

Georgia Rural Health Transformation Program (GREAT Health)

Initiative 3: Connecting to Care to Improve Healthcare Access in Rural Georgia



STRATEGY: TELEHEALTH ENHANCEMENTS

FUNDING

Total funding over 5 years:
\$125,000,000

1st Year grant funding:
\$10,000,000

Funds can be used for service-line buildout and technology.

KEY STAKEHOLDERS

- Rural hospitals
- Rural clinics
- Academic medical centers
- County health departments
- Primary care
- Specialty care
- Behavioral health providers

INITIATIVE 3 STRATEGIES

- Care to Consumers: Point-of-Care Telepods & Mobile Units
- Telehealth Enhancements
- Rural Stabilization Grants
- Strengthening Perinatal Systems of Care
- Public Health Telehealth Infrastructure
- Rural Telepsychiatry: Consultations & Primary Care Provider Training

Grantees for this initiative will be asked to commit to aligning with innovative care strategies that are focused on improving health outcomes and transitioning providers to participate in value-based care.

- DCH will form a statewide network through a multi-hub architecture.
 - 1st Hub = Local hospital as primary anchor for patient care.
 - 2nd Hub = Interconnected network of rural hospitals.
 - 3rd Hub = Digital ecosystem that provides framework for patient placement, clinician education and training for scalability.
- Rural hospitals, universities, public health, and rural service providers will be connected into a coordinated care system. Digital infrastructure of rural facilities, including servers, storage, and networks will be modernized.

IMPLEMENTATION TIMELINE

Q1 CY2026 (January-March)

- Establish program governance and collaborative structures to guide statewide telehealth implementation.
- Recruit the initial cohort of participating rural hospitals and providers and begin baseline assessments aligned with statewide needs.

Q2 CY2026 (April-June)

- Recruit the initial cohort of participating rural hospitals and providers and begin baseline assessments aligned with statewide needs.
- Begin workforce preparation and start deploying standardized technology and operational processes.
- Initiate remote specialty access for acute care needs.

Q3 CY2026 (July-September)

- Continue recruiting the initial cohort and complete remaining baseline assessments.
- Continue workforce preparation and deployment of standardized technology & operational processes.
- Continue/expand remote specialty access for acute care needs.

Q4 CY2026 (October-December)

- Initiate implementation of core technology functions at participating rural sites.
- Begin integration of people, processes, and equipment at early-adopter sites.
- Begin upgrading and expanding local capacity for preventive and screening services.

All information based on Georgia's application for Rural Health Transformation Program funding available at GREATHealth.georgia.gov

April 22, 2026

Q1 CY2027 (January-March)

- Implement core technology functions and integrate people, processes, and equipment at rural sites.
- Upgrade and expand local capacity for preventive and screening services.

Q2 CY2027 (April-June)

- Continue to upgrade and expand local capacity for preventive and screening services.
- Expand workforce training and begin enrollment of additional hospitals.

Q3 CY2027 (July-September)

- Continue to expand workforce training and begin enrollment of additional hospitals.

Q4 CY2027 (October-December)

- Onboard additional cohorts through phased implementation.

TELEHEALTH ENHANCEMENTS STRATEGY OUTCOMES MEASURES

- Percent of rural hospitals connected to digital access for remote specialty care.
- Rate of county residents accessing digital specialty care stated as number per 1,000 residents/month.

INITIATIVE 3 OUTCOME MEASURES

The Telehealth Enhancements Strategy falls under Initiative 3 of Georgia's GREAT Health Program. Outcomes of Initiative 3 will be measured by increased access to prenatal and postpartum visits; reduced 30-day readmission rates for inpatient visits; decreased non-emergency ED visits; and increased use of primary care services at the county level.

- 3.1 Increase adequate care for prenatal and postpartum visits by 25%.
- 3.2 Reduce 30-day readmission rates for inpatient visits by 10%.
- 3.3 Decrease ED visits related to non-emergent physical health, chronic disease, and mental/behavioral health in rural counties from 1,312,638 to 995,000.
- 3.4 Increased use of primary care/preventive care services related to management of chronic disease, and mental/behavioral health by 30%.
- 3.5 Increase in number of methods of technological coordination between primary care, behavioral health, and community organizations for individuals engaged in the initiative (Target TBD).
- 3.6 Increase screenings for individuals served in initiatives (screenings include behavioral health, newborn screenings, social service screeners) by 10%.
- 3.7 Percent of rural practitioners trained (Target = 50%).