Paths Forward for Rural Health Innovation

Virtual Workshop Proceedings – July 23, 2026

Co-hosted by Philips and the Health Impact Alliance, this virtual workshop brought together **16 health system leaders** and **5 industry leaders** to discuss sustainable rural health transformation. Workshop participants heard from **Madeline Cree, MPH** (Associate Director, The Academy Advisors), **Dr. Bill Beninati, MD, FCCM** (Chief Medical Officer, Virtual Hospital, Intermountain Health), and **Mike Lemnitzer** (VP, State Government Healthcare, Philips) to explore Rural Health Transformation Program (RHTP) implementation and case studies highlighting **Intermountain's non-extractive "hub-and-spoke" model** and **Philips' rural-focused health system partnerships** addressing barriers to healthcare access.

Four Shared Challenges Set the Agenda

1 – RHTP Misaligned with Foundational Needs

RHTP dollars are built for transformation, not the starting condition most rural hospitals are actually in. Some state funding structures risk pushing facilities toward decisions that don't serve their long-term goals.

2 – Sustaining Care Close to Home

Scaling hub-and-spoke models that let local hospitals keep their billing and revenue, with value-based payment as the long-term path to sustaining virtual care

3 – Workforce Innovation

Leveraging non-clinical and cost-effective "capacity extenders"—community health workers & community navigators; subspecialist recruitment remains difficult

4 – Rural Social Drivers of Health (SDOH) Models

SDOH interventions must be developed with rural contexts in mind. The model that works is "broker, don't build"—partner with trusted local organizations instead of duplicating what already exists.

Three Themes That We Heard

Design for sustainability, not for RHTP: RHTP was never designed to sustain rural ecosystems of care, and the economics of health system investments should consider how they will outlive the 5-year RHTP funding window and provide bridge funding to support short-term needs for rural hospitals. Intermountain Health's hub-and-spoke model is grown mainly through value-based contracts and Philips builds new virtual care lines around reimbursement parity and legislation.

Keeping care local only works if it keeps the money local too: Intermountain's "non-extractive" hub and spoke model leverages system resources to provide integrated services through its virtual hospital. Philips supports virtual rural monitoring hubs that are built to keep patients and the services they need inside the rural community, instead of requiring transfer to an urban center.

Rural innovation can be a blueprint for care delivery innovation generally: As margin and workforce pressures intensify for all health systems, resource optimization becomes increasingly crucial. Sanford Health's EHR-mined, AI-powered colorectal cancer risk score provides an example of this—prioritizing scarce clinical resources for the highest-risk patients while reducing transportation burden for patients that don't meet the risk threshold.

> *"We're hearing a lot about hub-and-spokes and CINs spinning up around RHTP, but there's still a real gap in how we address short-term needs of rural hospitals just to remain viable."*

> *"Our OB/GYN departments are closing, and once the one private physician who covers a subspecialty retires, it's nearly impossible to recruit back."*

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