



Execution discipline is the strategy

For Rural Health Transformation Programs (RHTPs), focused implementation is just as important as thorough planning



Across the country, states are investing unprecedented resources into RHTPs. Their program designs are thoughtful, the logic models are detailed, and stakeholder engagement during planning is often extensive.

Yet early implementation experience reveals a quiet, uncomfortable truth: The greatest risks to rural health transformation rarely stem from a flawed strategy. They emerge from execution.

Once programs move from planning to implementation, the real work begins. States must coordinate dozens of delivery partners, align fragmented funding streams, and deploy new operational infrastructure, all while sustaining trust with communities that have experienced waves of short-lived initiatives. In this environment, strategic vision alone is insufficient. Execution discipline becomes the differentiator between programs that generate measurable impact and those that gradually lose momentum.

In practice, this discipline is commonly tested in four areas where transformation efforts either succeed or fail.



1. Governance must evolve to avoid becoming the bottleneck

Most RHTPs launch with highly centralized governance to align stakeholders and move quickly through planning. But what works at launch rarely works at scale. As programs shift into full implementation, this restrictive structure can quickly become a bottleneck. When operational questions must repeatedly be escalated to executive committees that meet infrequently, delivery partners can lose momentum, and stakeholder frustration can grow.

Successful programs are intentionally designed for governance evolution. Leading states are implementing phased delegation models that shift routine operational authority to program management offices and regional steering committees. This helps executive bodies to retain strategic oversight but focus on removing barriers rather than managing day-to-day operations. This model requires disciplined program management infrastructure: Tools such as risks, actions/assumptions, issues, and dependencies (RAID) logs and responsible, accountable, consulted, and informed (RACI) frameworks can help create transparency and allow leaders to focus on strategic decisions, not operational noise.

Leaders should watch for key indicators that their governance structure is constraining execution:

- A large number of operational decisions require escalation to executive committees.
- Delivery partners report waiting weeks for approvals on operational adjustments.

- Steering committees regularly address tactical issues rather than strategic priorities.
- Program milestones slip due to unresolved cross-agency dependencies.

When these signals appear, redesigning the governance model is essential to restoring momentum.

2. Community engagement must move beyond the newsletter

Rural health transformation lives or dies on trust, and trust is not built through one-way communication. Programs designed at the state level are implemented in communities with distinct histories and expectations. When residents or clinicians perceive initiatives as externally imposed, participation can falter.

Many programs initially approach engagement as a communications function: Newsletters are distributed and webinars are hosted. While these have value, they do not create the feedback loops necessary for success. Effective RHTPs build structured forums, such as regional advisory groups and resident panels, where community perspectives actively shape implementation. This enables program leaders to identify barriers early and adjust strategies before problems become entrenched.

Transparency remains the foundation. Programs that openly communicate timelines, course corrections, and implementation challenges help to build credibility and strengthen long-term collaboration.



Early warning signs that engagement is becoming “engagement theater” include:

- Stakeholder meetings are dominated by information updates rather than dialogue.
- Community organizations begin to disengage from advisory forums.
- There’s growing skepticism among partners about whether community input truly influences decisions.

When engagement shifts from dialogue to broadcast, trust can erode quickly.

3. Data infrastructure cannot be an afterthought

Managing these complex initiatives requires visibility across clinical performance, workforce capacity, and social determinants of health. Yet many states attempt to do so using legacy systems that were not designed for multistakeholder programs. The consequences are predictable: fragmented reporting, delayed insights, and limited visibility into what is happening on the ground.

The most practical solution is often a hybrid technology architecture. In this model, core state systems continue to manage essential administrative functions, while modern platforms are layered on top to support grant management and performance monitoring. This helps states to modernize operations without replacing legacy infrastructure wholesale.

The larger challenge is creating an integrated data ecosystem. Effective programs build unified analytic environments that connect data from claims administrators, clinical networks, and community organizations. This can help leaders to understand how workforce investments affect care capacity, how care coordination influences utilization, and how interventions shape population health outcomes.

Common indicators that data infrastructure is limiting a program’s effectiveness include:

- Leaders are relying on outdated reporting cycles to make operational decisions.
- Delivery partners are submitting duplicative reports across multiple platforms.
- There is limited or no visibility into cross-program performance metrics.

Without integrated data, transformation programs are likely to operate with limited situational awareness.

4. Delivery partner management must be actively orchestrated

Most RHTPs depend on a complex ecosystem of delivery partners. While significant attention is often paid to selecting the right partners, far less focus may be placed on the sustained discipline required to manage those relationships over the life of a multiyear transformation. In practice, weak vendor and partner management is one of the most common drivers of execution failure.

High-performing programs treat delivery partners as an active operating function, not a contractual formality. This discipline shows up in three critical ways:

- 1. Value-based contracting.** Rather than structuring contracts around activity-based deliverables or periodic reports, leading states tie payments to the achievement of clearly defined milestones and outcomes. This helps shift incentives away from compliance and toward results, reinforcing shared accountability for impact rather than process.
- 2. Collaborative accountability.** Successful programs create formal forums where delivery partners are not only reporting up to the state, but also accountable to one another for their roles within the broader ecosystem. Cross-partner working sessions, joint milestone reviews, and shared risk registers help surface interdependencies early and prevent downstream delays caused by misaligned assumptions.
- 3. Adaptive procurement.** Multiyear transformation programs inevitably evolve as implementation lessons emerge. States that succeed work closely with procurement offices to establish contracting vehicles that allow for structured adjustments to statements of work over time. This flexibility helps enable programs to adapt without triggering costly delays, contract renegotiations, or workarounds that undermine transparency.

Warning signs that delivery partner management is constraining execution include:

- Partners optimizing for their individual scopes rather than overall program outcomes
- Contractual disputes slowing necessary course corrections
- Limited mechanisms for resolving cross-partner dependencies.

When partner ecosystems are actively managed, rather than passively governed, execution can become more resilient, adaptive, and outcome-focused.



Implications for leaders and partners

For state leaders, federal partners, and funders, the lesson is clear: Program design matters, but execution discipline determines whether transformation efforts generate measurable results. This means selecting partners with deep implementation experience and the ability to integrate data across complex ecosystems.

For delivery partners on the ground, the mandate is equally clear. Success requires operating in a collaborative environment where transparency is expected, adaptability is required, and accountability is shared.

In rural health transformation, success rarely hinges on whether the strategy was ambitious enough. It hinges on whether the system built to execute it was resilient enough to learn, adapt, and improve along the way.

How KPMG can help

At KPMG LLP, our Rural Health Transformation Orchestration (RHTO) approach provides states with the framework and experience needed for successful program rollout. We bring demonstrated experience in large-scale healthcare and state and local government transformations, having supported numerous states in complex program implementations. Our approach—with portfolio rationalization at its core, spanning strategic services, governance, quality assurance, and change management—helps states deliver on their RHT commitments while building sustainable capabilities for the future.



Contact us

Contact us, and see how an RHTO approach can accelerate your rural health transformation journey.

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