



# Digital Health Optimization in Rural Hospitals

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# Presenters



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# Identify practical digital health strategies to support rural hospital operational efficiencies and financial sustainability



Digital optimization as a critical tool for improving efficiency, expanding access, and supporting long-term sustainability



CTRC and Marshall Medical sharing real-world insights from a collaborative digital health optimization journey



Discuss targeted digital health strategies and highlighting lessons learned along the way



# Where is digital health friction showing up most for you right now?



Operations & patient flow



Workforce & staffing



Revenue cycle & margins



Governance / Prioritization



# The Need: Digital Health Services in Rural Communities

- The move to value-based care is key and requires continuous engagement with patients
  - Shift from episodic care in clinics to remote patient management in the community
  - Flexibility over site of service and certainty over long term waivers
- **Requires robust rural digital health capabilities and tele-service and remote patient management infrastructure**
- **Provide care in the community to limit migration**
  - Access to local specialist out-patient services a major challenge due to recruitment and retention
  - Reimbursement models that provide financial sustainability



# The Challenge: Digital Health Optimization

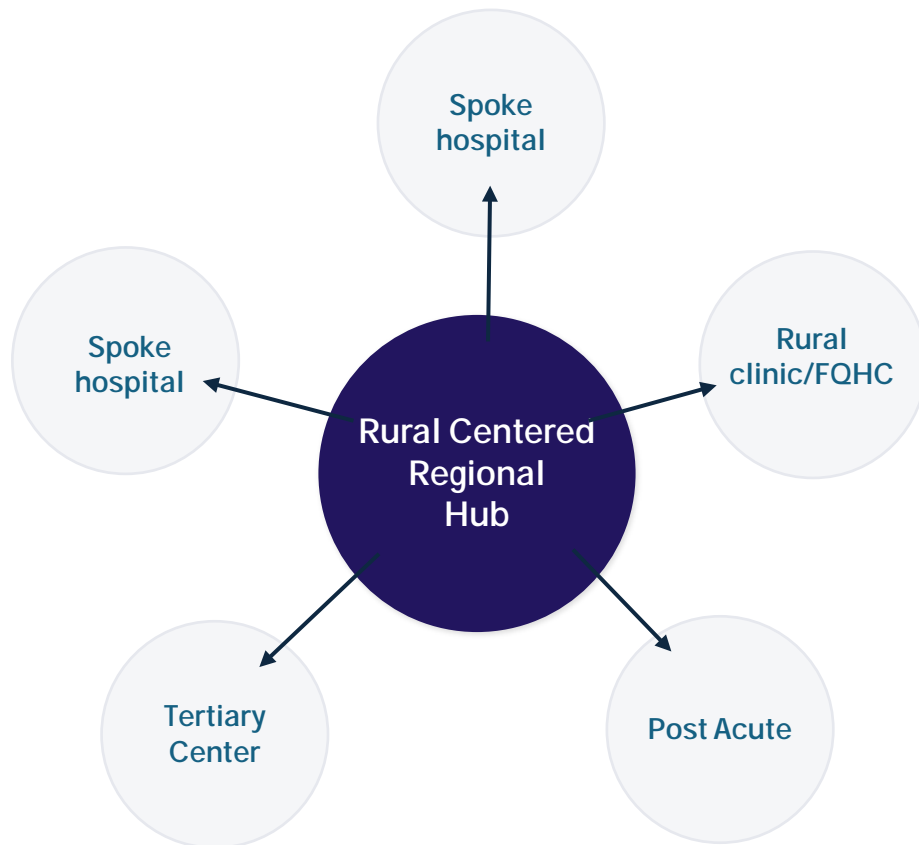
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- Limitation of skills and capacity
- Limitation of support
  - Poor experience with tele-services from tertiary centers
  - "Poor cousin" approach to service delivery
- Limitation of investment
- Consequences
  - Drives transfers and follow-up out of the community
  - Secondary impact of ancillary service lost from rural providers ("flyover")
  - Limits ability to provide coordinated chronic care and remote patient management



# The Rural Regional Hub-and-Spoke Model

A coordinated regional network that expands specialty access while strengthening local capacity



## Core Capabilities

- Central referral + intake coordination
- Tele-specialty visits (scheduled + rapid access blocks)
- eConsults for PCPs and ED clinicians
- Remote monitoring to prevent avoidable ED/hospital use
- Standard escalation pathways to tertiary partners
- Shared quality, equity, and performance reporting



# Marshall – Current State of Readiness

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- Leading innovation among California rural health systems
- Completed digital health assessment in 2025 (ReCast + CTRC)
  - Technical readiness (EHR, informatics, reporting)
  - Workflow, staffing, and revenue-cycle optimization readiness
- Long-established multi-disciplinary teams focused on tele-health, RPM, AI and care coordination
- Existing specialist capacity with appointment availability
- Established partnerships with local FQHC and Tribal Health
- Successful ACO participation



# What We've Learned – Key Components of Success

Four pillars create a durable network:

## Governance

- Steering committee
- Clinical council
- Data-sharing norms
- Change control

## Clinical Programs

- Specialty service lines
- Escalation pathways
- Coverage schedules
- Quality protocols

## Operations

- Central intake
- Patient navigation
- Credentialing
- Training + support

## Technology + data

- Telehealth platform
- eConsult workflows
- RPM devices + staffing
- Dashboards + reporting



# Build Slowly to Scale Fast

- **Focus first on your existing strengths**
  - Initial Inventory and Gap analysis (CTRC Digital Health Assessment Suite)
  - Technical capabilities
- **Key telehealth services to consider:**
  - Behavioral tele-health
  - Primary care follow-ups and chronic disease management
    - § Includes Rx refills and management
  - Small, condition-specific RPM pilots
  - Tele-ED and tele-specialist partnerships, IP and OP



# The Challenge: Digital Health Optimization

## Anchor decisions in measurable financial drivers

- Avoided costs (readmissions, ED overuse, unnecessary transfers)
- Reimbursable encounters (behavioral health, primary care follow-ups)
- Capacity protection (keeping local beds open by reducing preventable deterioration or readmissions)
- Specialty access without hiring (tele-hospitalist, tele-ED, tele-specialty consults)

## Use an assessment-first model before scaling

- Each service line should pass through three gates before expansion:
  - Clinical need validation: Does this service address a high-burden condition or access gap?
  - Operational readiness: Can existing staff support the workflow without new FTEs?
  - Financial feasibility: Is reimbursement clear, and can the hospital quantify avoided costs?
- Only services that pass all three gates should move to pilot scale



## Audience Question:

What challenges are currently creating the most friction in your organization?

Technology, Workforce, Workflow

# Fireside Chat Discussion

# CTRC Digital Health Assessment Suite



***SCAN HERE***

The assessments aim to provide a clear, personalized report that helps organizations understand *where they are*, *what that means*, and recommendations on *what to prioritize next*.

## Available Assessments:

- Rural Digital Health Strategy Readiness
- Remote Patient Management Optimization
- Telehealth Optimization
- AI and Automation Readiness

## What to Expect

- Complete a digital readiness assessment
- Receive a personalized **assessment report and recommendations** via email



# Stay Connected



# Thank you

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