



*Content Marketing Built to Move the Healthcare Buying Committee*

# Rural Health Transformation: Enterprise Tech Opportunities in Georgia (2026-2030)

## HOW TO USE THIS REPORT

This report is designed for use by healthcare tech vendors leaders in guiding productive marketing and sales decisions, shortening buying cycles, and relieving team frustration with improved efficiency and effectiveness.

It translates Georgia's Rural Health Transformation (RHT) "GREAT Health" into practical insights tailored to the enterprise buying committee.

### For Sales Leaders and BDR Reps

Use the Sales section (Page 3) for state-specific talk tracks, RHT-aligned value stories, and deal strategy in Georgia. BDR roles can use this report to identify key state and regional partners, consortia, and association relationships to pursue.



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# GEORGIA FOR SALES ENABLEMENT & BDR

- **Program** GREAT Health “ Georgia's RHT Program
- **RHT Status** Approved; implementation starting FY2026
- **Lead Agency** Georgia DCH (Medicaid/RHT lead)
- **Who's Impacted** Rural hospitals, CAHs, FQHCs, RHCs, community mental health providers, EMS, and multi-sector collaboratives across 126 HRSA-rural counties
- **Total Award:** (approx.) \$1.5B in RHT-backed investments across five major initiatives over five years
- **Year 1 Focus:** Stabilization grants, financial and technology assessments, and initial competitive grant cycles for rural entities

## Tech Priorities

### **CFOs and Financial Roles**

AHEAD readiness and financial solvency are central. Emphasize how your solution helps quantify and manage risk in global budgets and multi-payer arrangements.

### **CIOs and Tech Roles**

EMR enhancements, interoperability, and HIE are not optional; they are prerequisites for AHEAD and cross-sector coordination. Tie your product to faster readiness and simpler integration than competitors.



## **Content Marketing Built to Move the Healthcare Buying Committee CMOs and Clinical Roles**

Telehealth, mobile clinics, and school-based health are expanding their clinical footprint. Frame your solution as making these models operationally sustainable and measurable .

## Vendor Procurement & RFP Notes

**Expect RHT-fueled RFPs and RFIs for telehealth infrastructure, mobile services, data platforms, and TA services over the coming 2-4 years.** Reps should be ready with state-specific language that references GREAT Health and AHEAD.

**Many deals will be grant-backed purchases;** sales should coach prospects on aligning their use cases to RHT priorities (e.g., access, data, workforce) to increase grant competitiveness.

**Consortia and shared services (e.g., regional HIE or care coordination hubs) may lead to multi-entity deals;** encourage reps to think in terms of regional plays , not single hospitals.

## Content Strategy Insights

**"We help you become AHEAD-ready faster"**—focus on data aggregation, analytics, and financial modeling for global budgets.

**"We help you turn telehealth and mobile units into measurable ROI"**—show how your platform links encounters to metrics Georgia cares about (reduced ED use, improved access, reduced travel time).

**"We simplify multi-partner coordination"**—position as the system that keeps hospitals, FQHCs, schools, and behavioral health aligned and accountable.



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### Talk Track Hooks

#### **CFO/Financial Roles**

"Georgia's GREAT Health Program is dedicating significant funds to help rural hospitals transition into AHEAD global budgets. How confident are you that your data and analytics can support that shift?"

#### **CIO/Financial Roles**

"Georgia is funding EMR enhancements, HIE, and telehealth to support data-driven AHEAD participation. Where are your biggest integration or reporting gaps today?"

#### **CMO/Clinical Roles**

"As Georgia expands telehealth, mobile clinics, and school-based care, how are you planning to keep clinical workflows consistent and outcomes measurable across all these sites?"

### Partner Targets

- Georgia Hospital Association (GHA) “ hospital-facing convener and educator.
- Georgia Department of Community Health (DCH) “ program owner and key decision-maker on priorities.
- State Office of Rural Health (SORH) “ coordinates rural support, vendor selection for some initiatives, and grant technical assistance.
- Georgia Department of Public Health (DPH) “ critical for EMS, newborn screening, and disaster resilience initiatives.
- Georgia Board of Health Care Workforce (GBHCW) & AHECs “ workforce pipeline and training partners.



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### **BDR Notes**

- Many initiatives (school-based health, transportation pilots, disaster readiness, workforce, AHEAD) are fundamentally multi-partner by design. Solutions that can serve hospitals + FQHCs + schools + behavioral health + EMS from a single platform will be attractive for joint proposals.
- Workforce, training, and telehealth expansions suggest strong opportunities to partner with training entities, universities, and AHECs to embed your client's tech into funded programs.
- HIE and data infrastructure work invites collaboration with existing HIEs, analytics collaboratives, and hospital associations that can carry your client into broader networks.

### **Sources**

<https://dch.georgia.gov/great-health-program-georgias-rural-health-transformation-program>

<https://edit.cms.gov/files/document/rht-program-state-provided-abstracts.pdf>

<https://dch.georgia.gov/georgias-application-rht-program>