1. EXECUTIVE SUMMARY
Concise overview (1-2 paragraphs max) of key elements:
   a. Usually written after all the other steps completed
      i. Why is telemedicine needed at this time &
         for this institution?
      ii. Who is initial target stakeholders
         (provider & patient groups)?
      iii. What is the main goal that will be
         achieved (outcomes)?
      iv. What will it cost & what will expected ROI be?

2. INTRODUCTION & BACKGROUND
   a. Why does your institution need telemedicine now?
      Discuss gaps in patient care that can be addressed
      with telemedicine.
   b. Identify key players/stakeholders – providers, patients,
      finance, technical, admin, legal etc.
   c. Goals & metrics – what do you hope to accomplish if
      telemedicine implemented?

3. NEED & DEMAND ASSESSMENT
   a. All stakeholders – who needs &/or wants
      telemedicine & why?
   b. Surveys, focus groups can be used to capture
      this information.
   c. Buy-in is critical from all stakeholders – need commitment
      to change current processes.

4. INTERNAL & EXTERNAL ASSESSMENT
   a. SWOT analysis – a useful tool to help you assess
      whether telemedicine is the right solution for
      your institution.
   b. Readiness assessments are useful as well – there are
      validated tools to assess existing infrastructure and
      attitudes about telemedicine.

5. SERVICE PLAN ASSESSMENT
   a. Delivery mode(s) – store-forward, real-time, remote
      monitoring, ECHO, hybrid
   b. Reimbursement – who are your payors & do/will they
      reimburse for telemedicine? Will you choose a
      direct-to-consumer model where patient pays directly?
   c. Technology platform – depending on your delivery
      model(s) what technology will be required? What are you
      willing to invest? Who will maintain? Will you invest in a
      commercial platform or build in-house? Consider both
      sides of the connection – provider & patient/other client.
   d. Champions – not just providers, but patients, C-suite, IT,
      finance, administrative, legal etc.

6. MARKETING
   a. Market segmentation, targeting, positioning, share
      availability, growth – are there others in your area
      providing similar services that will compete for your
      clients? Do you currently have enough clients that are
      likely candidates for telemedicine? Will they be enough
      to generate needed ROI or will you need to grow your
      client base?
   b. Brand name – what will you call your program to set it
      apart from everyone else? Will it convey what you want to
      the audience you hope to capture? Think about a name,
      logo, hashtag, tag line.
   c. Promotion – how will you advertise your program &
      to whom?
   d. Pricing – if direct-to-consumer what will your prices be?
      Useful to survey patients to assess what out-of-pocket
      costs they would be willing to pay for a given service. If
      insurance covers costs will this be part of
      your advertising?
   e. Position in value network – where does telemedicine fit
      overall in your institution’s mission, values, priorities? Can
      you leverage the value of telemedicine within these?
7. TECHNICAL PLAN
a. Equipment – what do you have & what will you need for chosen technology platform? Identify bare minimum requirements to fit your budget, then consider add-ons. Identify some early vendor candidates & consider releasing a Request for Proposals (RFP) with your specific requirements to better judge the market.
b. Staff – who will be involved in the program, what are their roles, what is their effort, what are their responsibilities? Providers, IT, finance, case coordinators, administration, marketing, legal etc.
c. Integration – not just the technology but the entire process. How will your platform integrate with EHR, PACS, HIS etc.? When/where/how will telemedicine consults take place? Need to re-imagine the current workflow to make telemedicine work.

8. REGULATORY ENVIRONMENT
a. Make sure you assess for your location/state the requirements for licensure, credentialing, privileging, malpractice, security & privacy, reimbursement etc. These vary state to state and organization to organization.

9. MANAGEMENT PLAN
a. Who is going to organize & manage your program? Where will it be “housed” within your organizational structure? Who reports to who? What efforts are required?

10. FINANCIAL PLAN
b. Expenses – what will your expenses be? Short-term & long-term. Salaries, equipment, licenses, regulatory, marketing etc.
c. Break even analysis – how much business will you need to break even given your initial investment? Get help from your finance team!
d. ROI – how will you define your ROI? Tangible (income) or intangible (miles saved, fewer no shows)? Get help from your finance team!

11. PRESENTATION TO STAKEHOLDERS
a. How will you present your plan to various stakeholder groups? May need to tailor it to each one & focus on different aspects relevant to each stakeholder.

12. TRAINING & TESTING COMPONENT
a. Who will train everyone involved – IT, providers, finance, case presenters etc.?
b. Consider need/costs for periodic re-training & training of new personnel – ongoing expenses.
c. Will you need someone to go to remote clinics or patient homes to install & train on equipment & procedures?

13. OPERATIONS PLAN COMPONENT
a. Consider the daily routine for each stakeholder. Consider each client encounter & what will be required of each team member.

14. EVALUATION & FEEDBACK COMPONENT
a. Choose key “indicators” to measure (e.g., reduction in no shows)
b. Set “targets” (e.g., will achieve 25% reduction in no shows within 6 months of implementing telemedicine)
c. Measure “outcomes” (e.g., did you reach/exceed/not reach your target)
d. These outcomes are reportable metrics/achievements!
e. Disseminate results to stakeholders, journals, local newspapers, patients etc.

15. CONCLUSION & RECOMMENDATIONS
a. Briefly summarize why telemedicine is the right choice.
b. Create a bullet list of the key steps that need to occur to make it happen.

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