

## **RHTP + OnMed CareStation™ FAQs:**

### **What is the OnMed CareStation?**

The OnMed CareStation™ offers a practical and scalable way to expand access to preventative and everyday healthcare.

Designed as a patented 8x10 foot private walk-in “[Clinic-in-a-Box](#),” it connects patients with licensed clinicians in real time and uses integrated diagnostic tools to support immediate evaluation and treatment. Patients can receive a diagnosis, a personalized care plan, and—when appropriate—an e-prescription during a single visit.

The CareStation requires only power, and is equipped with either broadband or satellite, leaving no zip code off the grid. It's a plug-and-play, scalable solution that can be deployed in about 45 days.

CareStation clinicians provide a live, human, personalized experience on a 65-inch screen. They can collect vital signs such as blood pressure, oxygen levels, temperature, and weight, enabling early detection of emerging issues.

The CareStation is equipped with comprehensive tools including a digital stethoscope, hi-definition camera, and thermal scanner, allowing evaluations for a wide range of early indicator conditions, including respiratory symptoms, allergic reactions, skin conditions, digestive issues, headaches, and musculoskeletal complaints. It also offers mental health screenings and can support patients in 240 languages.

CareStations follow CDC cleaning guidelines and feature antimicrobial walls and 24/7 air filtration proven to remove over 99.9% of airborne viruses and bacteria. After each visit, the interior is disinfected with UVC light.

One of the strongest indicators of its effectiveness is that 88% of patients are able to be treated within the CareStation without escalation to a specialist, urgent care, or the emergency department. This high rate of first touch resolution not only improves patient outcomes but also helps reduce unnecessary downstream costs and barriers to care.

Key areas of differentiation include our depth of practical diagnostic tools available in the CareStation, attention to both physical and mental health, and its ability to deliver on sanitation and durability concerns.



Below is a short video of one of our rural deployments that CMS cited in the RHTP NOFO as an example of excellence.

### **Rural Deployment Sample Video and Digital Brochure:**

- <https://vimeo.com/1151594711>
- [OnMed E-Brochure](#)

### **Why is OnMed the Perfect Use of RHTP Funding?**

The OnMed CareStation™ delivers a proven, sustainable, and revenue-generating model that directly aligns with the goals of the Rural Health Transformation Program (RHTP): expanding access, closing workforce gaps, and improving outcomes in underserved areas.

- CMS Cited OnMed in the RHTP NOFO: OnMed's deployment in Alabama through the Auburn Rural Health Initiative was cited by CMS as a model in the RHTP Notice of Funding Opportunity (NOFO) example under the Appendix's "Rural health regional excellence initiative," within the "Sustainable access" goal. (see more info below)
- A Revenue Stream, Not a Cost Center: CareStations are 100% eligible for RHTP funding and can serve as a sustainable revenue source. Each encounter is billable through shared HL7 data, enabling hospitals, health systems, and FQHCs to be reimbursed for care delivered through the CareStation.
- An Extension of Your Network- Anywhere Care Is Needed: Each CareStation operates under your organization's branding, and credentialing, ensuring patients experience trusted care that looks and feels like your brand. Our stations can be placed anywhere care is needed- schools, libraries, employer sites, or rural communities- bringing your network directly to patients.
- Solving the Rural Staffing Crisis: OnMed fills critical staffing gaps in rural and hard-to-reach areas. Our clinicians are always available, ensuring consistent access to care- no sick call-outs, no coverage gaps, no burnout. We can use our clinicians or yours, depending on what best supports your operations.
- Proven Outcomes and Patient Satisfaction: OnMed successfully treats 82% of all patients who enter a CareStation, managing both acute and chronic conditions. Our patient satisfaction rating averages 4.96 out of 5 stars, a reflection of our quality, reliability, and user-friendly experience.



- Reducing Emergency Department Strain: CareStations help divert lower-acuity patients from crowded emergency rooms, improving throughput, reducing unnecessary costs, and ensuring patients remain within your care network for follow-up.
- Seamless Integration and Continuity of Care: We provide care summaries back to your providers to support continuity of care and quality reporting. Our model enhances coordination, referral management, and outcomes tracking-keeping care connected and consistent.
- Scalable, Sustainable, and Future-Ready: Beyond the RHTP period, OnMed offers a portable, non-brick-and-mortar solution that can evolve as community needs change. Each CareStation builds capacity, health equity, and sustainability for your organization and the populations you serve.

### **How does OnMed support and integrate with local doctors, hospitals or health systems?**

OnMed is designed as an extender, not a replacement for community providers. Our CareStations operate as front-door access points that (a) absorb low-acuity, after-hours, and no-appointment demand and (b) channel patients back to local clinicians and hospitals for longitudinal and higher-acuity care and (c) re-engage or engage people who have delayed or avoided care due to the lack of a convenient access point.

#### Safeguards & collaboration model

- Referral-first workflows: Every visit ends with a warm handoff to an identified local medical home (FQHCs, RHCs, independent practices, hospital clinics) based on patient preference, payer attribution, and geography.
- No panel poaching: We do not solicit patients away from established PCPs; we document existing relationships and route back accordingly.
- Defined scope: We focus on urgent/episodic care, chronic-care check-ins, prevention, and care navigation – not complex specialty care or longitudinal disease management that belongs with local teams.
- Local staffing options: States or anchor partners may staff CareStations with local clinicians (tele-enabled) to keep RVUs, attribution, and downstream referrals in market.
- Co-branding & data sharing: Co-branded stations with FHIR-based EHR connectivity return visit notes, labs, and referrals to local systems to reduce fragmentation.

- Capacity relief: By offloading non-emergent demand and avoidable ED/urgent care utilization, we free up clinic and hospital capacity for higher-acuity, higher-value services.

### **How is the OnMed CareStation sustainable and what is the long-term impact?**

OnMed's model aligns with CMS-allowable activities under RHTP and broader value-based priorities. By reducing avoidable ED visits, improving adherence, and expanding preventative care, OnMed can deliver measurable cost savings alongside improved outcomes. Beyond federal seed funding, our sustainability model blends self-pay, insurance reimbursement, Medicaid MCO quality/reinvestment dollars, hospital community-benefit/340B reinvestment, Community Reinvestment Act (CRA) partnerships, and targeted philanthropy – supporting durable impact across rural communities.

### **Where can I find the OnMed CareStation™ referenced in the RHTP NOFO?**

Here is the link to the official RHTP NOFO document from CMS of how the funding could be used for an OnMed CareStation:

[Search Results Detail | Grants.gov](#)

We are highlighted as an example of supported technology for this funding under sustainable access. The Auburn link is on page 107 of the appendix. If you click the link, it takes you directly to a post about OnMed across Alabama. It comes under the heading:

**Rural Health Regional Excellence Initiative- Page 104**

**Main strategic goal: Sustainable access- Page 106**

Outcomes (examples, non-exhaustive):

- Increase access to primary care.
- Increase access to specialty care.
- Reduce travel burden for rural patients.
- Improve financial stability of rural hospitals and clinics.
- Increased utilization and patient volumes of rural hospitals and clinics.
- Reduce avoidable transfers of patients from rural to non-rural areas.
- Increase retention of rural clinicians.
- Improve quality of care measures reported by participating rural providers.
- Reduce rates of severe pregnancy complications.

**Examples: Page 107**



<https://www.ruralhealthinfo.org/project-examples/1138>

- Auburn University Rural Health Initiative

### **What differentiates the OnMed CareStation™ from telemedicine and mobile care units?**

- Complement, not compete, with mobile units: Our CareStations enhance existing mobile efforts by serving as consistent, community-based access points that remain in place between mobile visits- offering stability and continuity of care- while promoting mobile unit efforts.
- Expanded access hours: CareStations can operate up to 24 hours a day, 7 days a week, bridging the critical gap in access when traditional clinics or mobile teams aren't available.
- Workforce reliability: Every OnMed visit is staffed by a live, board-certified clinician available within seconds. You never face provider call-outs, scheduling conflicts, or shortages- patients are always seen immediately.
- Community integration: CareStations can be co-branded and embedded under a hospital, health system, or FQHC umbrella, ensuring full alignment with local care delivery and patient trust.
- Portable and flexible: While not mobile, CareStations can be relocated if necessary to support long-term community planning and impact.
- Sustainability and innovation: OnMed was specifically cited in the recent RHTP NOFO as an example of excellence in sustainability, innovation, and access- reinforcing CMS's confidence in our model.
- National traction: We're currently strengthening RHTP applications across multiple states, working closely with health departments, hospital associations, and rural communities that recognize the model's value.