



# THE PROOF PROBLEM

Why Rural Healthcare Transformation  
Will Rise or Fall on Data Infrastructure

Insights from 290 Rural Healthcare Leaders on Sustainability,  
Workforce Pressures, and Cross-Agency Coordination

Commissioned by **Julota**  
Research conducted by **TrendCandy**

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# EXECUTIVE SUMMARY

Rural healthcare transformation will not rise or fall on care delivery alone. It will rise or fall on whether organizations can prove impact across agencies.





**90%** of rural healthcare leaders say **RHTP will raise the bar for proving impact**. Rural healthcare transformation programs are entering a new era of measurable accountability.

Survey of 290 Rural Healthcare Leaders

Across the United States, Rural Health Transformation Programs (RHTP), Mobile Integrated Healthcare (MIH), and community-based care initiatives have entered a new stage of maturity. Over the past decade, communities have experimented with new models of care delivery designed to address the unique challenges facing rural populations: long travel distances, limited provider availability, fragmented behavioral health access, and persistent socioeconomic barriers.

Early transformation programs demonstrated that community-based interventions can significantly improve outcomes. Programs built around community paramedicine, proactive care coordination, and cross-agency collaboration have shown promise in reducing avoidable emergency department visits, stabilizing high-risk patients, and connecting vulnerable populations with the services they need.

However, the next phase of rural healthcare transformation introduces a new set of expectations. As pilot programs transition into permanent operating models, leaders must demonstrate sustainable funding pathways, maintain workforce stability, coordinate care across multiple partner organizations, and provide credible evidence of program impact.

To better understand how rural healthcare leaders are navigating this transition, independent research firm TrendCandy surveyed 290 leaders responsible for operations, finance, workforce management, and strategic planning in rural healthcare organizations.

The results reveal a clear pattern: the central challenge facing rural transformation efforts is no longer launching services. It is proving that those services work.

Survey findings show that 90 percent of rural healthcare leaders believe Rural Health Transformation Programs will significantly raise the bar for demonstrating measurable impact. At the same time, 61 percent say proving cross-agency impact is more difficult than delivering services themselves.

This tension reflects a structural reality. Community health interventions frequently involve multiple organizations working together: EMS agencies, hospitals, behavioral health providers, public health departments, and social service organizations. While these partnerships create powerful opportunities for improving care, they also make measuring outcomes significantly more complex.

Many communities lack the shared infrastructure required to track patient journeys across organizations, verify referral completion, and generate standardized outcome reporting.

As a result, rural healthcare transformation programs increasingly face what may be called the Proof Problem. Communities may be delivering meaningful services to patients while struggling to produce the evidence required to sustain those services financially.



The survey highlights several key insights shaping the future of rural healthcare transformation:



61% OF RURAL HEALTHCARE LEADERS SAY

**PROVING CROSS-AGENCY  
IMPACT IS HARDER THAN  
DELIVERING SERVICES  
THEMSELVES**

Measurement infrastructure is now the **critical barrier to scaling rural transformation** programs.

**Survey of 290 Rural Healthcare Leaders**

- ❑ Ninety percent of rural healthcare leaders believe RHTP initiatives will raise the bar for proving measurable impact.
- ❑ Sixty-one percent say proving cross-agency impact is more difficult than delivering services.
- ❑ Eighty-two percent report that reporting cross-agency outcomes is urgent this year.
- ❑ Eighty-five percent say at least one critical referral partner still relies on manual communication methods such as phone calls or fax.
- ❑ Eighty-nine percent say workforce shortages constrain how they design and scale transformation programs.

Taken together, these findings suggest that the next phase of rural healthcare transformation will depend not only on clinical innovation but also on operational infrastructure capable of supporting cross-agency coordination, outcome measurement, and program accountability.

The communities that succeed will be those that build the systems required to demonstrate impact across complex networks of care.

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# THE RISING PROOF BAR IN RURAL HEALTHCARE

Over the past decade, healthcare leaders and policymakers have increasingly recognized the importance of addressing social determinants of health, expanding access to behavioral health services, and improving care coordination for vulnerable populations.

Rural communities have often been at the forefront of this transformation. Facing persistent provider shortages and geographic barriers, many rural healthcare systems have pioneered innovative approaches to delivering care outside traditional clinical settings.



Community paramedicine programs allow EMS professionals to conduct home visits, manage chronic conditions, and connect patients with community resources. Mobile Integrated Healthcare programs coordinate outreach to high-risk patients who frequently rely on emergency services. Behavioral health crisis teams partner with law enforcement and emergency responders to address mental health emergencies more effectively.

These initiatives represent a significant evolution in healthcare delivery. Rather than waiting for patients to present at hospitals or clinics, communities are proactively engaging individuals in their homes and neighborhoods.

Yet as these programs mature, the expectations surrounding them are changing.

Early transformation initiatives were often funded through innovation grants or demonstration programs designed to test new care models. Today, leaders face growing pressure to demonstrate that these programs deliver measurable results.

Policymakers, healthcare payers, and community stakeholders increasingly expect evidence that transformation initiatives improve outcomes, reduce costs, and strengthen coordination across the healthcare system.

The survey results suggest that rural healthcare leaders understand this shift clearly. Ninety percent believe Rural Health Transformation Programs will raise the bar for proving impact.

This finding reflects a broader transition occurring across healthcare. The era of pilot innovation is giving way to an era of operational accountability.

For rural communities, this transition introduces both opportunity and risk. Programs that can demonstrate measurable impact may unlock new funding pathways and policy support. Programs that cannot may struggle to sustain themselves even if they provide valuable services.

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# THE SUSTAINABILITY RECKONING

Financial sustainability remains one of the most pressing concerns for rural healthcare transformation initiatives.

Many programs were initially launched through short-term funding mechanisms including federal demonstration programs, state innovation grants, philanthropic initiatives, or temporary hospital investments.

While these funding sources allowed communities to experiment with new care models, they were never intended to support programs indefinitely.

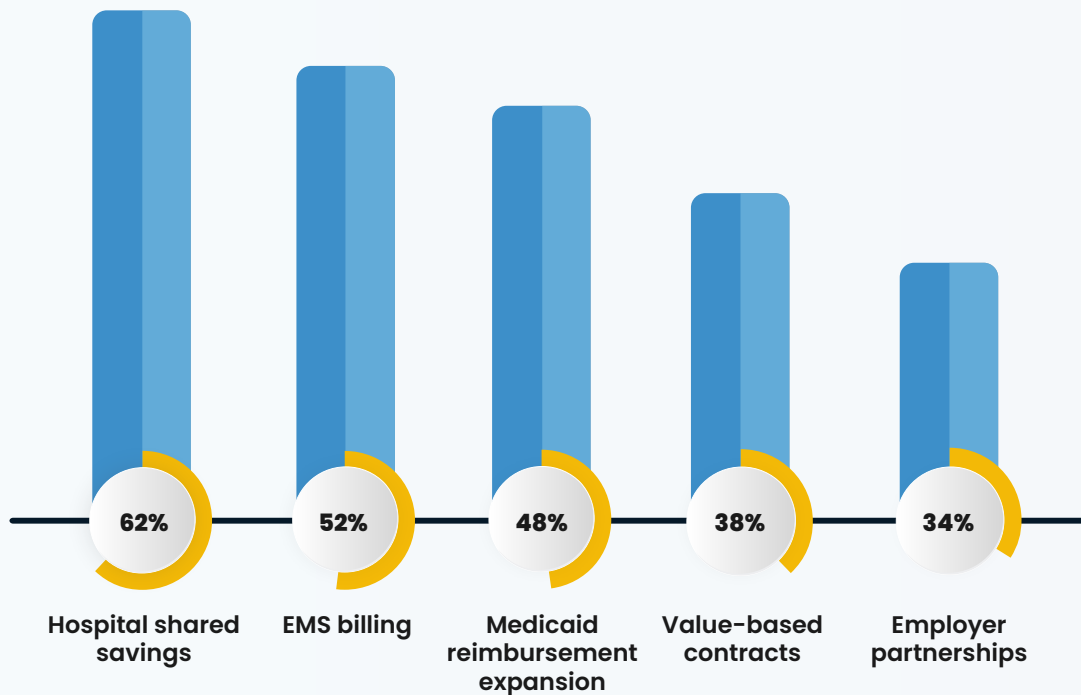


As a result, rural healthcare leaders increasingly face a critical question: how can transformation initiatives transition from grant-funded pilots to financially sustainable operating models?

Survey respondents report that proving reimbursement sustainability beyond the first two years remains difficult for many programs. Leaders frequently describe uncertainty about how services will be funded once initial pilot funding expires.

Rather than relying on a single payer, many communities expect sustainability to depend on a combination of funding sources. Leaders report exploring hospital shared-savings arrangements, Medicaid reimbursement expansion, EMS billing pathways, employer partnerships, and local government support.

## FUNDING SOURCES RURAL HEALTHCARE LEADERS EXPECT TO SUPPORT LONG-TERM SUSTAINABILITY



Survey of 290 Rural Healthcare Leaders



This multi-payer strategy reflects the complex nature of community health interventions. Programs designed to reduce emergency department visits or hospital admissions may generate savings across several organizations simultaneously.

For example, a community paramedicine program that stabilizes high-risk patients may reduce emergency department visits, lower hospital readmissions, and improve patient health outcomes. While hospitals, insurers, and public health agencies all benefit from these improvements, no single organization may capture the full financial value.

As a result, proving the economic impact of transformation initiatives requires the ability to measure outcomes across multiple organizations.

Without shared data infrastructure capable of linking interventions to outcomes, demonstrating this value becomes extremely challenging.

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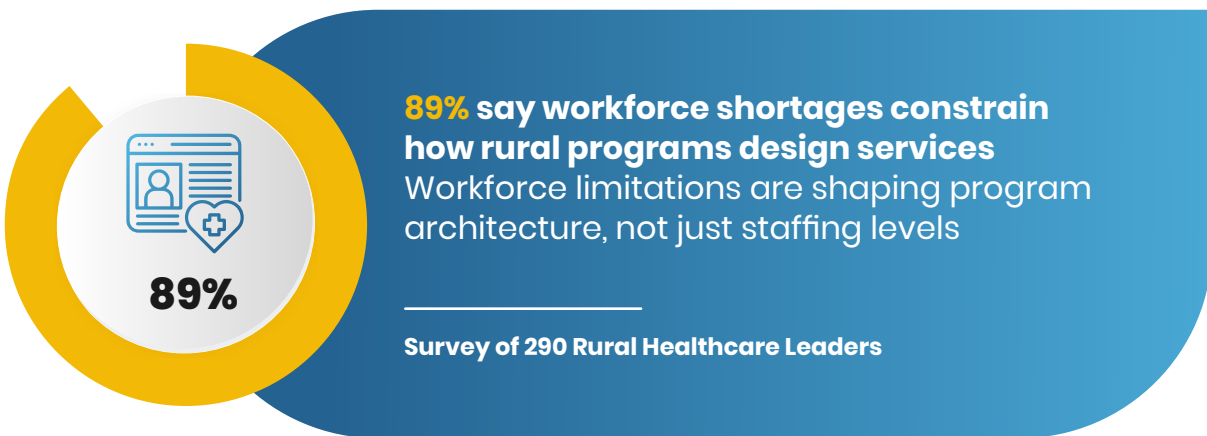
# WORKFORCE CONSTRAINTS ARE SHAPING PROGRAM DESIGN

Workforce shortages remain one of the most significant structural barriers facing rural healthcare transformation initiatives.



Rural communities have long struggled to recruit and retain clinicians, behavioral health professionals, and specialized care providers. These shortages are often intensified by geographic isolation, limited professional networks, and resource constraints.

Survey findings indicate that nearly nine in ten rural healthcare leaders say provider shortages constrain how they design and scale transformation programs.

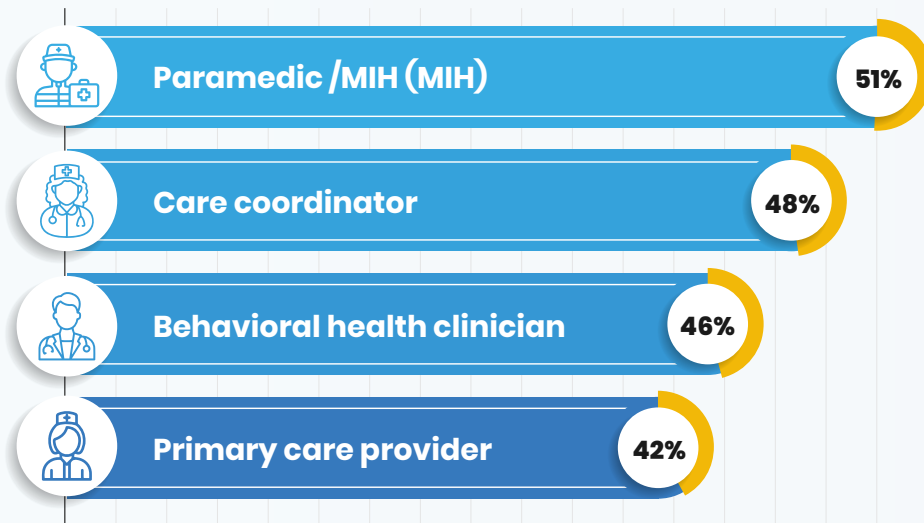


This finding suggests workforce availability is not simply an operational challenge. It is shaping the architecture of transformation initiatives.

Leaders frequently report designing programs around the personnel they can realistically hire rather than the ideal service model. When key positions remain unfilled, organizations may limit program scope, reduce service coverage, or redesign workflows to accommodate staffing constraints.

The roles most difficult to recruit and retain are concentrated in frontline coordination and service delivery positions. Respondents most frequently cited paramedics or community paramedicine staff, care coordinators, behavioral health clinicians, and primary care providers.

## ROLES HARDEST TO RECRUIT FOR RURAL TRANSFORMATION PROGRAMS



Survey of 290 Rural Healthcare Leaders

These roles play a critical function within transformation initiatives. Community paramedics often serve as the frontline for outreach programs designed to stabilize high-risk patients in their homes. Care coordinators manage complex referral pathways connecting patients with multiple providers. Behavioral health clinicians address mental health needs that frequently drive emergency utilization.

When these positions remain vacant, programs may struggle to maintain continuity of care and coordination across agencies.

Employee turnover further complicates these challenges. Leaders report that staff turnover can disrupt relationships with patients and partner organizations, weakening the continuity of care that transformation programs aim to provide.

Addressing workforce shortages therefore requires not only recruitment strategies but also operational systems that reduce administrative burden and allow clinicians to focus more time on patient engagement.

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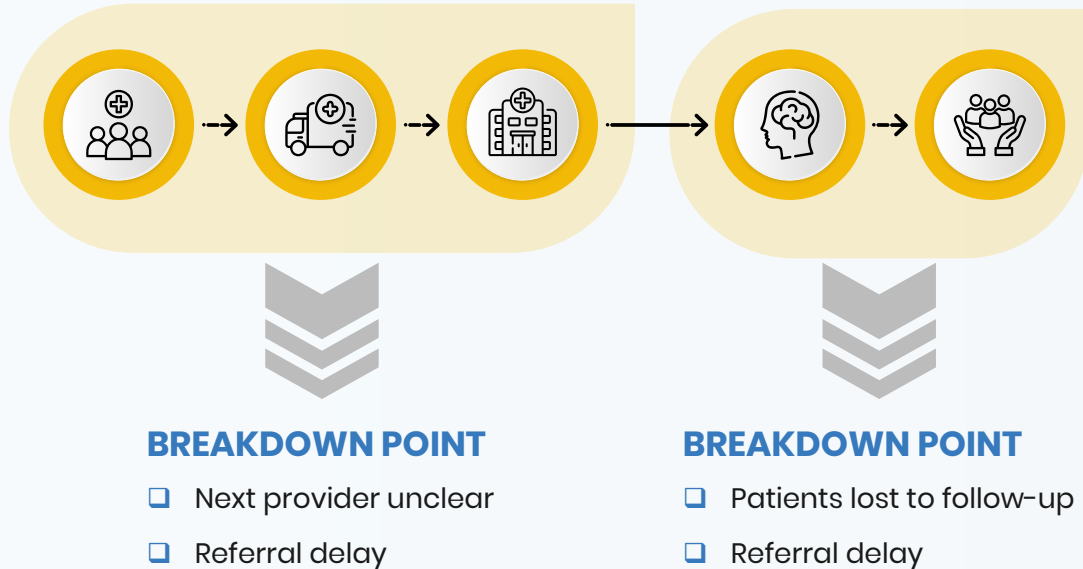
# REFERRAL COORDINATION BREAKDOWNS

Effective referral coordination lies at the heart of successful rural healthcare transformation initiatives.

Patients served by community paramedicine programs, behavioral health outreach teams, and care coordination initiatives frequently require services from multiple providers. These may include hospitals, primary care clinics, behavioral health providers, substance use treatment programs, housing services, and transportation providers.



## THE TYPICAL RURAL REFERRAL JOURNEY



### Survey of 290 Rural Healthcare Leaders

Yet coordinating these transitions remains challenging.

Survey findings indicate that many communities continue to rely on manual communication methods to manage referrals. In many cases, at least one critical partner organization still depends on phone calls or fax communication to coordinate care transitions.

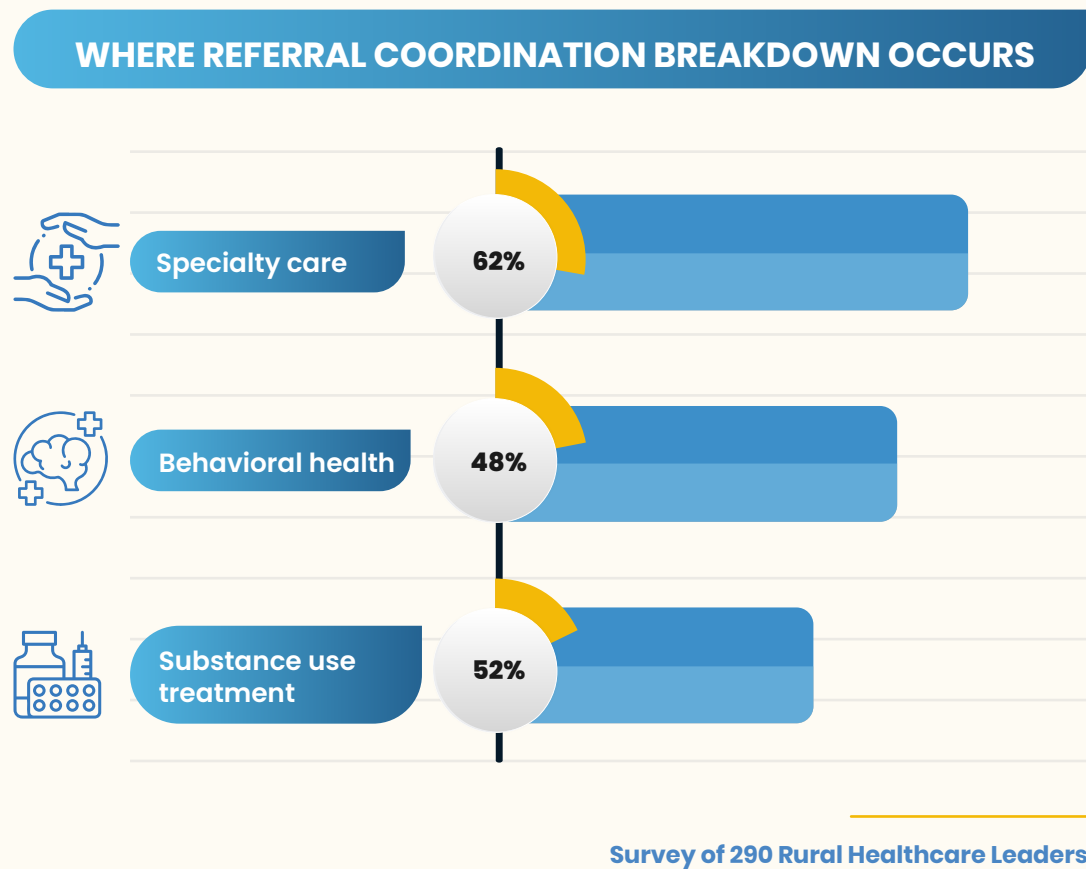
Manual referral processes introduce several operational risks.

First, they make it difficult to verify whether referrals are successfully completed. When referrals are communicated informally between organizations, there may be no reliable mechanism for confirming whether a patient actually receives the recommended service.

Second, manual workflows can introduce delays between care transitions. These delays may be particularly harmful for patients experiencing behavioral health crises or complex medical conditions.

Third, manual processes make it difficult to track referral performance systematically. Without standardized reporting infrastructure, communities may struggle to identify patterns of referral breakdown or measure improvements over time.

Survey respondents reported that specialty care referrals appear particularly vulnerable to coordination failures. Rural patients often travel long distances to access specialty providers, and communication between referring clinicians and specialty offices may rely on informal channels.



Improving referral coordination therefore requires more than stronger relationships between organizations. It requires shared operational infrastructure capable of tracking referrals, confirming completion, and identifying breakdown points in care transitions

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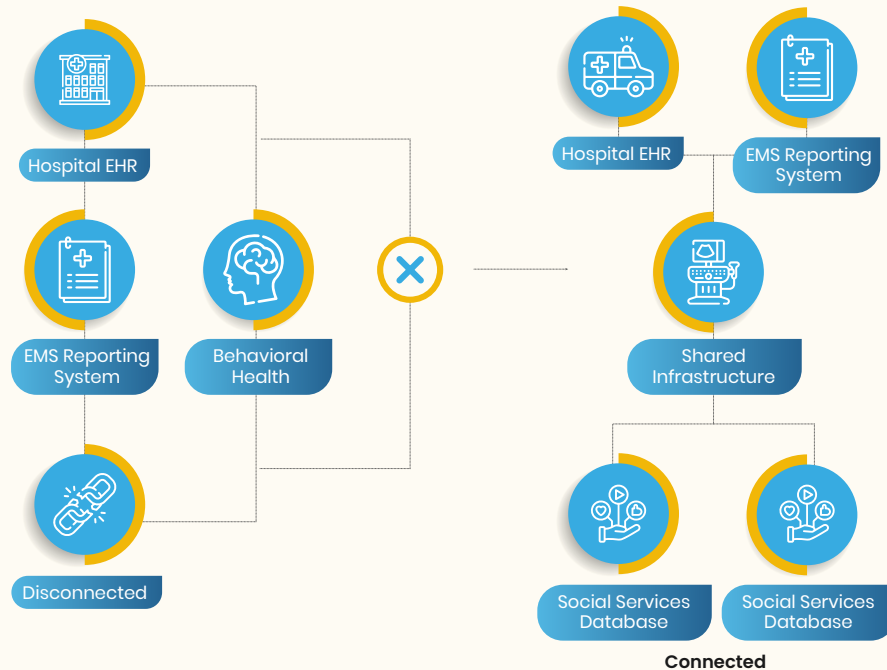
# THE INFRASTRUCTURE GAP

A central insight emerging from the research is the growing recognition that rural healthcare transformation requires shared infrastructure connecting organizations that historically operated independently.

Nearly half of survey respondents say investing in shared data infrastructure represents the fastest path toward long-term sustainability for transformation initiatives.



## FRAGMENTED DATA SYSTEMS IN RURAL HEALTHCARE



As a result, measuring outcomes frequently requires manual reconciliation processes. Leadership teams may spend significant time assembling spreadsheets, compiling partner reports, and attempting to create a unified view of program performance.

This reporting burden can consume valuable leadership capacity. Instead of focusing on strategic improvements or community outreach, leaders may find themselves managing complex data reconciliation processes.

Shared infrastructure platforms offer a potential solution by providing a common environment where multiple organizations can coordinate care and track outcomes.

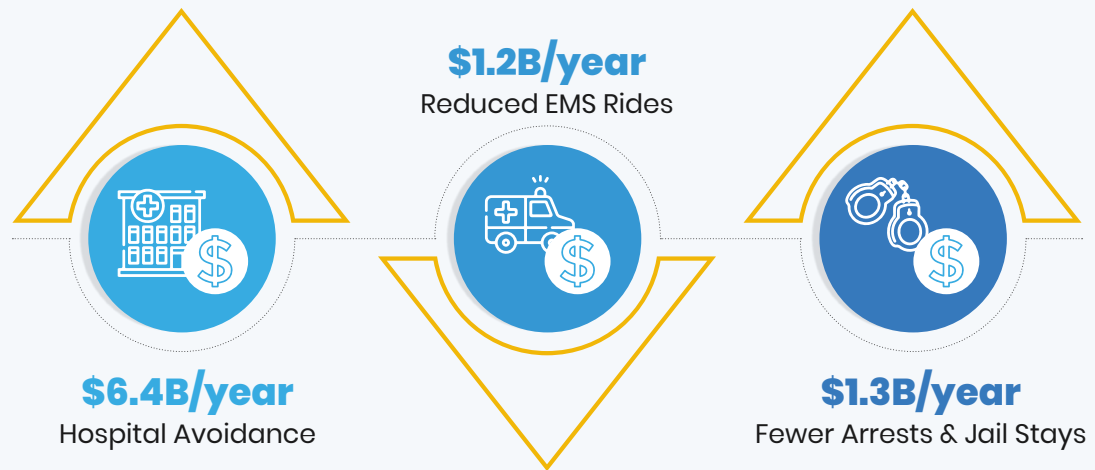
Such systems allow communities to create shared care plans, manage referrals across agencies, and generate standardized reporting capable of demonstrating program impact.

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# THE PROOF **PROBLEM**



## BILLIONS IN SAVINGS OPPORTUNITIES



Perhaps the most revealing finding from the survey is that 61 percent of rural healthcare leaders say proving cross-agency impact is more difficult than delivering services themselves.

This finding captures the central operational challenge facing transformation initiatives.

Delivering services, while complex, often falls within the capabilities of local healthcare teams. Demonstrating the value of those services across multiple organizations requires a different type of infrastructure.

Programs must track patient interactions across agencies, link interventions to measurable outcomes, and produce credible reports capable of withstanding scrutiny from policymakers and funders.

As reporting expectations increase, communities are under pressure to demonstrate results more quickly than ever before.

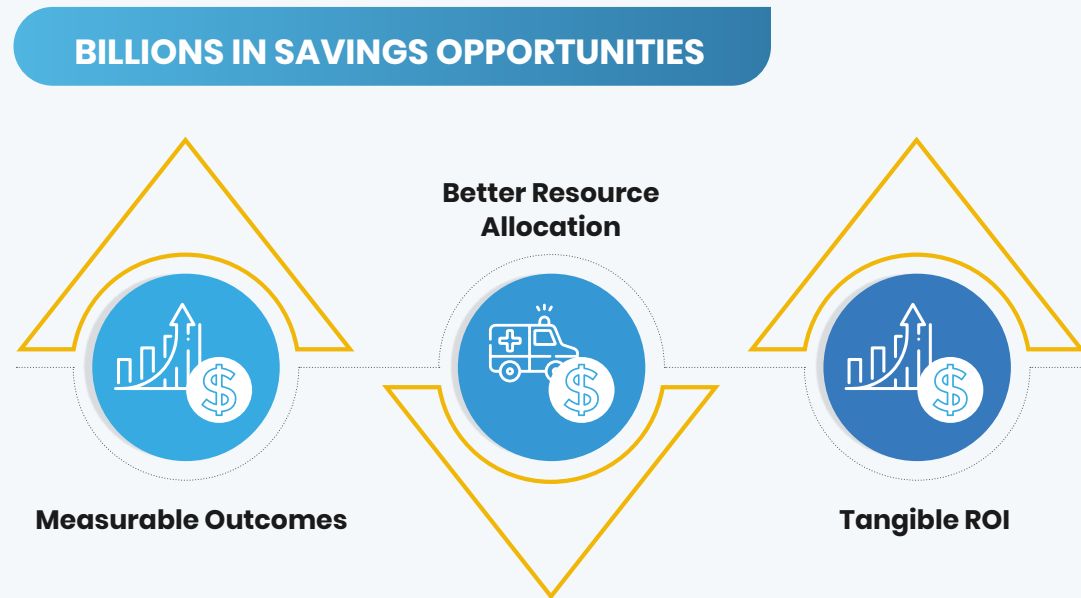
Without shared infrastructure capable of capturing and aggregating data across partner organizations, many programs may find themselves delivering valuable services while struggling to prove their impact.

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# WHAT LEADERS MUST BUILD NEXT



The survey findings suggest several strategic priorities for rural healthcare organizations seeking to sustain transformation initiatives.



**When leaders share integrated program data, organizations produce...**

First, communities must develop shared care coordination frameworks that allow multiple agencies to collaborate around a single patient care plan.

Second, referral management systems must evolve toward closed-loop tracking models capable of confirming referral completion.

Third, outcome measurement infrastructure must become more standardized so communities can demonstrate program impact across partner networks.

Fourth, governance structures must clarify decision rights around data sharing, workflow authority, and accountability.

Finally, technology infrastructure must support these capabilities while minimizing administrative burden for clinicians and frontline staff.

Organizations that successfully align workforce capacity, operational workflows, and shared infrastructure may be best positioned to sustain transformation initiatives and demonstrate measurable impact.

## FIVE CAPABILITIES RURAL HEALTHCARE LEADERS MUST BUILD NEXT

<b>Shared Care Plans</b>	Coordinate patient care across EMS, hospitals, behavioral health, and community services using a shared care plan.
<b>Closed-Loop Referrals</b>	Track referrals across agencies and confirm that patients successfully receive services.
<b>Cross-Agency Outcomes Reporting</b>	Measure program outcomes across multiple organizations including utilization, costs; and patient health improvements.
<b>Consent-Aware Data Sharing</b>	Enable secure collaboration across agencies while respecting privacy regulations and consent requirements.
<b>Audit-Ready Reporting</b>	Provide standardized reporting to policymakers, funders, and partners demonstrating program impact.

When leaders share integrated program data, organizations produce...

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# ABOUT THE RESEARCH

This report is based on a national survey of 290 rural healthcare leaders conducted by independent research agency TrendCandy.

Respondents included operations leaders, financial executives, workforce managers, and strategic decision-makers responsible for designing and implementing transformation initiatives.

The survey examined sustainability challenges, workforce constraints, referral coordination breakdowns, and data infrastructure needs.

The margin of error for the study is  $\pm 5$  percent at the 95 percent confidence level.

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# ABOUT JULOTA

Julota provides community interoperability infrastructure designed to support cross-agency coordination between healthcare providers, EMS agencies, behavioral health teams, and social service organizations.

The platform enables organizations to manage shared care plans, coordinate referrals, and measure outcomes across complex care networks.

By providing a common operational environment for collaboration, Julota helps communities coordinate services, reduce administrative burden, and demonstrate the impact of transformation initiatives.