTP to enhance rather than duplicate.



## **PLAY 5:** Collect Data From **Day One**

Data is one of the most powerful engines of rural health transformation. Even before data governance is finalized or data sharing agreements are in place, gathering data has intrinsic value. Begin collecting rural health data as early as possible.

Even imperfect data has value. Don't wait for comprehensive or fully integrated datasets. Data generated through early initiative rollouts can inform program refinement, surface operational challenges, and create compounding analytic value over time. This approach is consistent with what CMS has encouraged in other programs from Meaningful Use to the "Learning and Improving" Reporting Model used for Medicaid 1115 demonstrations.

It's also important to engage early with other agencies in data collection. Valuable rural health data resides across agencies, including Medicaid, public health, and other state programs. Given the extent of data silos today, identifying, ingesting, and aligning these sources will take time. Engage partner agencies early, identify foundational data structure, and then build a more complete and durable rural health data ecosystem as understanding matures.

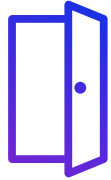


## **PLAY 6:** Map Your **Data Ecosystem**

Mapping the data ecosystem is a critical extension of collecting data. For states to deliver on the RHTP measures in their plans, they must understand the volume, variety, and veracity of data needed. States are at different levels of readiness in mapping data from HIEs, public health, providers, payers, and community organizations.

Regardless of states' readiness, data mapping is inherently an exercise in stakeholder engagement. Don't assume that organizations share the same level of data maturity. Approach stakeholders based on their situation, emphasizing how their organization or programs will benefit from sharing data. Work with them to determine how to enhance existing data infrastructure, rather than starting over.

As part of this exercise, it's important to recognize that different types of data serve different purposes, refresh at different intervals, and deliver different analytical value. Clinical data is timely and well suited for care coordination. Claims data is valuable for fraud detection and payment analysis, but lags limit its usefulness for real-time coordination. Community data, such as information on food access, transportation, and social services, follows its own cadence. Integrate all data sources with these rhythms in mind. Consolidation of this data into a single cohesive person record brings more value to care delivery.



## **PLAY 7:** Centralize **Data and Analytics**

The goal of collecting and mapping data is to generate insights that ultimately improve rural health outcomes. But this can't happen if analytics remain siloed. Too often, silos mean that an organization in the rural health ecosystem creates an analytics capability that no other entity can use or build on.

Address this challenge with a centralized analytics ecosystem, making analytics capabilities transparent, accessible, and reusable by shifting analytic insights closer to decision-makers, including providers and individuals. Doing this goes beyond connecting data sources. It means creating a platform that state health agencies, providers, payers, academic institutions, community organizations, and patients can use to share analytics capabilities. Evaluate APCDs, HIEs, and other data utilities not just for connectivity, but also for how they can support shared analytics capabilities.



## **PLAY 8:** Think of AI as the Destination, **Not the Start**

While artificial intelligence (AI) has significant promise for rural health transformation, many states aren't yet ready for AI-led implementations. Even so, the foundational work of improving data access, normalization, and availability builds toward AI readiness. Data does not need to be perfectly curated to begin this work. Make meaningful progress now by strengthening data pipelines and governance to ensure systems put into place are able to evolve with AI. Prioritize data quality and responsible AI use to ensure models are accurate, transparent, and trusted.

AI use cases should initially focus on patient care and provider enablement, where immediate value is most likely. Use cases could include reducing provider burden, utilization management, and predictive models at the point of care. New use cases will emerge over time.



## PLAY 9:

### Be Intentional About Stakeholder Adoption

States, HIEs, providers, payers, and community organizations will have different definitions of success. Even technically sound architecture will fail if the people it is designed to support aren't using it. This reality makes stakeholder alignment and adoption as critical as the underlying technology.

Alignment and adoption should not be treated as one-time launch activities. They must be ongoing operating principles throughout implementation. Connect with stakeholders early and often to ensure a shared understanding of how tools deliver value. That same engagement can be used to continuously gather feedback and inform quality improvement. CMS has consistently emphasized stakeholder engagement across programs—from Learning-Oriented Engagement for 1115 Demonstrations to evolving standards with working groups, such as the Interoperability Framework.

Helping stakeholders move past the adoption learning curve is non-negotiable. Change management must be embedded into strategic planning so that adoption, training, and workflow integration are addressed proactively rather than becoming an afterthought. If stakeholders aren't using the system as intended, be ready to rapidly shift to address adoption issues as soon as they appear. A rapid response is the difference between systems that fail and those that endure.



## PLAY 10:

### Choose Partners Who Have Been Here Before

RHTP implementation involves compressed timelines, complex stakeholder environments, and implementation challenges that may not be clear during the planning phase.

An experienced vendor partner can anticipate possible pitfalls and help states avoid them. Look for partners that work with states collaboratively and strategically, align current RHTP goals to the longer-term rural health vision, and respond flexibly to the realities of rural health program implementation. Your partner shouldn't just execute a statement of work; they should work to deliver outcomes as long-term partners in adoption and engagement in the most effective and efficient ways possible.

## Investing in a New Future for Rural Health

The promise of RHTP is not about data in isolation. The promise is in what data enables in rural communities—better access to quality care and improved outcomes. It's providers making better decisions at the point of care. It's turning medical deserts into communities where care is in reach. It's community health organizations caring for their neighbors. It's empowering states to know whether their rural health investments are reaching the people and communities who need them most. All of this requires a modern, interoperable data infrastructure built to last beyond RHTP funding and proven partners committed for the long term. This important work begins with these 10 plays.



Visit [gainwelltechnologies.com](https://gainwelltechnologies.com) to learn more about how your state can use this playbook to build a strong foundation for rural health transformation.

### About Gainwell

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