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MARKET SCAN

TRAIL BLAZERS

Rural Hospitals and the AI Advantage:

Turning constraints into catalysts

Creating opportunities for rural hospitals to stabilize operations and extend care without overextending scarce resources

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Introduction

America's rural hospitals are standing at a critical crossroads. Nearly half operate at a financial loss, and workforce shortages, aging infrastructure and administrative strain continue to threaten their viability. Many have been identified as vulnerable to closure.

These are grim facts. But the constraints facing rural hospitals can also serve as catalysts for transformation. Rural hospitals – unburdened by legacy tech stacks – have a unique opportunity to leapfrog into AI-enabled operations. Instead of requiring costly, enterprise-wide overhauls, AI can be deployed as a lightweight enabler to drive efficiency, streamlining operations and improving care delivery.

Rather than pursuing large-scale transformation programs, many rural hospitals are starting with targeted applications that address immediate pressures: administrative burden, staffing limitations and delayed reimbursement.[2] Combined with larger, transformative initiatives such as the federal Rural Health Transformation Program (RHTP), these advances create an opportunity for rural hospitals to stabilize operations and extend care without overextending scarce resources.[3]

Data indicates that rural hospitals experimenting with AI most often begin with tools embedded in existing administrative and clinical workflows such as revenue cycle automation, documentation support, front office administration tools and analytics rather than advanced clinical decision-making systems.[4] This sequencing is closely tied to financial and staffing realities.

At the same time, rural hospitals have steadily increased adoption of foundational digital capabilities such as analytics and interoperability over the past decade, laying the groundwork for targeted AI use without wholesale system replacement. Together, these trends point to a pattern of incremental adoption: Some rural hospitals are testing AI first where it can help stabilize cash flow, reduce administrative burden and preserve clinical capacity, before extending into more complex or resource-intensive applications.

With these innovations and without legacy systems to weigh them down, rural hospitals can implement AI tools to recoup revenue, reduce burnout and offer more care without large-scale IT investment. By focusing on these areas, they can also see ROI from day one.

This Market Scan Trailblazer report explores how rural hospitals can experience AI not as disruption, but as an enabler to optimize systems, reduce staff burnout and expand access to care.

> **"Let the people who actually use the technology tell you whether it works."**
>
> — CODY LANGBEHN —
> CEO of Central Montana Medical Center

Describing clinicians' response to scribing technology:

"The feedback I hear is 'this thing gave me two hours a day back… If you take it away, I'm quitting and going somewhere that has it.'"

— **CODY LANGBEHN** —
CEO, Central Montana Medical Center

Revenue cycle automation: A common entry point for early AI adoption

Across rural hospitals, early experimentation with artificial intelligence has frequently centered on revenue cycle operations. Financial performance remains a dominant concern for rural facilities, many of which operate with limited administrative staff and minimal tolerance for delayed reimbursement, increasing denials, constantly changing insurance processes and turnover. Revenue cycle processes including prior authorization, eligibility verification, coding, denial management and analytics are among the most labor-intensive administrative functions in health care, particularly for smaller hospitals without specialized billing teams. These areas also offer an immediate path to an ROI from AI implementation.

National data underscore the scale of this challenge. A 2024 survey by the Healthcare Financial Management Association (HFMA) found that rural hospitals report higher claim denial rates and longer days in accounts receivable than urban hospitals, driven largely by payer variability and limited internal resources.[5] HFMA analysis also indicates that automated claims review and denial management systems are associated with denial-rate reductions of approximately 20%-30%, along with faster payment turnaround times.

BEST PRACTICE **TIP**

Treat revenue cycle and documentation as **foundational** AI infrastructure.

AI scribing: Addressing workforce stress

Workforce sustainability represents another persistent pressure point for rural hospitals. Nationally, nearly half of all physicians report symptoms of burnout, with documentation requirements consistently identified as a leading driver.[6] While there is no statistically valid difference between burnout rates in rural and urban settings, rural areas have approximately 30 physicians or specialists per 100,000 people, compared to 263 in urban areas, which can amplify documentation demands.[7]

As a result, AI-powered clinical documentation tools — often referred to as AI scribing or ambient clinical intelligence — have become another area of early adoption and experimentation. These tools use speech recognition and natural language processing to generate structured clinical notes from patient-provider conversations, typically integrating into existing electronic health record systems with relatively limited workflow disruption.

Peer-reviewed research supports growing interest in these tools. A study published in JAMA Network Open found that clinicians using ambient documentation technology experienced up to a 20% reduction in after-hours charting time, commonly referred to as "pajama time."[8] Additional studies have linked reduced documentation burden to improved job satisfaction and lower intent to leave practice — outcomes that carry particular significance for rural hospitals facing chronic recruitment and retention challenges.[9] Improved documentation quality also supports downstream functions such as coding accuracy, quality reporting and continuity of care.

DATA POINT

15-20%

Clinicians using ambient documentation tools spent 15-20% less time composing clinical notes, compared with matched controls not using the technology.

Source: Adler-Milstein J, et al.[8]

"When rural hospitals reduce administrative drag, they free up resources to focus on the things that actually move health outcomes — access, continuity, and trust."

— **AMAR KENDALE** —
Co-founder and President
Homeward Health

AI-supported data activation for measurement, follow-up and care coordination

As rural hospitals begin using AI to reduce administrative burden and stabilize operations, many are also applying AI-supported analytics and automation to better activate the data they already collect.

Rather than relying on retrospective reporting or manual chart review, AI-enabled data activation focuses on using available information — such as EHR documentation, laboratory results, claims data and exchanged records — to support follow-up, care coordination, patient safety monitoring and electronic reporting. Machine-assisted data extraction, pattern recognition and automated alerts allow care teams to surface time-sensitive information more reliably and with less manual effort.

The Centers for Medicare & Medicaid Services define electronic clinical quality measures (eCQMs) as standardized measures derived from data electronically extracted from EHRs and other health IT systems, underscoring the importance of structured data capture and automated workflows in supporting measurement and coordination.[10] AI-enabled tools increasingly support these workflows by improving data completeness, reducing manual abstraction and helping ensure that clinically relevant information is available at the point of care.

Evidence suggests that rural hospitals are steadily adopting the underlying digital capabilities needed for AI-supported data activation. Operationally, these capabilities are often deployed as lightweight, workflow-integrated tools — such as AI-assisted care team worklists that identify patients due for follow-up, predictive flags that surface emerging clinical risks or automated notifications that prompt timely intervention.

Examples from rural practice illustrate how AI-supported data activation can be achieved without large analytics teams or enterprise-scale platforms. The Utah Office of Primary Care and Rural Health documented how a rural hospital used analytics to flag a potential surgical site infection risk, enabling timely clinician follow-up and preventing escalation.[11] More broadly, improvements in interoperability have expanded the data available for AI-enabled activation. National reporting from the Office of the National Coordinator for Health IT shows that by 2023, 70% of U.S. hospitals engaged in all four domains of interoperability—sending, receiving, finding and integrating patient health information—creating a stronger foundation for automated insights and care coordination.[12]

Programs such as the Medicare Rural Hospital Flexibility (Flex) Program and MBQIP further support this work by helping Critical Access Hospitals collect, standardize and report quality data, creating a structured pathway to apply AI-supported analytics for performance improvement and coordinated care.

BEST PRACTICE **TIP**

Look at new ways to surface existing data to clinicians and care teams. Rather than adding new reporting layers, **consider dashboards, patient lists or registries and point-of-care summaries** to streamline access to information.

"More than 12,000 patients accessed mental health services for the first time through virtual care … due to privacy concerns in small communities."

— **DR. DAVID NEWMAN** —
Chief medical officer for virtual care, Sanford Health

"The goal is to extend the hospital's reach so patients can receive hospital-grade care where they are, not just where buildings exist."

— **AMAR KENDALE** —
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From foundations to frontier: A pathway for AI maturity

While most rural hospitals begin their AI journey with low-risk, high-impact applications like revenue cycle automation, documentation support and analytics, some are now building on those foundations to explore more advanced care models. These include distributed virtual care, remote physiologic monitoring (RPM) and mobile health units supported by AI infrastructure.

These later-stage applications aren't the starting point — they're the horizon. They reflect a growing recognition that AI can not only streamline existing operations, but also enable new models of care delivery that bring services closer to patients, especially in geographically isolated communities.

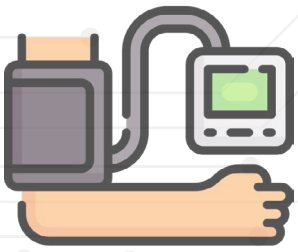
The intent of this report is to highlight both ends of this maturity curve: where rural hospitals are starting, and where a subset are beginning to go. The goal is not to leap ahead, but to show what's possible when foundational capabilities are in place.

Hospital-grade mobile virtual care enabled by AI

Geographic isolation is one of the most persistent constraints facing rural health systems. Even when hospitals remain open, distance, transportation barriers and limited clinical workforce can delay or prevent patients from accessing timely care. In response, many rural hospitals are rethinking where and how care is delivered, using mobile and community-based models to extend hospital services beyond traditional facilities. Evidence suggests that mobile health programs can meaningfully improve access to preventive and chronic care services in rural and underserved populations.[13]

By starting with immediately deployable AI use cases such as RCM automation, rural hospitals can build the data, governance and change-management muscle required to scale into larger scale initiatives like care delivery.

AI plays a critical enabling role in making these distributed care models viable at scale — not by replacing clinical decision-making, but by powering the administrative and operational infrastructure behind it. Automated documentation, workflow standardization, remote supervision and revenue cycle support allow small care teams to operate safely and consistently across multiple sites. These capabilities expand workforce capacity by allowing clinicians to work at the top of their license, reducing administrative burden and enabling fewer staff to serve more patients without sacrificing quality. In this way, AI transforms geographic isolation from a limiting factor into an opportunity to redesign care delivery around patients rather than physical infrastructure.



DATA POINT

>50%

A recent study of over 4,000 hypertension patients found that remote physiologic monitoring (RPM) helps decrease patients' total monthly cost of care by more than 50%.

Source: RPM Healthcare

Rural hospitals operate under some of the toughest conditions in healthcare, with tight budgets, limited staff and patients spread across long distances. Homeward Health was built to support these communities and help rural systems improve financial performance and deliver high-quality care.

Homeward partners with hospitals to capture revenue where it's needed most. Our model combines AI-enabled technology with coding and billing experts who understand the realities of rural hospitals. We integrate directly into your existing workflows without disruption, reduce administrative burden and capture revenue.

AI + Human Services Working Together

Homeward combines technology and human expertise to help you manage everyday operational challenges. Our AI tools take on routine administrative work, improve accuracy and finish tasks more quickly. When a case is more complex, our clinical and claims experts step in to make sure it is handled correctly. This approach helps your team work more efficiently without adding extra tasks.

End-to-End Support

We provide hands-on implementation, personalized onboarding and clear performance reporting built for rural healthcare. There are no startup costs, no new systems to learn and no disruption to your current processes.

Built for Rural Care

Homeward was built specifically to fit the needs of rural hospitals and your existing infrastructure. We fit in right alongside your team so you can get the most out of AI-enabled RCM in a way that works for your hospital and your team.

Our Full Suite of RCM Solutions:

- **Full service coding**
- **Billing**
- **Proactive claim follow-up**
- **Denial management**
- **Reporting & analytics**
- **Implementation services & tech support**

To see how Homeward can fit your needs, contact Brooke Dorma at BDorma@Homewardhealth.com

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CASE **STUDY** **Sanford Health**

How Sanford Health is leveraging AI to transform rural health care delivery

SNAPSHOT

Sanford Health, the largest rural health system in the United States, serves patients across the upper Midwest including North Dakota, South Dakota, Minnesota, Wyoming, Iowa, Wisconsin and the Upper Peninsula of Michigan. Headquartered in Sioux Falls, South Dakota, the organization launched a $350 million virtual care initiative in 2021 and, in 2024, opened a 60,000-square-foot Virtual Care Center that now anchors its digital health strategy. Acting as a centralized hub for nearly 80 medical subspecialties, the center extends advanced clinical expertise to clinics and hospitals hundreds of miles away while also serving as training ground for the next generation of clinicians.

For Sanford Health, digital transformation is not a discretionary innovation initiative: It is a structural necessity shaped by rural realities. Shifting demographics, persistent provider shortages and vast geographic distances have forced the nation's largest rural health system to rethink how care is delivered and supported. As David Newman, M.D., chief medical officer for virtual care at Sanford Health and a practicing endocrinologist, puts it: "AI-driven technologies are going to save health care in rural America."

CHALLENGE

Sanford Health's central challenge was moving beyond what Dr. Newman describes as the field's long-standing infatuation with the idea of artificial intelligence toward practical, scalable solutions that address day-to-day clinical and operational pain points.

"For years, health care has been saturated with promises about AI's transformative potential," Dr. Newman explains. "But most organizations struggled to define concrete use cases or move beyond pilots. There was a lot of hype, but it seemed like no one could clearly articulate how it would work in practice."

At the same time, Sanford faced systemic pressures common across U.S. health care. A shortage of patient access representatives strained scheduling operations.

CASE STUDY Sanford Health

Clinicians were increasingly overwhelmed by documentation requirements, fueling burnout and difficult conversations about late or incomplete notes. For patients, geography remained a formidable barrier; some were driving 100 miles or more for follow-up specialty visits. The organization needed solutions that could simultaneously reduce administrative burden, preserve workforce morale and close the access gap for rural patients.

STRATEGY AND SOLUTIONS

Sanford Health adopted a deliberately pragmatic strategy, focusing on AI-enabled predictive analytics and operational automation tailored to its unique patient population, including rural farming communities and Native American patients. A defining element of this approach was the dyad leadership model, which requires both an operational leader and a practicing clinician to co-lead every initiative. In practice, this meant prioritizing predictive analytics to identify clinical risk earlier, alongside automation tools that reduced administrative and documentation burden.

Early use cases included AI-enabled risk stratification models focused on chronic disease management, creating a foundation for predictive approaches later applied to additional screening and prevention efforts.

This structure ensured that technology deployments were treated not as IT experiments, but as clinical tools designed to fit seamlessly into real-world workflows. As Dr. Newman noted, when physicians who actively used AI were involved in solution design, adoption and approval rates increased significantly.

To reduce the documentation burden, Sanford deployed ambient listening technology to more than 250 physicians. The system captures patient encounters and automatically generates clinical notes, allowing providers to focus on patient conversations rather than keyboards. "It allows doctors to maintain eye contact and build rapport instead of staring at a screen," Dr. Newman explains.

The organization also introduced "Jane," an agentic AI outreach tool designed to automate the complex and time-consuming task of follow-up scheduling. By augmenting — not replacing — the patient access team, the system significantly expanded outreach capacity and reduced missed connections. By offloading routine coordination work to AI, clinicians and care teams are able to focus more fully on direct patient care rather than administrative follow-up.

Sanford also recognized that effective virtual care requires more than technology — it requires clinicians to be present and human in digital encounters. With AI handling background tasks such as documentation and outreach, the Virtual Care Center developed a formal "webside manner" curriculum to help clinicians convey empathy, presence and trust through a screen. Providers are trained to use a patient's home environment as a conversational bridge rather than a barrier, reinforcing the role of AI as an enabler of more attentive, patient-centered care even in virtual settings.

"If I see a Red Hot Chili Peppers poster or a sports jersey on the wall behind a patient, that's an immediate human connection," said Dr. Newman. He also pointed out that patients are often relaxed and confident at home, and that comfort can open the door to more honest conversations about challenging topics.

RESULTS

The impact of Sanford Health's AI-enabled analytics and automation strategy has been both measurable and meaningful. Clinically, the organization's predictive chronic kidney disease (CKD) model now identifies high-risk patients earlier, prompting timely diagnostic testing and reducing exposure to nephrotoxic medica-

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CASE **STUDY** **SanfordHealth**

tions. Building on this work, Sanford is expanding its use of AI-enabled risk stratification to support colon cancer screening. The approach helps clinicians match patients with appropriate screening pathways — prioritizing colonoscopy when clinically indicated while identifying patients who may safely begin with non-invasive screening — at a time when specialist capacity remains limited.

In behavioral health, AI-enabled virtual care has proven especially transformative. More than 12,000 patients accessed mental health services for the first time, many of whom had previously avoided care due to privacy concerns in small communities. "This is absolutely going to save lives going forward," said Dr. Newman.

Sanford also reimagined its physical footprint by repurposing underutilized local clinics into AI-enabled virtual care hubs. Supported by remote specialist supervision, standardized digital workflows and AI-assisted documentation, trained local "site presenters" enable specialists to conduct exams virtually while preserving care delivery within the community. This model maintains local health care jobs, supports small-town economies and extends advanced expertise to rural communities without requiring full on-site specialty staffing.

Operational outcomes were equally strong. Virtual neurology consultations in regional hospitals contributed to a 14.7% reduction in patient length of stay and nearly halved readmission rates. The agentic AI outreach system increased appointment connect rates from 40% to 56%, significantly reducing the number of patients lost to follow-up.

Physician well-being also improved markedly. According to Dr. Newman, 95% of Sanford Health clinicians using AI-enabled tools reported reduced mental fatigue, and every physician he spoke with said they would be disappointed if they lost access to these tools.

For health systems exploring how to deploy AI in rural settings, Dr. Newman offers straightforward advice: "Call us. We'd be happy to share what we know and help you figure it out."

WHY IT MATTERS

Sanford Health's experience offers a replicable roadmap for rural health systems navigating the AI landscape, with its focus on disciplined operational integration, clinician partnership and patient experience.

"Not long ago, I used to say AI and virtual care were the future of medicine," Dr. Newman reflected. "But I don't say that anymore. Now they're no longer futuristic concepts — they're essential infrastructure." ●

CASE **STUDY** **Central Montana Medical Center**

How a rural critical access hospital is using AI to support care teams

SNAPSHOT

Central Montana Medical Center (CMMC) is a 25-bed critical access hospital serving a rural community of approximately 7,000 residents in central Montana. Perched above a region framed by five mountain ranges, the hospital delivers a full spectrum of services including emergency care, intensive care, obstetrics, surgical services, rehabilitation, hospice and advanced imaging, supported by specialty physicians despite its small footprint.

Like many rural facilities, CMMC faces the dual pressures of limited workforce capacity and rising administrative complexity. Under the leadership of CEO Cody Langbehn, the organization began exploring artificial intelligence not as a future-facing experiment, but as a practical tool to reduce burden and improve daily clinical operations.

As Langbehn observed, recent advances in AI have shifted the conversation from theory to utility: "In the last two years, we've finally seen AI that's more functional than what it has been in the past."

CHALLENGE

CMMC's decision to pursue AI was driven by a familiar and escalating challenge: administrative overload that pulled clinicians away from patient care. Langbehn noted that physicians consistently voiced frustration about spending more time documenting encounters than engaging with patients. The routine of clicking boxes, typing notes and navigating the electronic health record had become a daily source of dissatisfaction and burnout.

In a rural setting, these pressures are compounded by staffing constraints and recruitment challenges. Losing even one clinician to burnout can have outsized consequences for access and continuity of care. Langbehn emphasized that time, not technology, was the scarcest resource. "Time is stuff you can't buy. You can't get it back,"

CASE STUDY Central Montana Medical Center

he said, underscoring the urgency of finding solutions that meaningfully returned time to care teams.

STRATEGY AND SOLUTIONS

CMMC began its AI journey with a narrow, pragmatic focus: ambient AI listening technology embedded into clinical visits. The hospital adopted an ambient documentation tool, gaining access to both the platform and regional support at a cost structure that made adoption feasible.

CMMC's deployment strategy prioritized ease of use and clinician trust. Training required less than 30 minutes, according to Langbehn. The process is straightforward: Physicians place a mobile device in the exam room, disclose its use to patients, get their permission and conduct visits through natural conversation. The technology captures clinically relevant content while filtering out non-medical dialogue, generating a structured note directly in the electronic record.

Langbehn said that this usability marked a turning point in acceptance of AI: "The technology has gotten so much better that the adoption is easier, because clinicians can actually see the benefit."

Equally important was how the tool was introduced culturally. Early adopters served as internal champions, sharing firsthand experiences with peers. When skeptical clinicians heard colleagues say, "This thing changed my life" or "It's giving me two hours a day back," momentum followed organically. Langbehn also stressed that involving frontline users early was critical to separating genuine value from vendor promises.

RESULTS

With AI-enabled documentation in place, CMMC clinicians are now able to conduct visits with full attention on the patient rather than the keyboard. Physicians report improved focus, better conversations and a tangible reduction in after-hours documentation. Langbehn described the reaction unambiguously: Clinicians using the tool have said, "Do not take this away," adding that some have gone as far as saying they would leave for organizations that offer similar capabilities if access to the technology was removed.

Patient response has also been positive. While some initially express privacy concerns, clear explanations about how the technology works — and how recordings are not retained — have largely alleviated hesitation. Langbehn noted that patients often forget the device is present once the visit begins, particularly when they see that it enables more attentive listening and engagement.

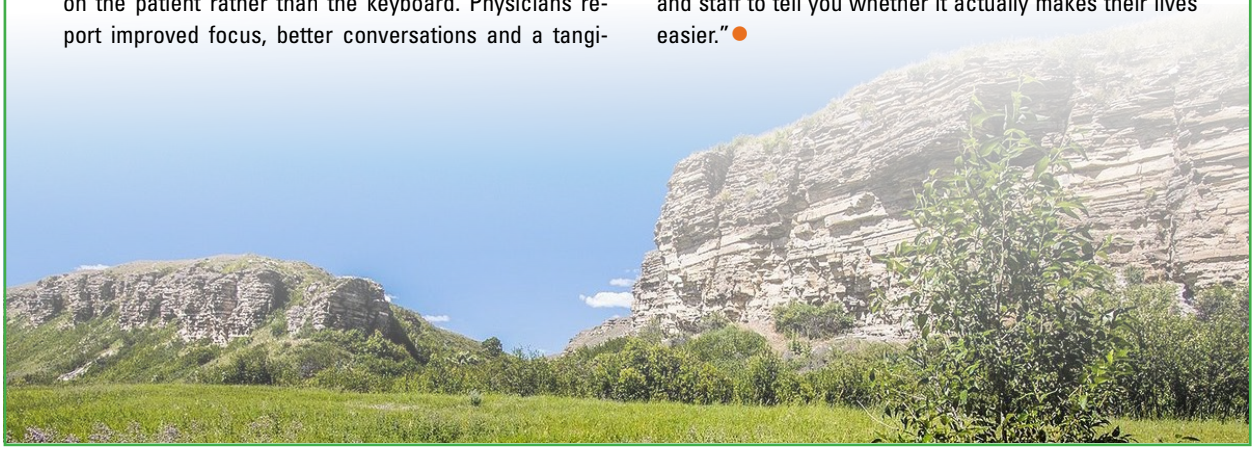
CMMC is now preparing for the next wave of AI applications, including nursing support tools and revenue cycle automation. Langbehn sees particular promise in AI-assisted claims scrubbing and coding, which he thinks could reduce claims denials, rework and costly back-and-forth with payers.

"We waste so much money in U.S. health care fighting over human error," Langbehn said, pointing to AI-tools as a way to stabilize both operations and morale.

WHY IT MATTERS

CMMC's experience offers a practical implementation plan that other rural hospitals can consider: AI adoption does not have to begin with sweeping transformation. Meaningful impact can come from targeted tools that address everyday pain points, provided organizations remain open-minded while rigorously validating results.

Langbehn advises peers to involve end users early, pilot carefully, and let frontline experience — not marketing claims — determine next steps. "Be open-minded about what's possible, but verify," he said. "Ask your clinicians and staff to tell you whether it actually makes their lives easier."



AI infrastucture for the future of rural health care

Research increasingly suggests that AI-driven tools can help rural hospitals navigate persistent pressures related to financial sustainability, workforce capacity and care coordination. Rather than replacing local care delivery, AI tools are most often being used as operational supports, allowing existing teams to make more effective use of limited time, staff and capital. In rural settings, where operational slack is minimal, even modest efficiency gains can translate into meaningful improvements in access and continuity.

As federal investment, interoperability and analytic capability continue to evolve, these early experiments are likely to shape how rural health systems sustain access, quality and trust over time. The objective is not to create a "digital-first" or "digital-only" model of care, but to ensure that technology functions as a solid infrastructure supporting clinicians, extending reach and making high-quality, human-centered care viable in every corner of the country.

Footnotes

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Contributors

The AHA's Market Scan thanks the following people and organizations for their insights, support and contributions to this Trailblazers report:

Amar Kendale
Co-Founder and President
Homeward Health

Cody Langbehn
CEO
Central Montana Medical Center

Dr. David Newman
Chief medical officer for virtual care
Sanford Health

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ABOUT US: Homeward Health is a public benefit corporation reimagining healthcare delivery for rural communities. We partner with health plans, hospitals, local providers, and community organizations to connect people with the care they need–reducing disparities in access, outcomes, and infrastructure.

For rural hospitals and providers, we offer an integrated solution that combines AI-enabled tools with expert support to reduce administrative burden, improve documentation, and capture revenue more efficiently. Our model addresses common pain points across the revenue cycle–steaminging billing and coding, automating clinical documentation, and strengthening care transitions. This approach helps rural facilities increase financial stability without the need for costly IT overhauls or additional staffing.

Designed specifically for rural settings, our solution is scalable, resource-light, and focused on real operational impact–freeing up local teams to focus on care while we handle the complexity behind the scenes.

For more information, visit HomewardHealth.com/rural-hospitals or contact Brooke Dorma at BDorma@HomewardHealth.com

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