



Elevating Rural Telehealth: Strategy, Accountability, & Clinical Alignment

A Practical Guide to
Adoption, Accountability,
and Strategic Use

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The adoption of telehealth technologies has transformed how **rural hospitals** deliver care—especially in communities where access to specialists, transportation, and resources remains limited. For **Critical Access Hospitals** (CAHs) and small community facilities, telehealth is no longer just a COVID-era workaround. When deployed intentionally, it becomes a strategic lever to expand access, support clinical teams, improve patient satisfaction, and protect financial sustainability.

However, simply having a telehealth solution in place doesn't guarantee impact. Rural hospitals must go beyond the technology, ensuring it is integrated into workflows, monitored through data, and aligned with broader clinical and financial priorities. This guide explores the value of telehealth, identifies red flags that may indicate ineffective implementation, and outlines actionable best practices used by high-performing peer hospitals.

Why Telehealth Matters in Rural Care

Rural communities make up nearly 15% of the US population,¹ yet they face a disproportionate burden of health disparities. Long distances to care, a shortage of specialists, and economic constraints often result in delayed or forgone treatment. Telehealth helps rural providers overcome these challenges by:

- » Bringing specialists to the bedside virtually, reducing the need for costly patient transfers.
- » Improving response times and patient outcomes, particularly for acute events like strokes or psychiatric crises.
- » Extending the hospital's reach, offering services that would otherwise be unavailable locally.
- » Enhancing patient satisfaction, especially when care can be received close to home.



Programs like telestroke, telecardiology, and telebehavioral health are helping rural hospitals intervene faster, reduce length of stay, and lower mortality.

¹<https://www.aamc.org/news/health-disparities-affect-millions-rural-us-communities>



Rural health needs to go *BEYOND* the technology to create an *IMPACT*.

15%

an estimated 15% of the US population are Rural Communities.



Best Practices for Successful Telehealth Integration in Rural Hospitals

While many rural hospitals have adopted telehealth, the degree of integration and impact varies widely. **Based on peer benchmarks and Stroudwater’s rural hospital engagements, the following practices consistently drive success:**



1. Designate a Dedicated Telehealth Leader

- » Assign a clinical or administrative point person to own telehealth strategy, workflows, and performance tracking.
- » This individual helps bridge gaps between vendors, clinical teams, and executive leadership—ensuring alignment and accountability.



2. Standardize and Document Workflows

- » Embed telehealth in clinical pathways across all relevant departments—ED, inpatient, outpatient, and direct-to-patient.
- » Ensure workflows are easy to follow, clearly posted, and incorporated into onboarding materials for new or locum staff.



3. Make Training Ongoing

- » Regular mock drills and scenario-based practice (e.g., telestroke activations) increase provider comfort and reduce decision-making hesitation.
- » Include telehealth use in new staff onboarding and cross-train across roles to build a broader bench of competency.



4. Track Key Metrics—and Use Them

- » Capture data for response times, utilization, transfers avoided, patient retention, and community satisfaction.
- » Review these KPIs regularly, both internally and with vendor partners, to drive continuous improvement.



5. Tailor Vendor Partnerships by Service Line

- » Avoid overreliance on a single vendor. One size rarely fits all when it comes to specialties like neurology, psychiatry, or ICU coverage.
- » Consider mixing vendors to ensure better service line fit, responsiveness, and pricing.



6. Promote Telehealth Internally and Externally

- » Educate providers and staff on how telehealth supports care delivery goals.
- » Share success stories with the community to build trust and awareness around your hospital’s capabilities.

Red Flags That Undermine Telehealth Success

Even when telehealth is technically “in place,” **rural hospitals** may fall short in translating that investment into meaningful outcomes. Without the right structure, accountability, and visibility, telehealth becomes underutilized—or worse, invisible. **The following red flags should prompt immediate review and realignment:**



1. No Designated Telehealth Lead

If there isn't a clearly identified individual responsible for the oversight of telehealth operations—whether on the clinical or administrative side—it often signals deeper issues.

Without a dedicated lead:

- » There's no one to own performance or drive improvement.
- » Vendor management becomes reactive rather than strategic.
- » Telehealth isn't embedded into day-to-day decision-making or workflows.



2. Lack of Telehealth Data or Reporting

If leadership cannot speak to basic data points—such as utilization volume, response time, or transfers avoided—it **may indicate that:**

- » The service isn't being monitored or measured.
- » Opportunities for operational or clinical improvement are being missed.
- » Telehealth may be viewed as an “extra,” rather than a core clinical tool.



Hospitals must track and share data if they expect to sustain support and improve impact.



3. Inconsistent or Ad-Hoc Use

If telehealth services are only used “when someone remembers,” or if processes vary significantly between providers or shifts, **it suggests:**

- » Poor integration into clinical workflows.
- » Gaps in training or provider comfort.
- » Missed opportunities for timely, effective care.



A standardized, system-wide approach is essential for consistency and reliability.



4. One-Size-Fits-All Vendor Model

Relying on a single vendor for all telehealth service lines may feel efficient—but often results in underutilized or misaligned services. **This approach can limit:**

- » Access to specialty care that better fits community needs.
- » Flexibility in adapting to service line demands or provider preferences.
- » Competitive pricing and responsiveness from vendors.



Hospitals that don't explore multiple vendors may be **leaving quality and savings on the table.**



5. Vendor Relationships Without Formal Agreements

When services are provided without formal contracts or clear scopes of work, **hospitals open themselves up to:**

- » Clinical and operational misalignment.
- » Legal and billing risk.
- » Inability to enforce accountability when performance lags.



Formalized agreements are essential—especially as telehealth becomes more embedded in critical care pathways.



6. Telehealth Not Promoted Externally

If telehealth is seen purely as an internal clinical tool, **hospitals may miss key opportunities to:**

- » Build trust within the community.
- » Increase patient awareness and volume.
- » Highlight success stories where care was kept local and timely.



Promotion—both internally and externally—helps telehealth become a source of strategic value, not just a background feature.

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Turning Telehealth into a Strategic Lever

In a post-pandemic landscape, nearly every **rural hospital** has some form of telehealth in place—but many are missing the opportunity to maximize its strategic potential.

The path forward includes:

» **Embedding telehealth into service line strategies.**

Use it to retain cardiology, neurology, or psychiatry patients currently lost to outmigration.

» **Creating dashboards and KPIs.**

Like quality or safety committees, telehealth needs oversight, tracking, and a feedback loop.

» **Investing in the right partners.**

Choose vendors who align with your mission, offer transparency, and collaborate to improve care delivery.

» **Supporting provider adoption.**

Telehealth won't succeed if providers resist it—especially locums and traditionalists. Address concerns, provide training, and build confidence.

The Bottom Line

When effectively integrated, telehealth is not just a technology; it's a tool to strengthen local care, improve patient outcomes, and extend the viability of rural hospitals. The goal isn't just to have telehealth; it's to use it well—with intention, accountability, and alignment to hospital goals.

For hospital leaders, the challenge isn't whether to invest in telehealth. It's whether you're maximizing the investment you've already made.



To learn more about how to leverage telehealth strategically in your rural hospital, reach out to our team.

EMBEDDING

CREATING

INVESTING

SUPPORTING

What Telehealth Strengthens:

- ✓ **Local Care**
- ✓ **Improved Patient Outcomes**
- ✓ **Extended Viability of Rural Hospitals**