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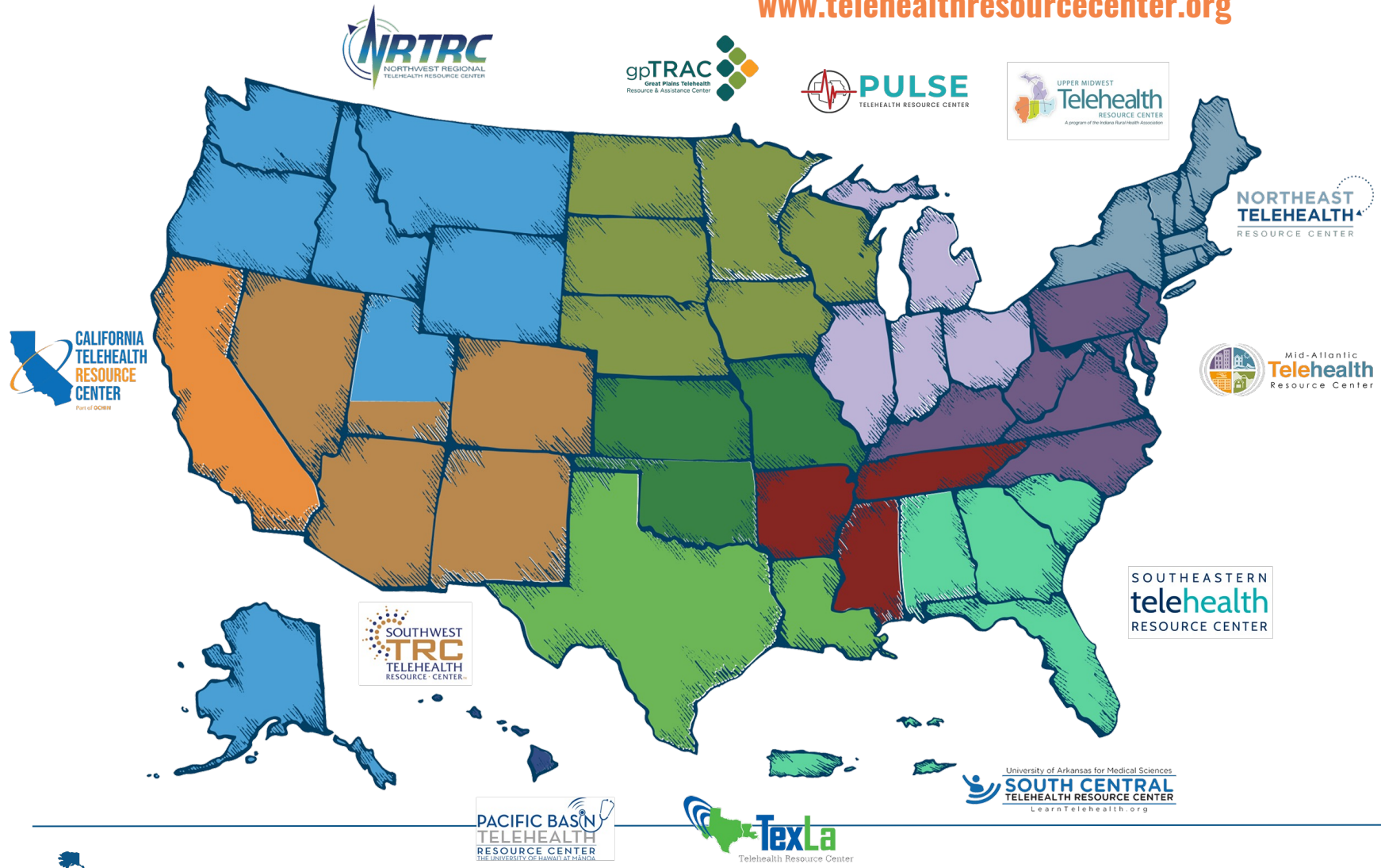
**Rural Health Transformation
Fund: Workforce Trends and
Implications for Rural Care**

May 21, 2026



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Rural Health Transformation Program: Workforce Trends and Implications for Rural Care

What a review of 50 state plans suggests about clinical, administrative, and technical workforce needs.

Jordan Berg

Program Director

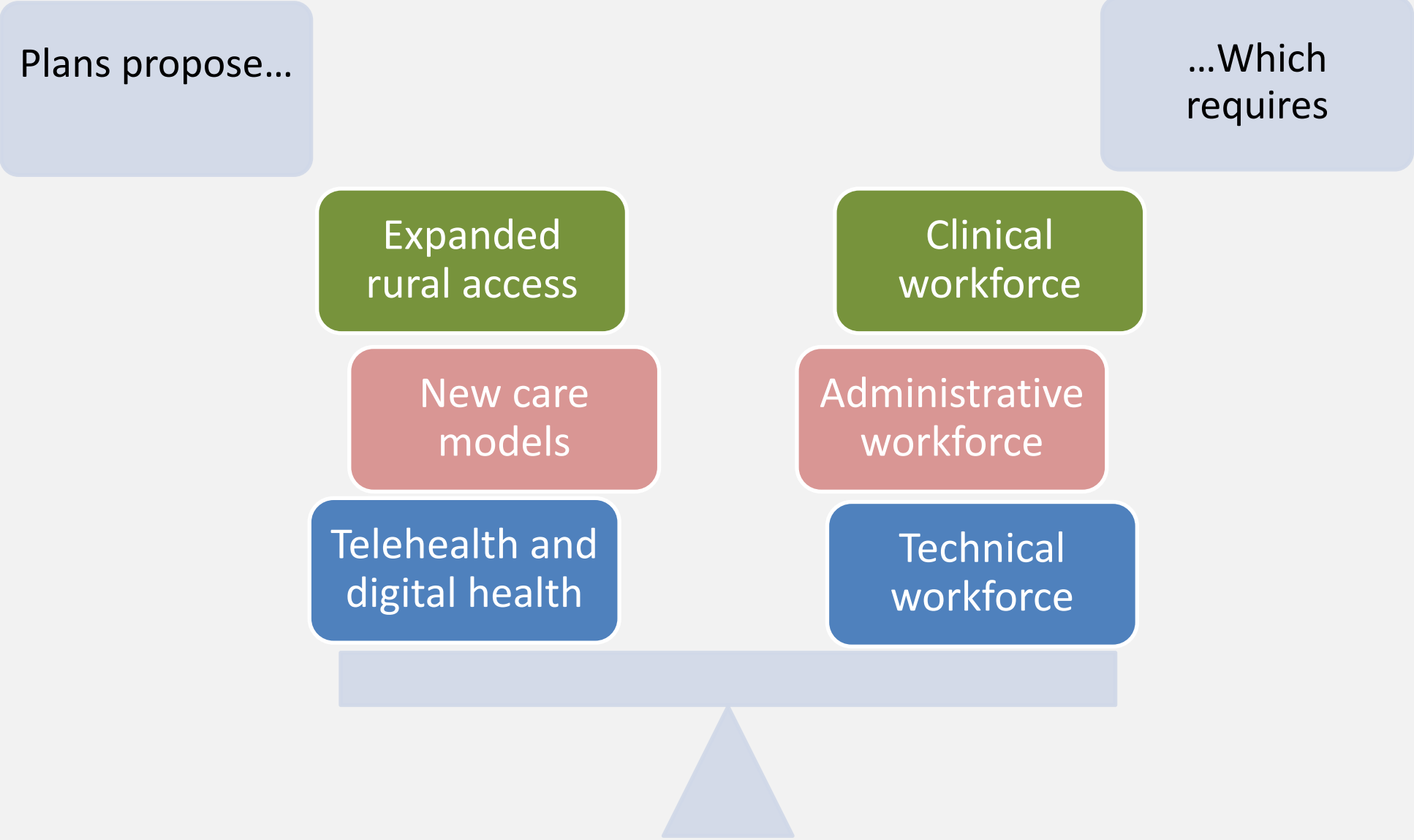
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Presented for:
NCTRC Webinar Series
May 21, 2026



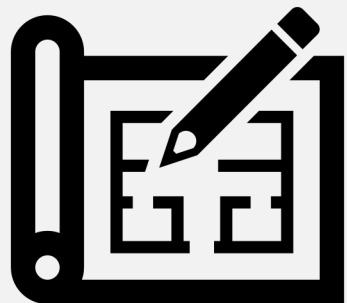
Rural transformation is a workforce story



How we approached the review

INPUT

- 50 State RHTP Plans
- Publicly available state plans and supporting materials

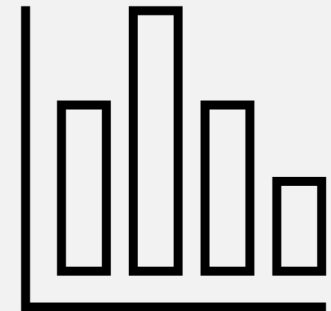


LENS

- Workforce Query Framework
- Consistent questions applied across plans

OUTPUT

- Cross-State Trends
 - Patterns
 - Gaps
 - Opportunities



The workforce lens:

questions we applied to each plan

1. Framing

- How is workforce positioned?
- Dedicated initiative or cross-cutting?

2. Strategies

- What approaches are proposed?
- Recruitment, training, pipeline, retention, upskilling?

3. Technology

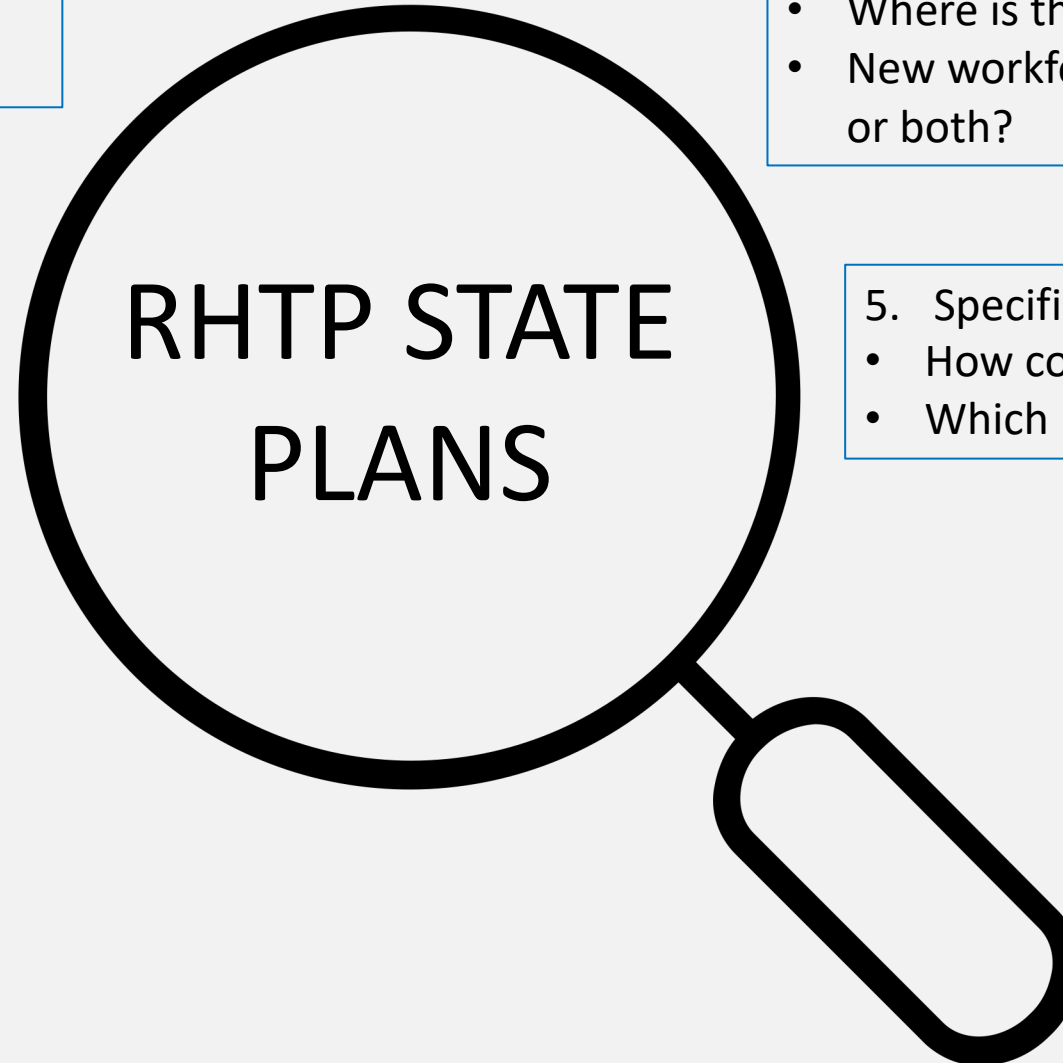
- Are digital workforce needs addressed?
- Telehealth, remote care, rural IT?

4. Workforce Model

- Where is the emphasis?
- New workforce, current workforce, or both?

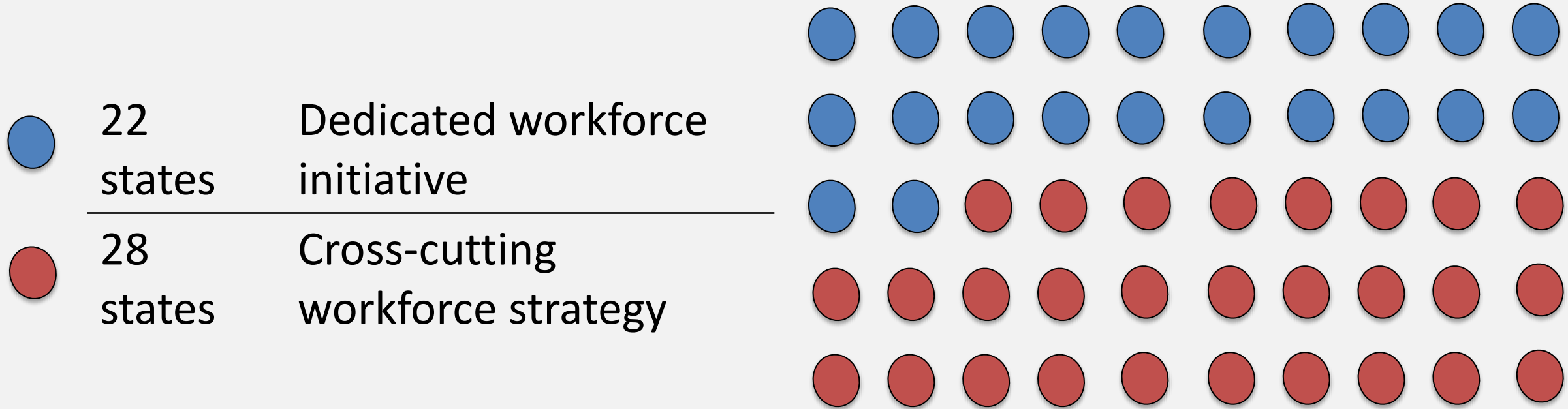
5. Specificity & Roles

- How concrete are the plans?
- Which roles are named?



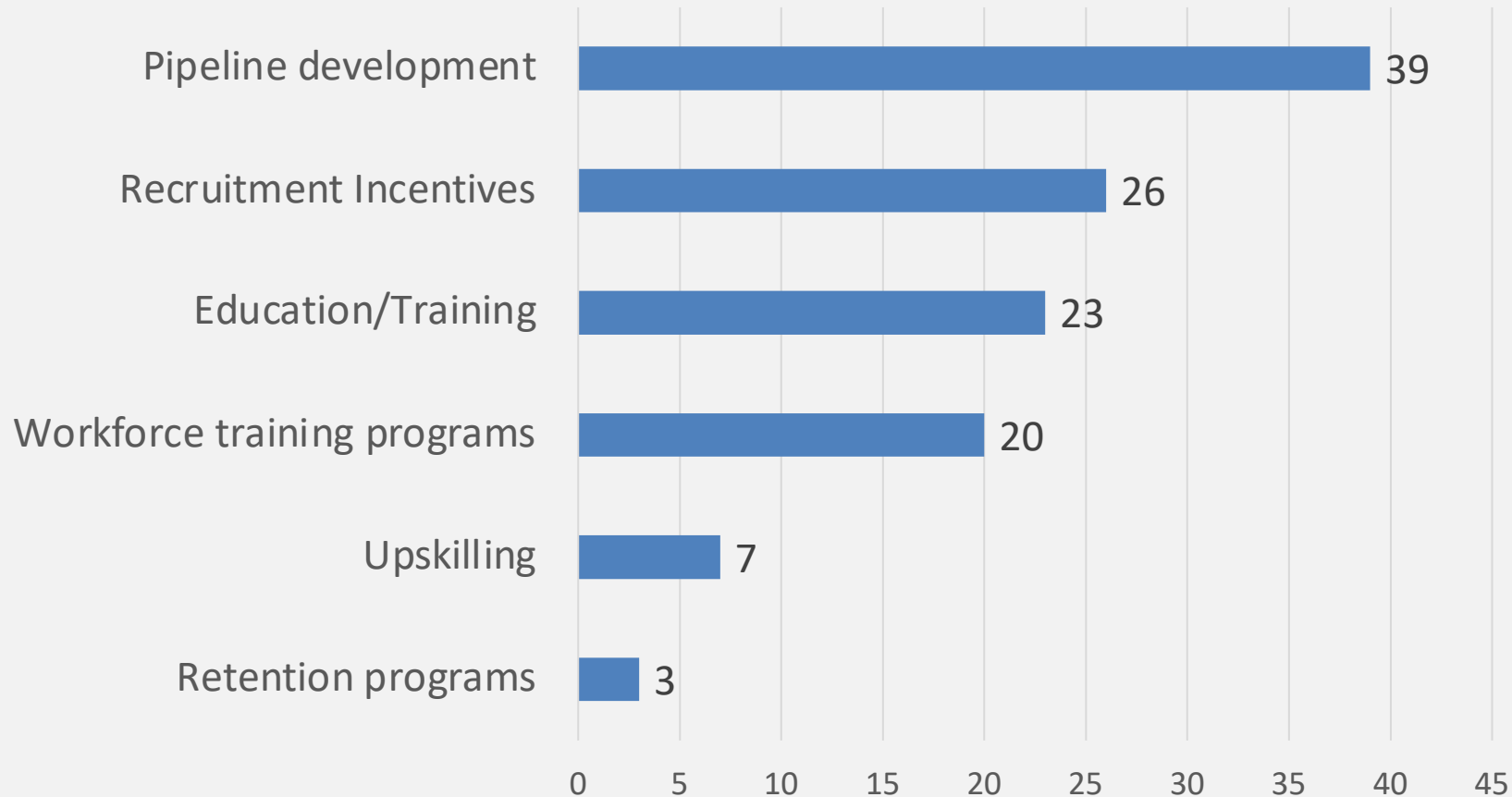
Workforce appears in every plan

— but not always as a standalone priority



State plans lean heavily on familiar workforce strategies

State Strategies



Of Note:

Most strategies focus on **pipeline, recruitment, and training** rather than retention or operational support.

The workforce conversation remains clinician-centered

50

Physicians

48

Nurses

15

Behavioral
Health

7

CHWs

1

Digital Health
/ IT

Of Note:

Plans are centered on **traditional clinical roles**, while operational and technical roles are much less visible.



Digital care is visible. Digital workforce planning is not.

Telehealth and digital care appear often

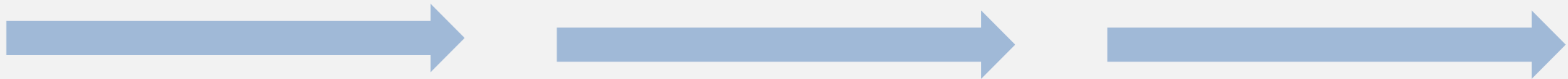
- **46** states indirectly connect telehealth to workforce-related access goals
- Digital tools, remote care, and infrastructure are common themes
- Plans describe expanded access via technology

Digital workforce planning appears rarely

- **2** states explicitly connect telehealth with workforce initiatives
- **1** state includes a dedicated rural IT / digital workforce strategy
- Few plans name the people needed to implement and sustain digital care

Digital transformation is not self-executing.

What can realistically change within the RHTP window?*



Near-Term	Medium-Term	Long-Term
Retain existing staff	Upskill current workforce	Build new clinician pipelines
Recruit already-trained clinicians	Redesign care teams	Expand training pathways
Extend reach through telehealth	Develop support roles	Grow rural educational ecosystems
Strengthen administrative and technical capacity	Mature new workflows	Increase future rural supply

*Time horizon was not formally coded in the plan review;
this is a practical consideration for interpreting workforce strategies.

Short- and medium-term capacity comes from using the workforce differently

Clinical Capacity

- Retain staff
- Extend scarce expertise
- Team-based care

Administrative Capacity

- Reduce coordination burden
- Manage new workflows
- Support referrals, RPM, scheduling

Technical Capacity

- Support digital implementation
- Train and troubleshoot
- Maintain telehealth and IT systems

Clinical workforce: more supply matters, but so does extending reach

Clinical pressures:

Provider shortages

Long training timelines

Specialty access gaps

Responses:

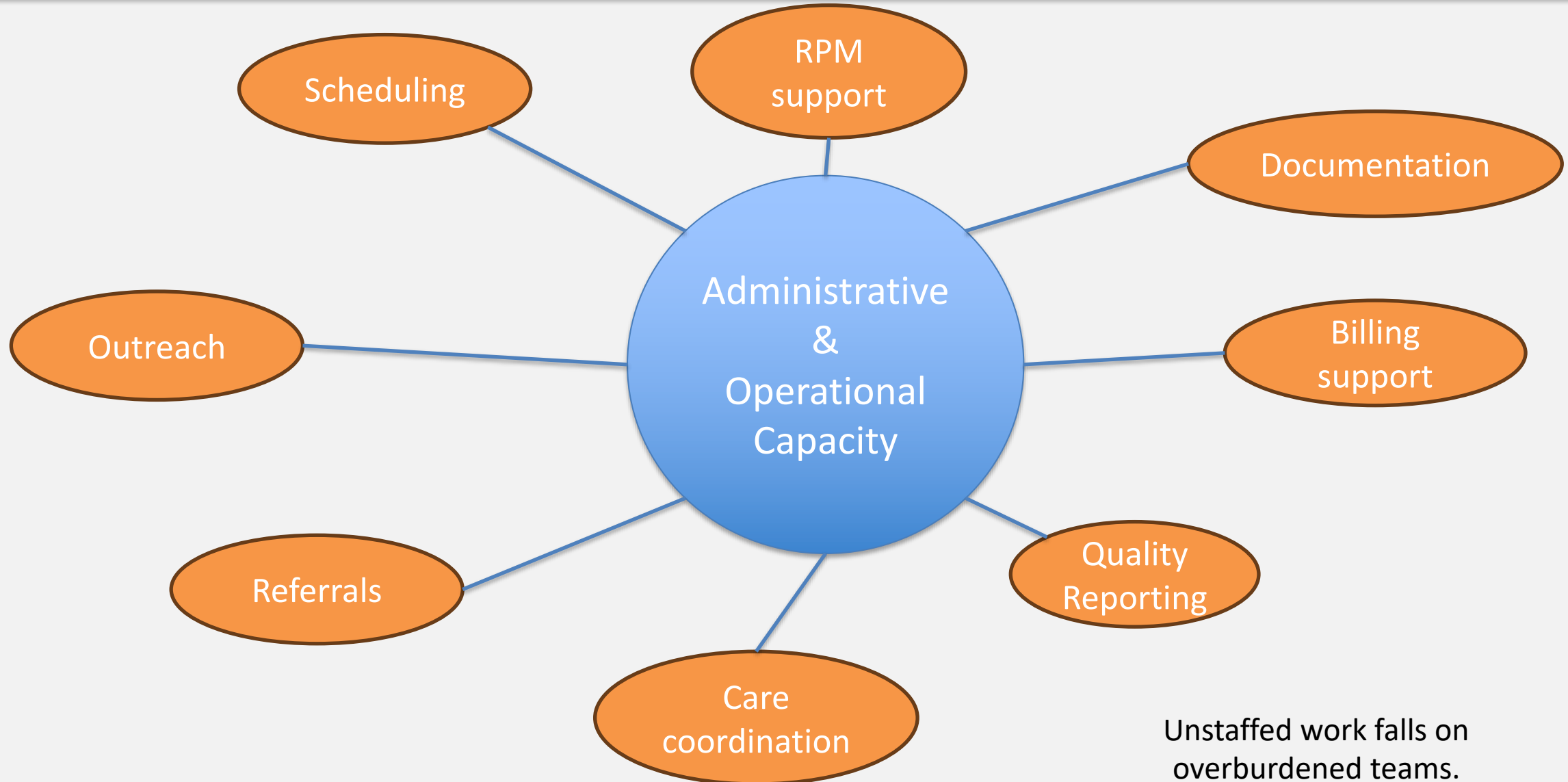
Retention and targeted recruitment

Team-based care

Telehealth-enabled reach

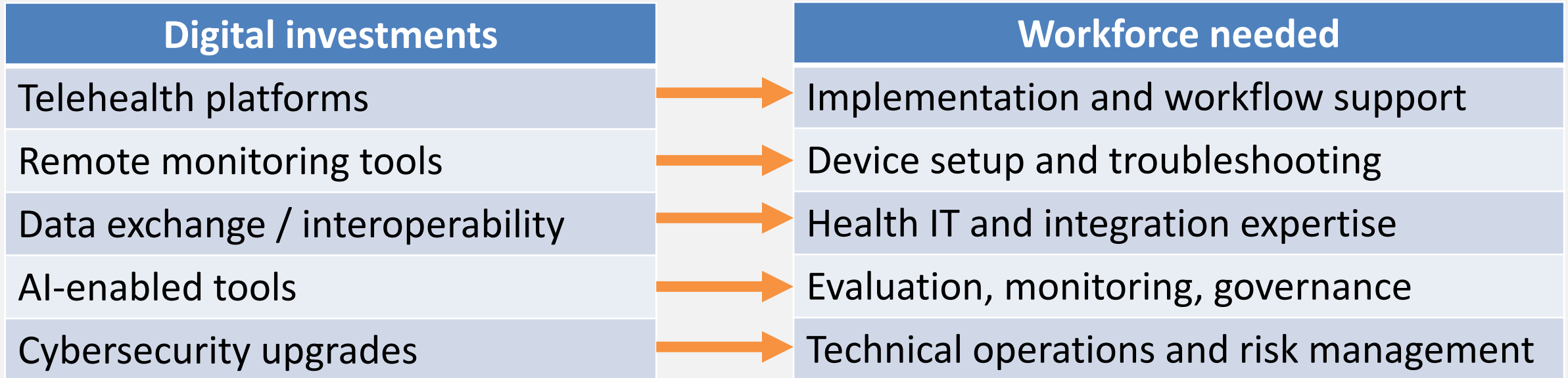
Telehealth can help extend the reach of clinical expertise, but it is not the same thing as creating new clinical supply.

Administrative workforce: new care models create coordination work



Unstaffed work falls on overburdened teams.

Technical workforce: digital transformation is not self-executing



TTAC field insight:

Telehealth implementation challenges are often about **technical capacity**, not only connectivity.

Rural transformation depends on three kinds of workforce capacity

Clinical

- **Deliver care**
- Extend expertise
- Support patients

Administrative

- **Coordinate care**
- Sustain workflows
- Reduce clinician burden

Technical

- **Enable care**
- Operate infrastructure
- Maintain digital tools

AI appears in rural transformation planning — but details have yet to emerge

What plans say

- AI as a workforce extender
- AI for efficiency, analytics, or care improvement
- Interest in innovation and modernization
- Broad or general AI ambition

What implementation needs

- Clear use cases
- Right-fit tool selection
- Workflow, governance, and evaluation capacity
- Local implementation judgment

AI readiness requires the workforce capacity to **choose, use, and oversee** tools responsibly.

AI readiness requires clinical, administrative, and technical capacity

Clinical

Determine where AI may support care delivery

Verify outputs and maintain accountability

Administrative

Identify workflows where automation may help or harm

Judge whether promised efficiencies are real

Technical

Evaluate, select, and monitor tools

Support governance, security, and lifecycle oversight

What should rural health leaders be watching?

Workforce strategy mix

Pipelines and recruitment matter, but nearer-term strategies will also matter

Care model capacity

Clinical, administrative, and technical roles all shape whether transformation succeeds

Digital workforce gap

Technology investments may outpace the workforce needed to operate them

AI readiness

Broad AI interest will require practical evaluation, governance, and implementation capacity

Resources for rural workforce and technology-enabled care

Workforce Data & Strategy	Recruitment, Retention & State Support	Telehealth & Digital Care Support
HRSA Bureau of Health Workforce	State Offices of Rural Health / NOSORH	Telehealth Technology Assessment Center
HRSA Health Workforce Data & Projections	National Rural Health Association	National Consortium of Telehealth Resource Centers
Rural Health Information Hub Workforce Guides	NHSC / State Loan Repayment Programs	HRSA Office for the Advancement of Telehealth and Telehealth.HHS.gov

Questions and Discussion



Thank You



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Hosting TRC: South Central Telehealth Resource Center

Telehealth Topic: Value-Based Care Integration: Using RPM Data to Succeed in Alternative Payment Models

Date: June 18, 2026

Times: 11 AM – 12 PM (PT)



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