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Telehealth Centers
of Excellence

Transforming Rural Hospitals Through Telehealth Partnerships

Strategic Playbook

NATIONAL TELEHEALTH CENTER of EXCELLENCE

In collaboration with

manatt

The purpose of this playbook is to provide hospital leaders with a practical roadmap for using telehealth partnerships to strengthen the financial sustainability, clinical capacity, and long-term viability of rural hospitals.

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SECTION 2

About the Organizations

About MUSC Telehealth Center of Excellence

The Medical University of South Carolina (MUSC) Center for Telehealth was designated a National Telehealth Center of Excellence (COE) by HRSA in 2017. The role of the Center of Excellence is to fill important gaps in the national telehealth landscape through a combination of ongoing regional and national collaborations, as well as proactive dissemination of telehealth research and resources. MUSC leverages unique qualities as an academic medical center to rigorously research, evaluate and disseminate telehealth initiatives and promising practices. The MUSC Center for Telehealth received this designation because of its successful telehealth programs with high annual volumes, substantial service to rural and medically underserved populations and financial sustainability. MUSC's Center for Telehealth has nearly 20 years of experience providing telehealth, and currently offers over 100 unique telehealth services to nearly 350 sites across South Carolina and directly to patients' homes. For more information, visit https://telehealthcoe.org.

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SECTION 3

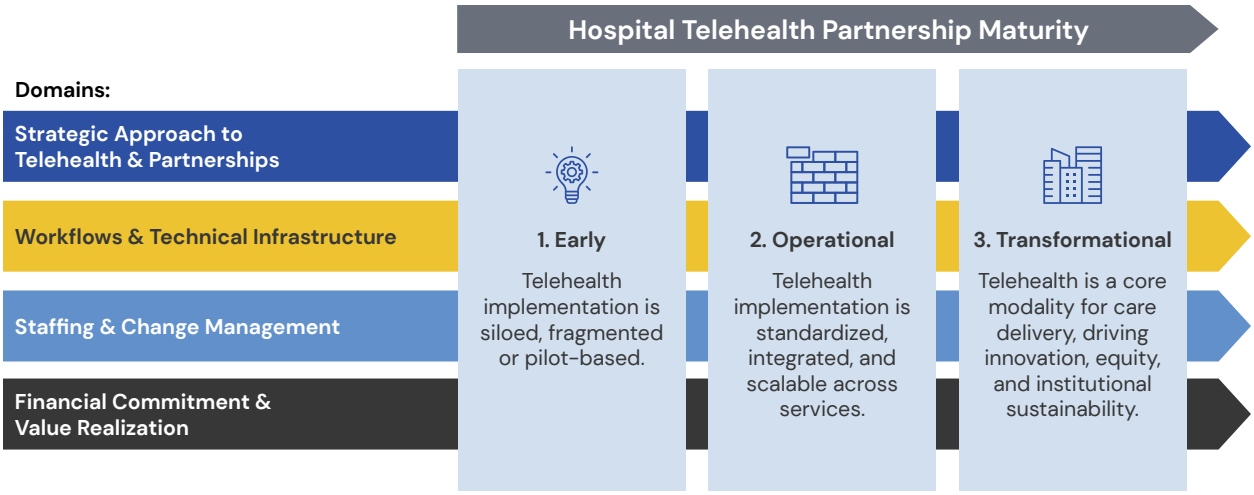
Executive Summary

Rural hospitals provide essential care and anchor local economies, supporting 1 in 12 jobs and nearly $220 billion in economic activity in rural communities.[1] Many of these hospitals are facing significant threats to their sustainability, driven by mounting financial strain, workforce shortages, and aging and limited infrastructure. As hospitals struggle with reductions in service capacity and the risk of closures, vulnerable rural communities are faced with decreased access to vital care and the destabilization of their local economies. Against this backdrop, the Medical University of South Carolina (MUSC) has demonstrated how telehealth partnerships can both stabilize rural hospitals today and help create a more sustainable model of rural care for the future.

In South Carolina, where over 27% of residents live in rural areas and close to 30% of rural hospitals are at risk of closure, MUSC has nearly two decades of experience helping rural hospitals establish telehealth programs that strengthen their sustainability.[2,3] MUSC has partnered with more than 40 hospitals, varying in size, resources, and geography, to establish telehealth programs from telestroke and tele-ICU to virtual nursing and virtual behavioral health. Across MUSC's rural hospital partnerships, telehealth has driven higher admission volumes, reduced transfers and readmissions, supported care for more complex patients, and delivered measurable quality improvements. This Rural Hospital Telehealth Playbook draws on MUSC's expertise to support rural hospital leaders interested in using telehealth partnerships strategically as a core component of their institutions' financial, operational, and clinical strategy.

The Playbook introduces a telehealth partnership maturity model to serve as a roadmap for rural hospitals to strengthen their telehealth strategy. It provides a practical framework to help rural hospitals assess the maturity of their telehealth partnerships and chart a path toward more transformational use of telehealth. The model outlines three levels of telehealth partnership maturity for hospitals—early, operational, and transformational—across four domains of key implementation considerations.

Hospital Telehealth Partnership Maturity Model



For each domain, the Playbook provides useful tactics that MUSC and its partners have used to strengthen their telehealth operations, and which rural leaders can adapt to their local context. Direct examples from the MUSC Center for Telehealth and MUSC rural hospitals are woven throughout the Playbook, including an illustrative case study on MUSC Health Black River Medical Center, a newly built rural hospital envisioned as a "rural hospital of the future," which fully integrates telehealth into daily operations and multiple levels of service delivery.[4]

Taken together, the Playbook is meant to serve as a concrete resource for rural hospital leadership focused on using telehealth to build a more sustainable way to deliver care, remain operational, and continue to serve their local communities.

SECTION 4

Background

Rural hospitals make up 35% of all hospitals in the United States and play a critical role in their communities, providing essential health care and serving as local economic anchors for the nearly 46 million people who live in rural areas.[5] In many rural areas, hospitals are among the largest employers and may offer the only source of stable, high-wage employment for skilled professionals.[6,7]

Nationally, rural hospitals support:

1 in every 12 rural jobs

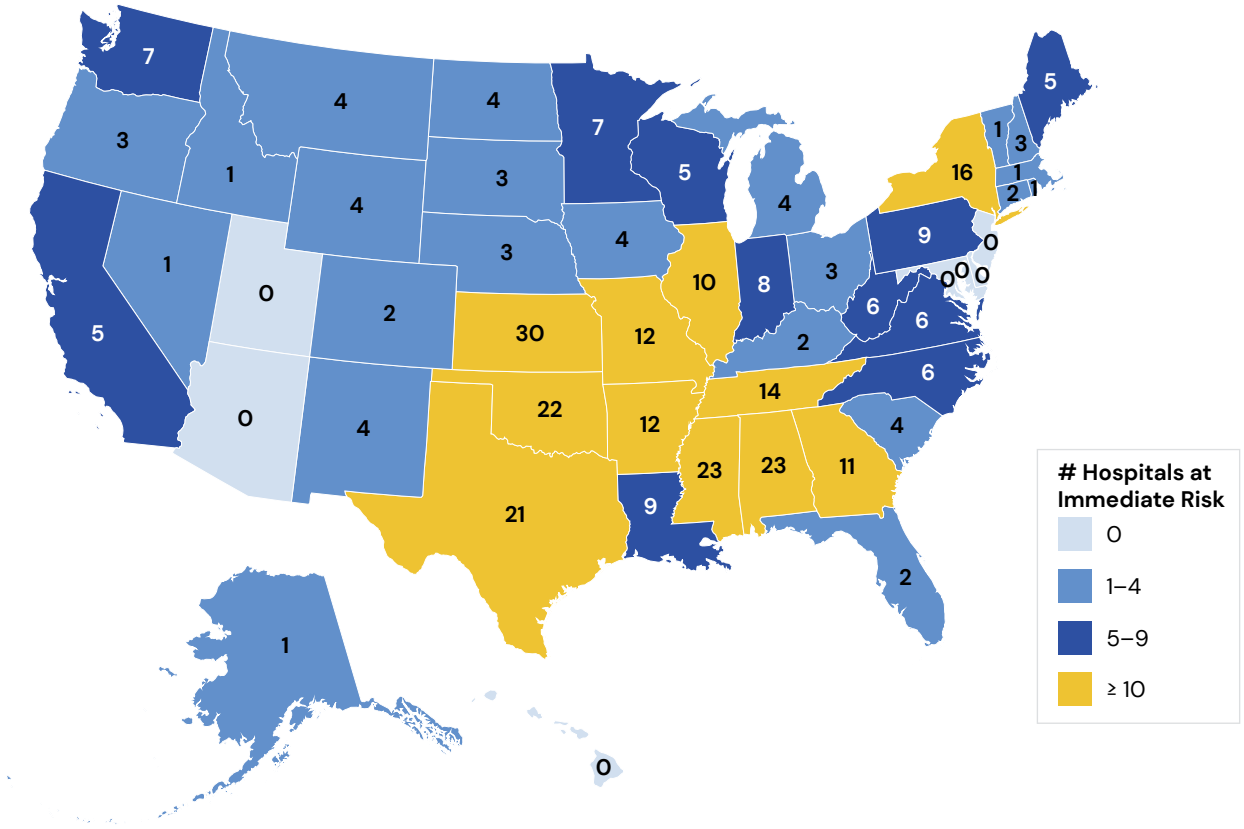
$220 billion in economic activity

Source: Rural Hospital Closures Threaten Access (American Hospital Association, 2022)

Despite this vital role, rural hospitals face significant structural challenges that threaten their long-term sustainability. Persistent workforce shortages, financial constraints, and aging and limited infrastructure have eroded service capacity, reduced key service lines, and accelerated patient out-migration. Since 2015, more than 100 rural hospitals have closed, and currently more than 700 rural hospitals—nearly one-third of all rural hospitals in the country—are at risk of closing.[8] Cuts to federal Medicaid funding under H.R. 1 will further weaken rural hospital economics and while H.R. 1 included the Rural Health Transformation Fund to mitigate funding cuts to rural hospitals, in many states it will provide only a partial solution to longstanding sustainability threats.[9] Given their central role in rural communities, rural hospital closures not only decrease access to care but also destabilize local economies, reducing employment, income, and overall economic growth.[10,11]

In response to the structural challenges impacting rural hospitals, the Medical University of South Carolina (MUSC) has demonstrated how telehealth can not only serve as lifeline to these hospitals—strengthening access to care and institutional sustainability—but also as a catalyst for reimagining the rural hospital of the future. As one of only two National Telehealth Centers of Excellence (COE) designated by the Health Resources and Services Administration (HRSA), MUSC has nearly two decades of experience supporting rural hospitals through telehealth. MUSC has built a comprehensive suite of hospital-based telehealth services that includes telestroke, neurology, tele-ICU, virtual nursing, telehospitalist, palliative care, psychiatry and behavioral health, infectious disease, and multiple other service lines (see Appendix B for a full list of the MUSC Center for Telehealth services).

Rural Hospitals at Risk of Closing

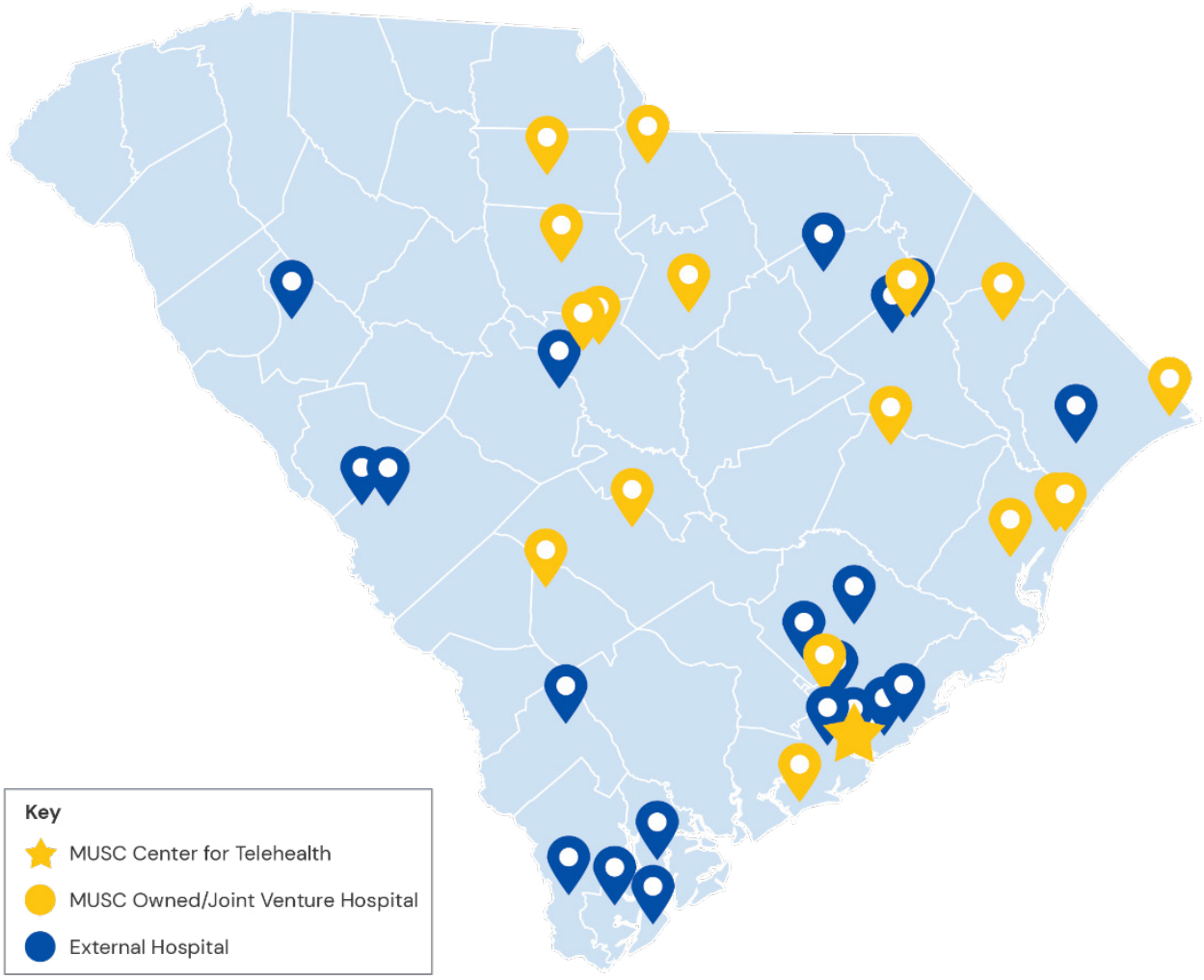


Source: Rural Hospitals at Risk of Closing (Center for Healthcare Quality & Payment Reform, 2025)

Through partnership with more than 40 hospitals across South Carolina (SC), MUSC has extended clinical capacity, integrated specialty expertise, and redefined what care can be safely and sustainably delivered within a rural hospital setting.[12] These partnerships have also strengthened key financial indicators for rural hospitals by helping maintain local inpatient volume, reduce costly transfers and readmissions, and support care for increasingly complex patients. For example, within its first three years of telehealth partnership with MUSC, Hampton Regional Medical Center—a rural, 32-bed hospital—more than doubled its yearly admissions, reduced its inpatient transfers by 20%, reduced 30-day readmission by 35%, and demonstrated an increase in case-mix index, all while seeing no increase in out-migration.[13] Similarly, MUSC projects that two other rural hospitals within its network—MUSC Black River and MUSC Marion—have achieved approximately $100,000 in annual net savings through participation in MUSC's palliative care program and an approximate eight-fold return on investment for participation in telestroke.[14]

In a state like SC, where over 27% of residents live in rural areas and nearly 30% of rural hospitals are at risk of closure, MUSC's approach illustrates how telehealth can move beyond crisis response to become the foundation of a new rural care model—one that is more connected, collaborative, and resilient.[15,16]

MUSC Telehealth Hospital Partner Sites



Building on these lessons, MUSC developed this playbook to help rural hospital leaders strengthen access, transform care delivery, and achieve long-term sustainability through effective telehealth partnership. Informed by interviews with MUSC leadership who have led telehealth adoption across rural hospitals, the Playbook also draws on MUSC's experience building the MUSC Health Black River Medical Center (Black River) to show how the model can be applied in practice and what transformational partnership can look like in action.[17]

SECTION 5

Telehealth Partnership Maturity Model

Drawing on MUSC's experience implementing and scaling telehealth partnerships across SC, the telehealth partnership maturity model provides a framework to help rural hospitals assess the maturity of their telehealth partnerships and chart a path toward more robust, integrated, and transformational use of telehealth. The Model reflects the wide range of institutional perspectives and partnerships that can support telehealth implementation in rural communities, and the various factors that may drive hospitals' adoption of new technologies, such as size and location.

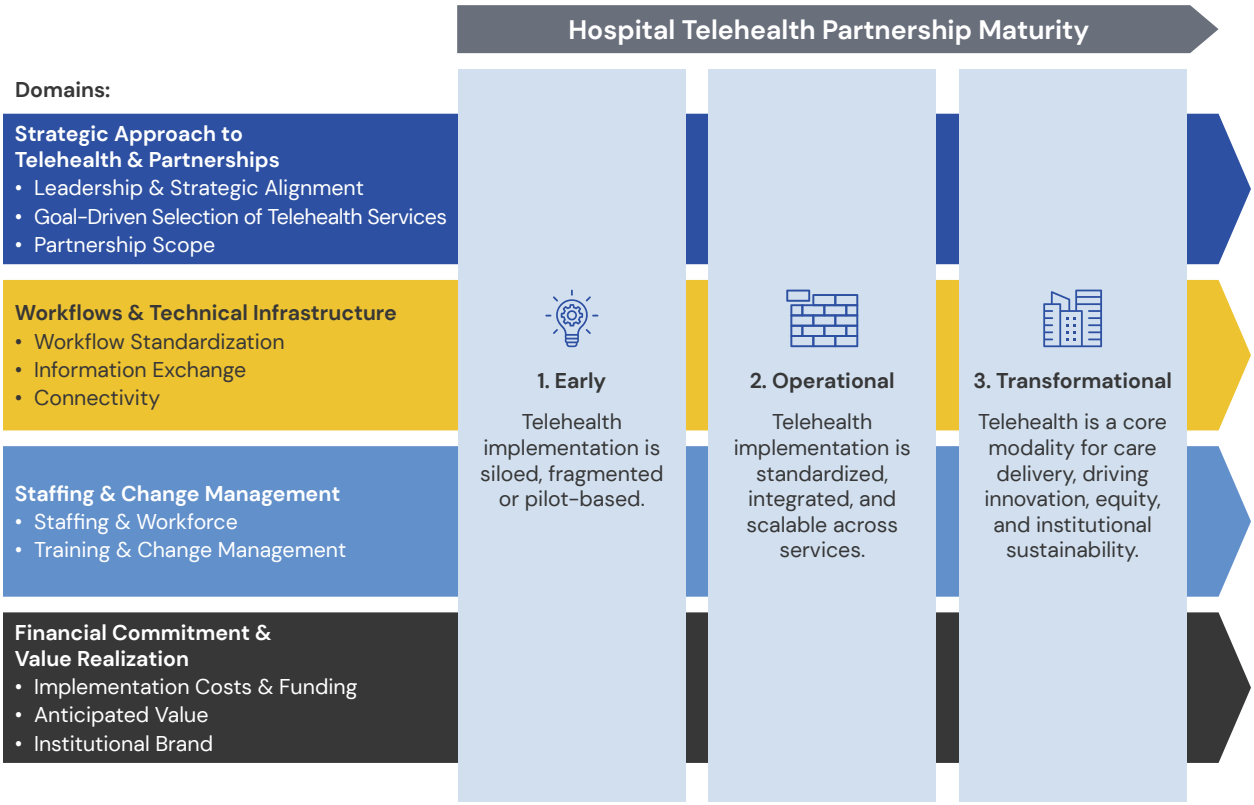
The Model is organized across key domains that characterize the core dimensions of a hospital's telehealth partnership maturity:

- Strategic approach to telehealth and partnerships;
- Technical infrastructure and workflows;
- Staffing and change management; and
- Financial commitment and value realization.

Together these capture how hospitals evolve from early, service-specific telehealth efforts to fully integrated and strategic partnerships.

Within each domain, the Model outlines three levels of maturity: early, operational, and transformational.

Hospital Telehealth Partnership Maturity Model



The Model provides a flexible roadmap for rural hospitals to make practical, incremental progress toward stronger and more strategic telehealth partnerships. It emphasizes continuous improvement, helping hospitals build on existing strengths and focus on the next stage of development. Because each rural hospital's context and needs are unique, paths toward maturity will vary and hospitals may fall at different maturity levels across domains.

SECTION 6

Advancing Maturity Across Core Domains

Strategic Approach to Telehealth & Partnerships

This first domain illustrates how hospitals align leadership, services, and partnerships to strengthen and sustain telehealth. Progress in this area reflects an organization's shift from early, service-specific telehealth efforts toward proactive strategies that position telehealth as a central component of care delivery and institutional growth.

Model Sub-Domains

- **Leadership & Strategic Alignment**: Hospitals move from siloed or externally driven telehealth efforts to a cohesive, organization-wide strategy where leaders, staff, and clinicians collaborate to make telehealth a core part of care delivery and long-term planning. As hospital leadership sees measurable impacts of telehealth, their risk tolerance grows, driving further investments in telehealth.
- **Goal-Driven Selection of Telehealth Services**: Hospitals evolve from making telehealth implementation decisions focused on addressing immediate service gaps to strategically selecting services that align with long-term institutional goals.
- **Partnership Scope**: Hospitals advance from isolated, service-specific arrangements to formal partnerships with shared infrastructure and workflows, which can ultimately evolve into strategic collaborations that build sustainable, accessible telehealth models for rural care delivery.

Strategic Approach to Telehealth & Partnerships

Maturity Levels	1. Early	2. Operational	3. Transformational
Leadership & Strategic Alignment	+ Telehealth adoption is opportunistic, often driven by external partners or grant requirements + Telehealth implementation is driven by select institutional leadership and local champions, with limited support + Leadership may have a lower risk tolerance to adopt telehealth + Clinical alignment between local and telehealth clinical resources occurs ad hoc or within isolated service lines	+ Leadership incorporates telehealth into organizational priorities + Staff are engaged and see clear alignment with local needs + Leadership has a higher risk tolerance toward telehealth, informed by results from initial implementation + Clinical leadership is increasingly aligned on telehealth-appropriate care across service lines	+ Telehealth is embedded in organizational strategy and governance, with sustained investment and accountability across the board, executive, and clinical leaders + Leadership has seen substantial results from telehealth implementation and is comfortable assuming the risk of robust implementation + Clinical leadership is forward-thinking, using telehealth to reenvision how and where care is delivered
Goal-Driven Selection of Telehealth Services	+ Telehealth services are selected to fill urgent gaps, limited to 1–2 core services (e.g., Telestroke, Tele-behavioral health)	+ Telehealth services are selected and scaled, informed by organizational priorities, including community demand, operational capacity, and workforce needs	+ Telehealth services are strategically prioritized and right-sized to meet long-term community needs, organizational priorities, care delivery strategy, and financial sustainability

Strategic Approach to Telehealth & Partnerships			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Partnership Scope	+ Transactional partnerships to expand access, often short-term or service-specific (e.g., MOUs, vendor contracts)	+ Partnerships with formal agreements that enable shared infrastructure, standardized workflows, and joint credentialing	+ Strategic partnerships that co-design solutions for sustainability, accessibility, and long-term transformation + Often structured as joint ventures or clinically integrated networks with shared governance

Key Tactics & Lessons Learned

Key recommendations for hospitals to strengthen their maturity in the **Strategic Approach to Telehealth & Partnerships** domain include:

1 **Conduct a Telehealth Landscape Scan.**

- Inventory all current telehealth programs—including utilization, staffing models, and reimbursement data—to identify redundancies, underused services, and opportunities to expand or consolidate under shared infrastructure.

2 **Use Data to Identify High-Impact Service Lines.**

- Review ED and inpatient transfer logs, referral trends, and inpatient consult patterns to identify service gaps.
- Prioritize telehealth investments that will most improve access, reduce avoidable ED and inpatient transfers, and strengthen key financial and operational indicators.

> *"Hospitals need to know their weak spots. Telehealth can help plug holes that jeopardize the continuity and stability of services, but you need to know your greatest needs and what telehealth can and can't cover."*
>
> —MUSC Hospital Leader

3 **Develop a Medium-Term Telehealth Strategic Roadmap.**

- Use data and leadership input to define 2–3 priority service lines for phased implementation based on community needs, workforce capacity, and financial performance.
- Embed telehealth goals and metrics directly into the hospital's broader strategic and operational plans to ensure sustained focus and accountability.

4 **Identify and Empower Telehealth Champions.**

- Designate physician, nursing, and operational leaders to champion telehealth adoption. Nursing leadership is especially critical for connecting high-level strategy to workflows and frontline implementation and driving culture change.

5 **Establish Regular Leadership Touchpoints and Feedback Loops.**

- Hold quarterly executive-level telehealth reviews to assess outcomes, such as avoided transfers, patient satisfaction, and financial metrics, identify new service needs and pain points, discuss relevant service opportunities to address needs, and build and maintain executive engagement. Use these sessions to reinforce telehealth's value to organizational goals, realign priorities when leadership commitment wavers, revisit leadership's risk tolerance toward telehealth adoption, and make outcomes-driven strategic decisions about the expansion of telehealth.

> *"After seeing the results [of telehealth], I implemented it in our other hospital and we have seen the same shift. We've seen reduction in variability, improvement in length of stay, improvement in quality."*
>
> —MUSC Hospital Leader

Case Study: MUSC Black River Medical Center

Opened in 2023 as a new, state-of-the-art, 25-bed rural facility in Cades, South Carolina, Black River was built to replace two legacy rural hospitals that closed due to infrastructure and financial strain. Described as "one of the most forward-thinking, collaborative and innovative solutions to the rural hospital dilemma in action," Black River was purpose-built for the future of rural care—with telehealth fully integrated into clinical operations and a strategic partnership model that connects local teams with MUSC Health's specialty and academic medical center expertise.[18]

- **Leadership & Strategic Alignment**. While Black River's transformative integration of telehealth was championed by MUSC Health's executive leaders and local hospital executives, there was resistance from on-the-ground teams. Leadership spent significant time engaging with local clinicians and staff to increase support for the integration of telehealth as a guiding principle of the facility's design and launch. Ultimately, leadership alignment and staff support ensured that telehealth was embedded in strategic planning and workforce design from day one.
- **Goal-Driven Selection of Telehealth Services**. At Black River, telehealth has been intentionally right-sized to align with community needs and workforce capacity. While the hospital participates in several telehealth programs with MUSC, the telehospitalist service has been particularly critical. The model pairs on-site advanced practice providers (APPs) with MUSC physician hospitalists that virtually round on patients daily, creating a sustainable approach to inpatient coverage. This structure has proven both operationally sustainable and clinically effective—stabilizing local staffing while improving key performance metrics such as length of stay, case mix index, and throughput.
- **Partnership Scope**. Local engagement has been central to Black River's telehealth success. Hospital leaders and clinical teams work closely with MUSC's Center for Telehealth to co-design programs that reflect community needs and operational realities. Because Black River is part of MUSC's broader clinically integrated health system, the hospital benefits from shared infrastructure, standardized workflows, and coordinated governance that extend across sites. This structure enables efficient program development and resource sharing while strengthening local capacity and long-term sustainability.

Workflows & Technical Infrastructure

This domain highlights how hospitals operationalize telehealth through standardized workflows, reliable connectivity, and effective information exchange enabled by interoperable technology. From MUSC's experience, well-defined workflows are among the most important foundations for telehealth success, enabling timely, coordinated interactions among multidisciplinary teams and ensuring that technology serves as an enabler rather than a barrier to care.

As hospitals mature, they focus on aligning clinical, operational, and technical systems to ensure that virtual care is delivered reliably, data and documentation are managed consistently, and services are supported by the same quality and performance standards as in-person care.

Model Sub-Domains

- **Workflow Standardization**: Hospitals evolve from service-specific or ad-hoc processes to standardized, multidisciplinary workflows that fully integrate telehealth into care delivery and quality improvement efforts.
- **Information Exchange**: Hospitals advance from limited data sharing with partners to interoperable data systems that enable real-time clinical exchange and joint outcomes monitoring across partners.
- **Connectivity**: Hospitals grow from inconsistent broadband access and equipment availability toward reliable, enterprise-wide connectivity and standardized telehealth tools that support a full range of clinical applications.

Workflows & Technical Infrastructure

Maturity Levels	1. Early	2. Operational	3. Transformational
Workflow Standardization	+ Telehealth is layered on to existing in-person workflows, with limited local integration, standardization, and adoption	+ Cross-department workflows and tools are increasingly standardized (e.g., triage, scheduling, documentation, referral processes), with growing multi-disciplinary engagement	+ There is a multi-disciplinary, system-wide adoption of standard workflows redesigned to treat telehealth as a core modality, with seamless integration into care pathways, quality improvement, and performance metrics
Information Exchange	+ Hospital and partners can share basic documentation elements through a limited number of platforms and manual processes (e.g., downloading a note from a software platform and uploading it to the local EHR)	+ Hospital can exchange more robust clinical data with partners through various platforms, including electronic health record (EHR) portals	+ Hospital and partners have fully integrated or interoperable information technology ecosystems (e.g., shared EHR portals, analytics dashboards) that enable real-time exchange of clinical information and joint outcomes monitoring

Workflows & Technical Infrastructure			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Connectivity	+ High-speed internet connectivity to support audio visual telehealth may be unreliable or highly local + Access to telehealth equipment to support audio visual connection may be limited	+ High-speed internet connectivity and access to telehealth equipment is available across most clinical areas	+ Hospital has highly reliable, enterprise-wide internet connectivity and access to telehealth tools that support a wide range of virtual applications

Key Tactics & Lessons Learned

1 Prioritize Standardized Workflows Informed by Multi-Disciplinary Teams.

- Bring together clinical, nursing, IT, and administrative leaders to map existing workflows and identify variation across departments.
- Establish standardized protocols for telehealth referral, scheduling, documentation, and communication that align with in-person care pathways.

> *"At MUSC, we developed a structured approach to workflow design called the Telehealth Service Implementation Model or TSIM. It helps standardize this process across services."*
>
> — MUSC Center for Telehealth Leader

2 Leverage Partnerships for Shared Equipment and Support Models.

- Collaborate with regional partners or hubs to develop shared purchasing or lease models that provide access to standardized, high-quality telehealth carts and peripherals without large upfront investments.
- Partner with hubs or vendors with knowledge in workflow design, telehealth technology, and connectivity requirements.

> *"Our telehealth technology team in some cases knows more about our rural hospital wi-fi systems than their on-site IT teams because that's our team's focus."*
>
> —MUSC Center for Telehealth Leader

3 Invest in Connectivity and Sustainable Infrastructure.

- Leverage federal and state broadband programs, such as the FCC Rural Health Care Program, USDA ReConnect and Distance Learning & Telemedicine (DLT) grants, or the Broadband Equity Access and Deployment (BEAD) Program to offset broadband and equipment costs.
- Use early grant or philanthropic funds to build infrastructure that enables future scalability—such as connectivity, EHR integration, and telehealth carts—rather than funding temporary service expansions that are hard to maintain.

4 Promote Data Sharing through Technology Integration and Interoperability.

- Avoid reliance on one-off platforms or redundant tools.
- Prioritize integration between core systems—EHR, scheduling, telehealth, and analytics—to support consistent provider and patient experiences.

5 Ensure Ongoing Equipment Reliability.

- Regularly assess network bandwidth and audiovisual performance, establish preventive maintenance schedules, and designate a local point of contact responsible for equipment functionality and troubleshooting.
- Develop clear escalation protocols between local teams, hub partners, and vendors to ensure timely technical support.

Case Study: MUSC Black River Medical Center

Before opening, MUSC leaders worked with the Center for Telehealth to ensure that the Black River facility incorporated state-of-the-art broadband, equipment, and room design to fully support a telehealth-forward model of care. The Center for Telehealth secured external grant funding to place a dedicated, telehealth IT team member at Black River to serve as a frontline technical lead and liaison to MUSC's broader Center for Telehealth. Purpose-built infrastructure, shared systems, and standardized workflows positioned the hospital to deliver high-quality virtual care from day one.

- **Workflow Standardization**. Black River benefited from MUSC's experience developing and refining telehealth workflows across other hospitals at MUSC Health. Standardized processes for triage, scheduling, documentation, and communication were already in place and easily adopted by Black River teams. This allowed for rapid integration of telehealth into daily operations and ensured consistent, high-quality virtual care from day one.
- **Information Exchange**. As part of the MUSC Health system, Black River shares a common EHR, enabling seamless exchange of patient information between local providers and MUSC specialists. In earlier stages of MUSC's telehealth expansion, visit documentation was transmitted as PDF notes pushed to local EHRs; today, fully interoperable connections allow for direct data exchange, improving continuity, efficiency, and visibility across care teams.
- **Connectivity**. Black River receives subsidized internet through the FCC Rural Health Care Program, ensuring reliable, high-speed connectivity across all departments at low cost. The network infrastructure was designed to meet the technical demands of telehealth, with dedicated bandwidth for audiovisual services and secure routing for remote connections. This robust connectivity foundation enables smooth, uninterrupted virtual encounters across all service lines.

Staffing & Change Management

This domain highlights how hospitals build the workforce, processes, and culture needed to effectively deliver telehealth services. As telehealth partnerships mature, hospitals move from local staff with limited telehealth involvement to coordinated teams where local, virtual, and hybrid staff work seamlessly together. Progress in this area reflects strengthened workforce capacity, improved staff satisfaction, and more structured change management processes that support consistent, confident participation in telehealth.

Model Sub-Domains

- **Staffing & Workforce**: Hospitals evolve from limited local telehealth participation to multidisciplinary, hybrid teams that collaborate to deliver telehealth services across sites. As hospitals mature, staff satisfaction improves, shifting from telehealth being perceived as an added burden to a tool that enhances patient care, reduces burnout, and strengthens workforce stability.
- **Training & Change Management**: Hospitals move from ad-hoc telehealth training and limited follow-up to structured onboarding, clear expectations, and continuous improvement processes supported by data, telehealth champions, and formal change-management strategies.

Staffing & Change Management			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Staffing & Workforce	+ There is a local dependence on external telehealth providers for intermittent telehealth competency training and workflow support + Telehealth may be perceived as an added burden or source of workflow disruption	+ Shared or hybrid virtual clinician pools support services + Multi-disciplinary local staff receive targeted training and participate in care delivery + Staff experience begins to improve as workflows stabilize and responsibilities are clearer	+ Virtual-only and integrated virtual/in-person teams collaborate across sites supported by cross-credentialing, ongoing training, workforce planning, and robust retention strategies for hybrid care models + Telehealth contributes to improved staff satisfaction, workload balance, and workforce stability
Training & Change Management	+ Ad hoc training and onboarding with reliance on external telehealth provider	+ Structured onboarding and protocols in place for clinicians and staff	+ Continuous improvement processes supported by data feedback loops, telehealth champions, and formal change-management strategies

Key Tactics & Lessons Learned

1 Develop a Multidisciplinary, Hybrid Telehealth Staffing Model

- Create care teams that blend local clinicians and nurses with virtual providers across departments. Prioritize APP-led models that pair onsite advanced practice providers with virtual hospitalists or specialists who can offer real-time oversight and consultation, expanding local capacity and increasing staffing flexibility in the face of physician shortages.
- Leverage centralized virtual staffing pools supporting multiple hospitals, such as virtual nursing or centralized virtual care teams, to offload routine tasks, support bedside staff, and strengthen overall care-team capacity.

> *"You get a higher touch service with an APP overseen virtually by a physician. The physician still rounds on the patient virtually, and the APP has time to spend with the family and the patient to explain what is happening. There's much higher focus on that patient. That's partly the reason why the patient satisfaction scores and quality are higher."*
>
> —MUSC Hospital Leader

2 Develop Standardized, Targeted, Role-Specific Training.

- Provide standardized training for each staff role—clinical, nursing, administrative, and technical—emphasizing both technical proficiency and workflow integration.
- Integrate telehealth competencies into new staff orientation and annual training, including ongoing refreshers and simulation-based learning to maintain competency as services expand.

3 Designate and Empower Telehealth Champions.

- Identify local telehealth champions within nursing, medical staff, and administration to serve as connectors between frontline teams and leadership. Champions play a key role in troubleshooting, driving adoption, and reinforcing the value of telehealth as part of routine care. Nursing staff, in particular, can leverage their on-the-ground experience to drive successful telehealth implementation.

> *"You need operational, physician, and nursing leadership. Having a dedicated nurse coordinator can make your telehealth program successful. They're tapped into how things work on the ground and can help draw that connection with patients and other providers."*
>
> —MUSC Center for Telehealth Leader

4 Monitor and Improve Workforce Experience and Adoption

- Use data dashboards, satisfaction surveys, and routine debrief sessions to track telehealth performance and understand its impact on staff experience, including workload, satisfaction, burnout, and retention.
- Routinely share these insights with clinical and operational leaders to inform workflow refinements, staffing and training adjustments, and policy updates.

5 Build a Consistent, Structured Approach to Change Management.

- Adopt a simple, repeatable change-management framework (e.g., Plan-Do-Study-Act [PDSA] or the Awareness, Desire, Knowledge, Ability, and Reinforcement [ADKAR] model[19]) to guide telehealth implementation and scaling. Establish a regular cadence of communication (e.g., monthly updates, standing agenda items in staff meetings, brief huddles) to share progress, celebrate wins, and address challenges early.
- Engage frontline staff in these processes to build trust, reduce resistance, and normalize telehealth as routine care delivery.

Case Study: MUSC Black River Medical Center

Before opening Black River, leaders from the two legacy hospitals were navigating persistent and deeply entrenched workforce shortages. Administrators described routinely scrambling to fill last-minute coverage gaps, relying heavily on locum tenens providers, and spending most of their time focused on basic service continuity rather than growth or strategic planning. These constraints made the traditional rural hospital staffing model unsustainable, prompting MUSC and Black River to intentionally adopt a telehealth-forward model designed to stabilize the workforce, ease coverage pressures, and support more reliable local care delivery.

+ **Staffing & Workforce**. From the outset, Black River implemented a hybrid 24/7 staffing model that paired onsite advanced practice providers and nurses with virtual hospitalists and specialists for real-time clinical support. This approach reduced the need to recruit hospitalists and other specialists locally, and created nocturnal staffing stability, which tends to have higher associated costs. To serve as a telehospitalist, MUSC requires at least three years of hospital medicine experience with a history of high patient satisfaction scores. Over time, staff reported that the hybrid model reduced stress, minimized coverage crises, and improved workload balance. Leadership noted that, as telehealth became integrated and trusted, they could shift attention from constant recruitment and staffing to address gaps, to broader goals such as engaging in population and community health projects in the local community. One Black River leader noted:

> *Having a partner like MUSC creates a confidence due to the level of care they provide. I have the confidence in their ability to keep staff here and cross cover when needed. Now I can get out in the community and spearhead population health projects, like food insecurity and transportation. We're able to do all those things because we're not putting out fires every day in our hospitals because we've got partners in telehealth.*

+ **Training & Change Management**. Early implementation required intentional, hands-on support to help staff adjust to the new care model. MUSC's Center for Telehealth conducted extensive on-site training with local nurses, APPs, and ancillary staff to walk through telehealth workflows and equipment. To strengthen trust and facilitate integration, virtual hospitalists regularly visited Black River in person, building relationships with local teams and reinforcing how virtual and on-site roles would work together. Ongoing feedback loops—including routine sharing of telehealth performance data and quality metrics—helped staff and leaders see early wins, troubleshoot challenges, and sustain engagement. As confidence grew and staff experienced consistent support from virtual partners, telehealth became fully integrated into daily operations and recognized as a routine part of care delivery. Black River clinical staff and MUSC Center for Telehealth clinical outreach coordinators continue to engage in direct and regular communication, further building trust and support. One MUSC telehospitalist shared:

> *Despite being a telehospitalist located more than ninety miles away from Black River, I feel I am part of the medical staff committed to supporting the local community.*

Financial Commitment & Value Realization

This domain captures how rural hospitals invest in telehealth and how they measure, communicate, and ultimately realize the value those investments generate. As hospitals mature in telehealth partnership, telehealth shifts from ad hoc, small-scale and often grant-funded efforts to becoming a long-term, strategic priority with sustained financial commitment. Rural hospitals with mature telehealth partnerships demonstrate clear understanding of telehealth's return on investment (ROI) and leverage it to strengthen institutional stability.

Model Sub-Domains

- **Implementation Costs & Funding**: Hospitals move from relying on short-term or externally subsidized investments in telehealth partnerships toward shared, and ultimately co-invested, financial models of partnership that treat telehealth as a core operational expense.
- **Anticipated Value**: Hospitals evolve from identifying narrow, service-specific and often qualitative benefits to using robust, data-driven ROI analyses that quantify operational, financial, and system-level impact.
- **Institutional Brand**: Hospitals advance from relying on external partners' reputation to build trust in early telehealth services to becoming recognized providers of high-quality virtual care. In transformational partnerships, local hospitals are viewed as regional leaders in digitally enabled care, with strong institutional brand that attracts patients and workforce.

Financial Commitment & Value Realization			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Implementation Costs & Funding	+ Low-to-moderate start-up costs, often covered by grants, philanthropic support, or partner-subsidized agreements + Investments mostly in basic equipment, training and vendor set-up	+ Moderate-to-high costs as hospitals invest in shared service agreements, IT integration, staffing support + Shared funding models with partners emerge; costs are planned and budgeted	+ High but strategic, sustained investment in regional hubs, analytics, workforce development, and continuous quality improvement + Hospitals move toward co-investment models and long-term capital planning

Financial Commitment & Value Realization			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Anticipated Value	+ Improved access to specialty care, reduced avoidable transfers, and enhanced quality of local services + Benefits are often qualitative or limited to specific service lines	+ Operational ROI through fewer avoidable transfers and ED visits, reduced lengths of stay, growth in reimbursable outpatient and telehealth encounters, improved patient and provider experience and satisfaction	+ System-level value through population-health and accessibility gains, stabilized rural workforce, stronger local care capacity, and long-term financial sustainability
Institutional Brand	+ Hospital is primarily known for its in-person services, with recognition of emerging telehealth services + Local telehealth programs primarily rely on the brand or reputation of external partners or hub hospitals to build local trust	+ Hospital is recognized for offering high-quality, reliable telehealth services, which are primarily co-branded or jointly promoted with external partners or hub hospitals	+ Hospital is recognized as a regional leader in telehealth, using digital care to reimagine how, where, and when care is delivered + Partnerships are built on mutual institutional strength, with both organizations' reputations contributing equally

Key Tactics & Lessons Learned

1 Establish an Approach to Assess the Value of Telehealth

- Define a clear institutional approach to evaluate the value generated by telehealth by assessing both the costs of virtual care and the operational, financial, and clinical benefits it generates.
- Inventory all telehealth-related costs and revenues (e.g., technology, staffing, vendor agreements, and reimbursement) to develop a baseline for forecasting growth and ROI.
- Identify clear, quantifiable indicators that reflect financial, operational, clinical, and workforce impact (e.g., avoided transfers, decreased length of stay, improved throughput, patient satisfaction, and provider retention).

> *"The value proposition of telehealth is quality and cost. Is it a quality service and can we afford it?"*
>
> —MUSC Hospital Leader

> *"The question to me is can rural hospitals afford to not do telehealth. What services are rural hospitals sacrificing because they insist on in-person recruiting but are unable to recruit full coverage."*
>
> —MUSC Center for Telehealth Leader

2 Consistently Track Telehealth Value Metrics

- Evaluate defined telehealth metrics in annual financial reports, quality improvement, and performance monitoring structures (e.g., patient safety rounds, throughput reviews, and quality dashboards).
- Compare the total cost of telehealth delivery to the value generated through retained patients, improved clinical outcomes, enhanced patient experience, and increased service capacity.
- Tie these metrics to financial and operational outcomes to demonstrate ongoing value and support continuous improvement.
- Include telehealth metrics in annual performance reviews and financial reports.

> *"[With telehealth] the value is the quality scores. The value is the outcomes. The value is the satisfaction. The value is winning over our community physicians one outcome at a time."*
>
> —MUSC Hospital Leader

3 Develop a Multi-Year Investment Plan that Leverages Partnerships.

- Integrate telehealth into routine capital and operational budgets rather than relying on one-time grants and outline a phased investment plan that aligns with organizational priorities and anticipated savings or revenue growth.
- Work with external partners to share costs for technology, staffing, and analytics, using models such as shared-service agreements, leased equipment, or co-funded positions that lower upfront expenses and reduce financial risk.

> *"We understand there are high upfront costs to implement telehealth programs, and we offer a tiered approach to financially support Tele-ICU. Initially we use state funding to buy equipment, pay for implementation, and the first year of service."*
>
> —MUSC Center for Telehealth Leader

- Prioritize investments that replace or offset existing resource gaps (e.g., hard-to-recruit specialties, after-hours coverage) so telehealth spending directly supports operational pressure points.

4 Strengthen Brand Through Co-Promotion.

- Co-brand telehealth services with hub partners across marketing materials, websites, patient handouts, and community outreach.
- Leverage the specialty reputation of the larger hub or academic center alongside the local hospital's trusted community presence to help patients and providers see telehealth as both high-quality and locally grounded, particularly in small, rural communities that may not be familiar with telehealth.

> *"In a small community, word of mouth is everything. If you take care of people, that word gets around much faster. Patients are going to choose where they go and they're going to choose you because of your reputation, because of their friends and family that you've taken care of."*
>
> —MUSC Hospital Leader

5 Use Brand Recognition to Build Regional Leadership.

- Leverage the hospital's strengthened telehealth brand to deepen trust within the community and position the hospital as a reliable access point for high-quality specialty and virtual care.
- Use enhanced brand credibility to attract new clinical partners, workforce pipelines, and service lines that reinforce the hospital's role as a regional health anchor.

Case Study: MUSC Black River Medical Center

The construction and opening of MUSC Black River were made possible through significant capital investment from local, state, and philanthropic partners. This early support allowed leaders to design a hospital with virtual care embedded into its long-term financial model from the outset.

- **Implementation Costs & Funding**. Upfront capital enabled Black River to build essential telehealth infrastructure—equipment, virtual staffing support, IT systems, and analytics—directly into routine capital and operating budgets. Shared-service agreements with MUSC further reduced reliance on short-term grants and created a sustainable, predictable investment model for virtual care.
- **Anticipated Value**. Strong performance on quality metrics, improved throughput, and reduced transfers have generated measurable financial gains, allowing Black River to explore new service line offerings such as mammography. Additionally, the higher volume of inpatient care has led to an increase in outpatient clinic visits and subspecialty referrals that in turn generate more outpatient procedures for the hospital. This forward-looking investment strategy has positioned Black River among the highest-performing hospitals in MUSC's network across both quality and financial indicators and has contributed to greater workforce stability.
- **Institutional Brand**. MUSC's statewide reputation brought immediate credibility to a region where prior hospitals had struggled, while integrating former hospital leaders and staff into the new hospital helped preserve community trust. This blend of academic specialty strength and strong local identity established Black River's role as a highly trusted provider. The broader MUSC health system also benefited, as Black River drew new patients into the MUSC ecosystem that could receive follow-up care at local MUSC primary care practices and/or MUSC's virtual specialty and primary care services.

SECTION 7

Conclusion

Telehealth has emerged as a tool to transform how care is delivered and how hospitals evolve to meet a changing healthcare landscape. For rural hospitals in particular, telehealth has potential to become a foundational strategy to strengthen their institutional sustainability and reduce the risk of closures. As this Playbook illustrates, telehealth offers a range of opportunities to transform rural care, from early adoption of service lines to address urgent care gaps to a more robust and strategic integration of telehealth into hospitals' clinical, operational, and financial goals. Utilizing the telehealth partnership maturity model as a practical roadmap from early to transformational adoption of telehealth, rural hospital leadership can demonstrate that telehealth is an accessible tool even in the most resource-strained environments.

Looking ahead, rural hospitals have an opportunity to leverage telehealth to define a new model of care that is more connected, collaborative, and resilient. Reimagining rural health care means moving beyond a focus on survival toward a vision of thriving, digitally enabled community hospitals that leverage virtual expertise, build and train a sustainable hybrid workforce, and serve as regional hubs for high-quality care. By embracing telehealth as a core component of their future, rural hospitals can not only weather today's challenges but also build a more sustainable and accessible system for the communities they serve.

SECTION 8

Appendices & References

Appendix A: Full Telehealth Partnership Maturity Model Table

This Appendix is the comprehensive Telehealth Partnership maturity model, which combines key tactics across domains and maturity levels.

Telehealth Partnership Maturity Model Levels			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Strategic Approach to Telehealth & Partnerships			
Leadership & Strategic Alignment	+ Telehealth adoption is opportunistic, often driven by external partners or grant requirements + Telehealth implementation is driven by select institutional leadership and local champions, with limited support + Leadership may have a lower risk tolerance to adopt telehealth + Clinical alignment between local and telehealth clinical resources occurs ad hoc or within isolated service lines	+ Leadership incorporates telehealth into organizational priorities + Staff are engaged and see clear alignment with local needs + Leadership has a higher risk tolerance toward telehealth, informed by results from initial implementation + Clinical leadership is increasingly aligned on telehealth-appropriate care across service lines	+ Telehealth is embedded in organizational strategy and governance, with sustained investment and accountability across the board, executive, and clinical leaders + Leadership has seen substantial results from telehealth implementation and is comfortable assuming the risk of robust implementation + Clinical leadership is forward-thinking, using telehealth to reenvision how and where care is delivered

Telehealth Partnership Maturity Model Levels			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Goal-Driven Selection of Telehealth Services	+ Telehealth services are selected to fill urgent gaps, limited to 1-2 core services (e.g., Telestroke, Tele-behavioral health)	+ Telehealth services are selected and scaled, informed by organizational priorities, including community demand, operational capacity, and workforce needs	+ Telehealth services are strategically prioritized and right-sized to meet long-term community needs, organizational priorities, care delivery strategy, and financial sustainability
Partnership Scope	+ Transactional partnerships to expand access, often short-term or service-specific (e.g., MOUs, vendor contracts)	+ Partnerships with formal agreements that enable shared infrastructure, standardized workflows, and joint credentialing	+ Strategic partnerships that co-design solutions for sustainability, accessibility, and long-term transformation + Often structured as joint ventures or clinically integrated networks with shared governance

Telehealth Partnership Maturity Model Levels			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Workflows & Technical Infrastructure			
Workflow Standardization	+ Telehealth is layered on to existing in-person workflows, with limited local integration, standardization, and adoption	+ Cross-department workflows and tools are increasingly standardized (e.g., triage, scheduling, documentation, referral processes), with growing multi-disciplinary engagement	+ There is a multi-disciplinary, system-wide adoption of standard workflows redesigned to treat telehealth as a core modality, with seamless integration into care pathways, quality improvement, and performance metrics
Information Exchange	+ Hospital and partners can share basic documentation elements through a limited number of platforms and manual processes (e.g., downloading a note from a software platform and uploading it to the local EHR)	+ Hospital can exchange more robust clinical data with partners through various platforms, including electronic health record (EHR) portals	+ Hospital and partners have fully integrated or interoperable information technology ecosystems (e.g., shared EHR portals, analytics dashboards) that enable real-time exchange of clinical information and joint outcomes monitoring

Telehealth Partnership Maturity Model Levels			
Maturity Levels	**1. Early**	**2. Operational**	**3. Transformational**
Connectivity	+ High-speed internet connectivity to support audio visual telehealth may be unreliable or highly local + Access to telehealth equipment to support audio visual connection may be limited	+ High-speed internet connectivity and access to telehealth equipment is available across most clinical areas	+ Hospital has highly reliable, enterprise-wide internet connectivity and access to telehealth tools that support a wide range of virtual applications
Staffing & Change Management			
Staffing & Workforce	+ There is a local dependence on external telehealth providers for intermittent telehealth competency training and workflow support + Telehealth may be perceived as an added burden or source of workflow disruption	+ Shared or hybrid virtual clinician pools support services + Multi-disciplinary local staff receive targeted training and participate in care delivery + Staff experience begins to improve as workflows stabilize and responsibilities are clearer	+ Virtual-only and integrated virtual/in-person teams collaborate across sites supported by cross-credentialing, ongoing training, workforce planning, and robust retention strategies for hybrid care models + Telehealth contributes to improved staff satisfaction, workload balance, and workforce stability

Telehealth Partnership Maturity Model Levels

Maturity Levels	1. Early	2. Operational	3. Transformational
Training & Change Management	+ Ad hoc training and onboarding with reliance on external telehealth provider	+ Structured onboarding and protocols in place for clinicians and staff	+ Continuous improvement processes supported by data feedback loops, telehealth champions, and formal change-management strategies
Financial Commitment & Value Realization			
Implementation Costs & Funding	+ Low-to-moderate start-up costs, often covered by grants, philanthropic support, or partner-subsidized agreements + Investments mostly in basic equipment, training and vendor set-up	+ Moderate-to-high costs as hospitals invest in shared service agreements, IT integration, staffing support + Shared funding models with partners emerge; costs are planned and budgeted	+ High but strategic, sustained investment in regional hubs, analytics, workforce development, and continuous quality improvement + Hospitals move toward co-investment models and long-term capital planning

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Appendix B: MUSC Center for Telehealth Services

This appendix includes MUSC's Telehealth Services Portfolio, a brochure used with hospital partners to outline available virtual inpatient, ambulatory, and population-health services. It illustrates the breadth of support MUSC offers its partners and provides a concrete example of how telehealth capabilities are communicated to hospitals and their patients.

MUSC Center for Telehealth
Inpatient Telehealth Services

Tele Service Inpatient	Type	Availability	Equipment	Platform	Outpatient Follow-up
Tele Stroke	Consultation w/n 15 minutes	24/7	Cart	Teladoc	Neuro Virtual Specialty
Tele Neuro	Consultation w/n 24 hours	7 days/wk, 8a-5p	Cart	Teladoc	Neuro Virtual Specialty
Tele Infectious Disease	Consultation w/n 24 hours	M-F, 8a-5p	Cart	Andor	Infectious Disease Virtual Specialty
Antibiotic Stewardship	Quality consultation and reporting support	Weekly	NA	Epic	
Tele ED Psych	Consultation w/n 4 hours	24/7	Cart	Andor	Assists with disposition of patients and coordinates outpatient follow-up
Tele Inpatient Psych	Consultation w/n 24 hours	7 days/wk, 8a-5p	Cart	Andor	Psych Virtual Specialty
Tele Palliative Care	Consultation w/n 24 hours	M-F, 9a-5p	Cart	Andor	Outpatient support provided by palliative team
Tele Nursing	Admission/ Discharge support with asynch quality monitoring	24/7	Cart	Andor	
Tele ICU	Continuous monitoring	24/7	In-room camera & equipment	Philips	
Tele Hospitalist	Rounding model	24/7	Cart	Andor	
Tele Neonatal Rounding	Rounding model	24/7	Cart	Andor	
Tele Sitter	Continuous monitoring	24/7	Cart	AvaSure	
EEG	Routine, Stat, Continuous monitoring	24/7	EEG Cart	Epic	

Inpatient services are contract-based with a minimum agreement of three years.
The terms for these services typically include fixed pricing with some rate variability based on anticipated volume and average daily census.

Training and technology support for services are provided by a dedicated site coordinator.

MUSC Center for Telehealth

Ambulatory Telehealth Services

24/7 Virtual Urgent Care treatment for all ages of allergies/hay fever, cough/congestion, pink eye, sinus infections, skin rashes, urinary tract infections and over 40 more conditions. Flat rate, no insurance accepted. Prescriptions will be sent to the patient's local pharmacy.

Start a Virtual Urgent Care visit by scanning the QR code or visit MUSC.care.

Virtual Specialty appointments are scheduled video visits, available Monday-Friday 8:00am-5:00pm and can be taken from anywhere via a cell phone, tablet or computer for adult patients (18+) in South Carolina. Insurance applies. **Specialties include:**

- ✓ Adult & Pediatric Endocrinology
- ✓ Dermatology
- ✓ Gastroenterology
- ✓ Hematology
- ✓ Infectious Disease
- ✓ Psychiatry
- ✓ Pulmonary and Sleep Medicine
- ✓ Neurology
- ✓ Rheumatology

Referrals for virtual specialty can be placed in Epic or patients can self refer by visiting MUSC.care.

Regional Specialty Timeshare Clinics provide an onsite option for patients to have a virtual specialty appointment with the assistance of a telepresenter, Monday-Friday 8:00am-5:00pm. In most cases, no referral is needed, however, provider discretion applies. Specialties include: Rheumatology, Endocrinology, Cardiology Heart Failure, Transplant Nephrology, and Neurology.

■ Columbia ■ Okatie ■ Hampton ■ Sumter ■ Florence ■ Tidelands ■ Greenville ■ Indian Land

Referrals for virtual specialty can be placed in Epic or patients can self refer by calling 843-792-9200.

**Training, education, and technology support available for ambulatory providers to offer telehealth appointments as part of their practice.*

Population Health Services

Primary Care Integrated Virtually Services

Remote Patient Monitoring (Hypertension and Diabetes): At home conditions management through daily health tracking, digital communication and education.

eConsults: Specialist responds to a question about a patient from a PCP within 2 business days.

Collaborative Care Management (CoCM): App-based behavioral health support with psychiatrist oversight.

Referrals for primary care integrated services can be placed in Epic.

**Contracted Psychiatry and Nutrition programs available upon request.*

School-based Telehealth provides physical and behavioral health services to students across South Carolina, delivered primarily through telehealth with limited in-person options.

To learn more, visit https://muschealth.org/schooltelehealth.

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