Telehealth Beyond the Clinic Walls: Non-Traditional Access Models for Rural Communities

Great Plains TRC Annual Meeting —
Mike Rowland with JD Webster (Zoom)

National Rural Health Resource Center

Delta Region Community Health Systems Development Program (DRCHSD)



HRSA

Health Resources & Services Administration

DRCHSD Funding Statement

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this Delta Region Community Health Systems Development Project. The award provided 100% of total costs and totaled $13,189,135. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.

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Rural Hospital Stabilization Program (RHSP)

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The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this Rural Hospital Stabilization Pilot Project. The award provided 100% of total costs and totaled $3,930,405. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.

The Center's Purpose

The National Rural Health Resource Center is the nation's leading technical assistance and knowledge center focused on rural health — directly supporting rural hospitals, clinics and community health centers, State Offices of Rural Health and other rural health organizations with information, tools and resources designed to help sustain access to quality health services in rural communities and improve the health of residents living there.



Center Programs and Technical Assistance

DRCHSD
Delta Region Community Health Systems Development Program

TASC
Technical Assistance & Services Center

RHSP
Rural Hospital Stabilization Program

SHIP
Small Rural Hospital Improvement Program

RHPTP
Rural Healthcare Provider Transition Project

Rural Health Innovations
National Rural Health Resource Center

Introduction



Mike Rowland, Service Line and Equipment Specialist, The National Rural Health Resource Center



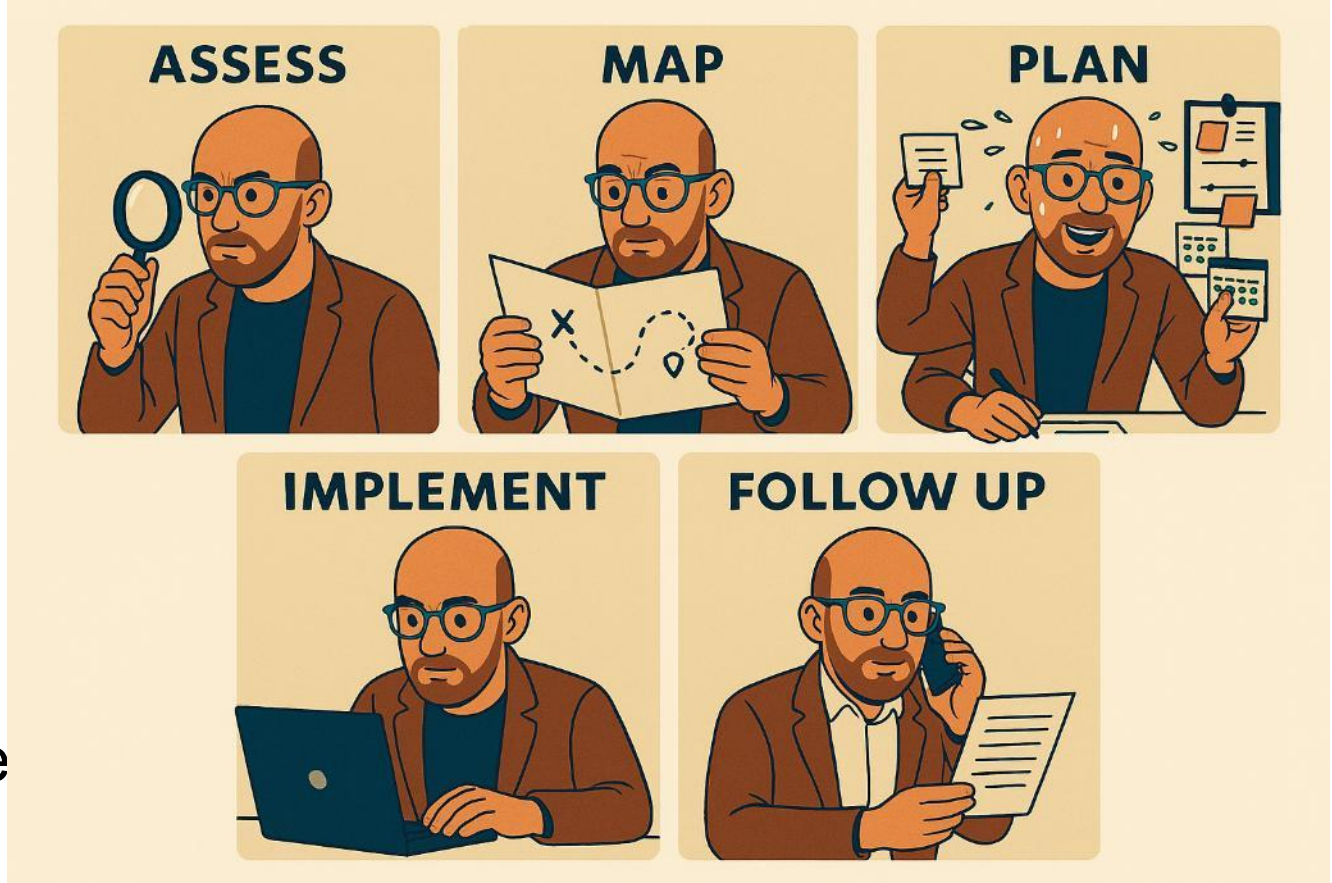
JD Webster CEO, Cape Family Medical Clinic

Agenda

- How we operationalize telehealth in rural settings
- What's New in 2026
- New frontiers in non-traditional access
- Cape Family Medical Clinic

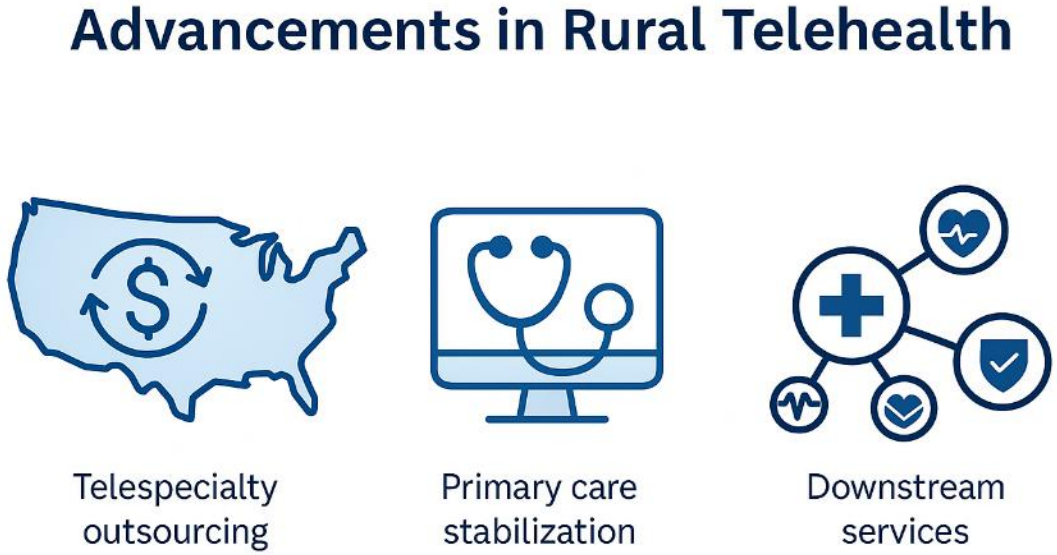
NRHRC Approach

- **HOW WE WORK: Telehealth Service Line Development**
  - NRHRC-led, assessment-driven approach
  - Delta Region + Rural Hospital Stabilization Programs
  - Workflow and infrastructure before technology
  - Ongoing project management and technical assistance



What’s New in 2026

- Non-traditional access points are expanding
- AI dictation and the digital front door are operating at scale
- Third-party telespecialty options are more attainable for rural teams
- Primary care drives downstream services despite recent reimbursement hesitation



New Frontiers in Non-Traditional Rural Access

- Location-first telehealth models
- Care delivered outside traditional facilities
- Designed for replication and scale
- Actively being explored and pursued



Urgent Care Fast-Track: Model

- Virtual urgent care via kiosk
- Offsets non-acute ED demand
- Uses existing urgent care providers, or contracted urgent care providers for after hours care
- Deployable across community sites



Comprehensive School-Based Care with FQHC Support

- School-based urgent and primary care
- Supported by FQHC partners
- Behavioral health and nutrition embedded
- Mobile units for dental and vision



Advanced School-Based Telehealth with CCM

- Care coordination beyond basic telehealth
- Medicaid-eligible student populations
- Specialist support such as endocrinology
- Future-facing RPM integration



Case Setup: Cape Family Medical Clinic

- Rapid growth; strong community demand
- Bottlenecks: space, staffing, travel
- Decision: telehealth as access multiplier
- Non-traditional sites extend reach



JD Webster CFMC

- Evolution timeline
- Telehealth integration
- Non-traditional sites
- Impact & lessons



CFMC Evolution

- Founding vision & early services
- Growth & constraints
- Decision point beyond clinic walls



Telehealth @ CFMC

- **Workflow: scheduling → intake → follow-up**
  - We try to make this as easy as possible for our patients.
    - For Community Outreach
    - For Businesses
    - For Schools



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Non-Traditional Sites

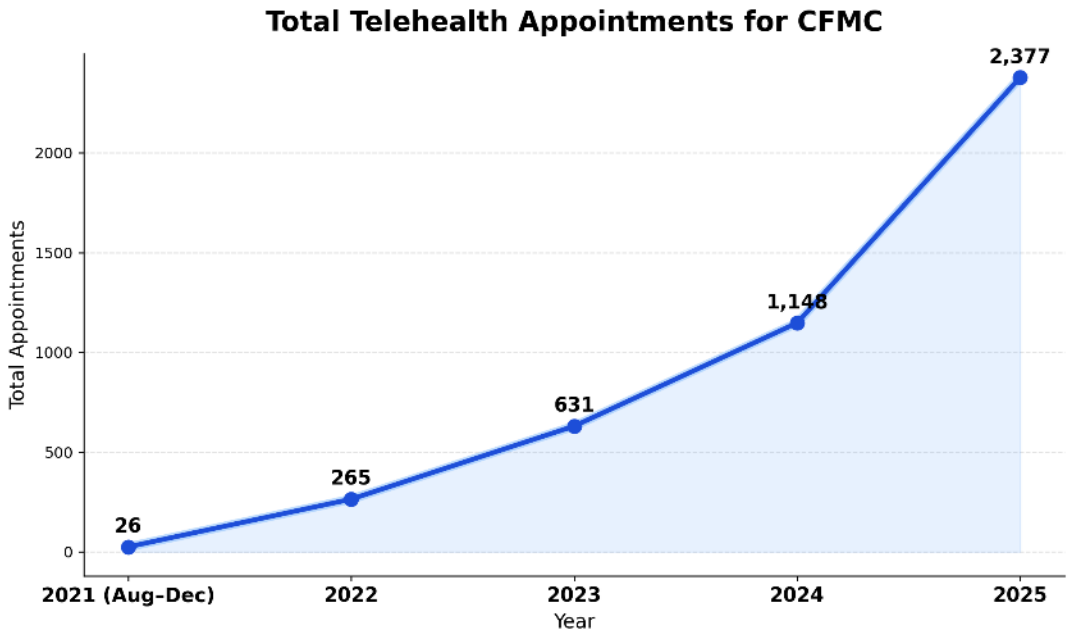
- **Locations & populations**
  - **Schools** – students K-12 as well as teachers and employees
  - **Businesses** – adults 18 to 78
  - **Communities** – adults, children and families of all ages
- **On-site staffing / telepresenters**
  - We have created a very easy to follow ‘how to’ guide that has a bunch of photos and very specific instructions in case someone did not attend the training.
  - We also go on-site and do a 3 to 5 hour training with as much staff and personnel that the facility deems necessary.
- **Scheduling & referral flows**
  - We have one line dedicated to telehealth specifically and it goes to one triage person and one medical provider
- **Equipment; outcomes & wins**
  - We use the CureCompanion software and hardware and we could not have asked for a better vendor partner.
  - Our growth is continuing and having a good vendor partner is the key to us being able to do all we are able to do.

CFMC Impact

- **Access: reduced travel; faster appointments**
- **Utilization: encounter growth across sites**
- **Experience: patient/partner feedback**

Replicating the Model

- **Start with one site & one workflow**
- **Use EHR-embedded video; avoid extra portals**
- **Tag data from day one; align to funding asks**



Q&A

- **Workflows • Staffing • Equipment • Data**
- **Contact: mrowland@ruralcenter.org**

Program Goal: Expand Telehealth Services

Urgent & Primary Care
Clarksdale, MS

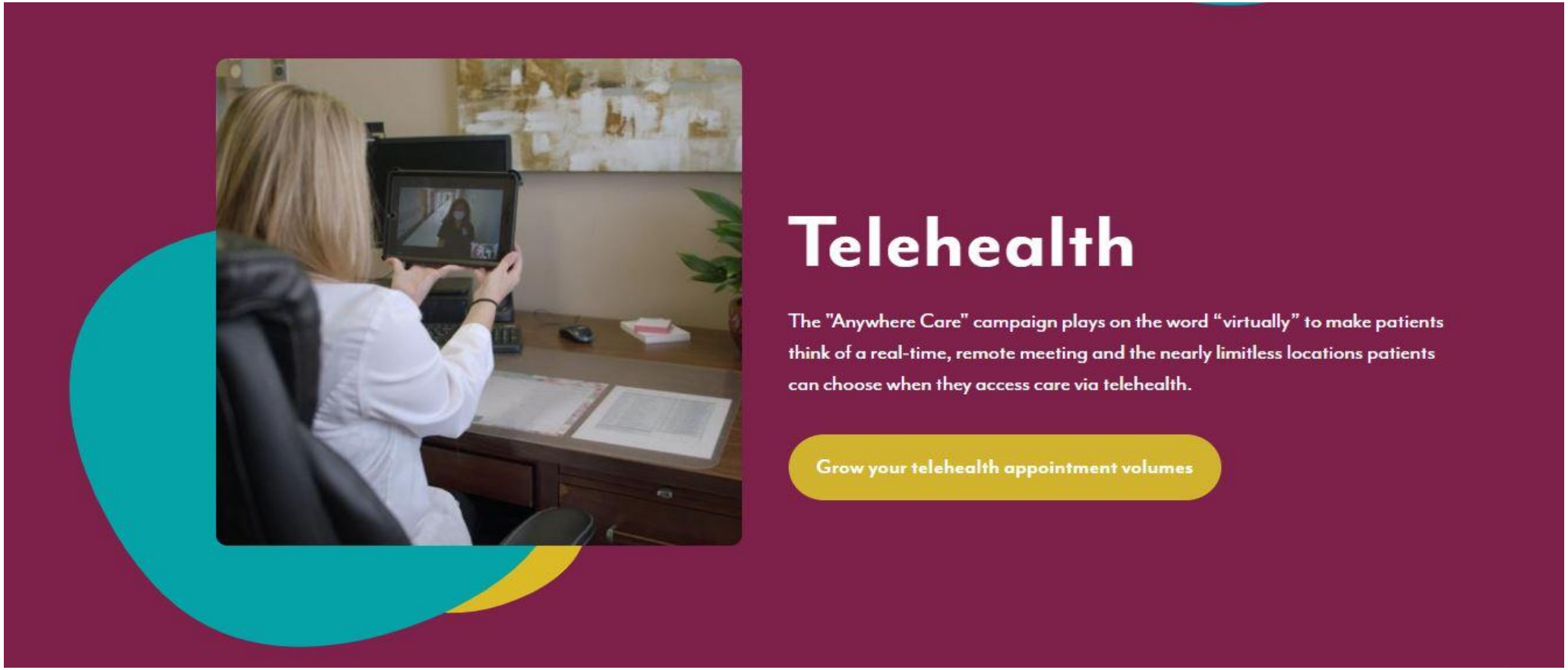


Tippah County Hospital
Ripley, MS



92% of leaders agreed the DRCHSD Program assisted their hospitals/clinics with developing and expanding telehealth services (4.47 / 5.0)

Customizable Communications Toolkit



Telehealth Campaign | National Rural Health Resource Center

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Insights on Rural Telehealth



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