

# Telemedicine Scheduling Integration Checklist

One page to scope the scheduling layer of a telemedicine product: the booking model, the time-zone rules, the reminder rules, the calendar PHI boundary, and the licensing check. Engineering guidance, not legal advice — confirm specifics with counsel.

## 1 · THE FOUR JOBS (scope each one)

- Publish availability — turn working hours & visit types into bookable openings
- Book — claim a slot with no double-booking (a half-second race is real)
- Remind — nudge before the visit so the held slot is not wasted
- Synchronize — push every change to EHR, calendar, reminders, and billing

## 3 · TIME & TIME ZONES (the silent bug)

- Store every time in UTC; render to local only at display time
- Use IANA zone IDs (America/New\_York), never a fixed offset like UTC-5
- Daylight-saving shifts an offset-stored visit by an hour — store the zone ID
- Exchange via iCalendar / RFC 5545 (TZID for zones, RRULE for recurring visits)

## 5 · THE CALENDAR PHI RULE

- A patient name + reason on a calendar is PHI — even when encrypted
- A personal Google/Outlook account has no BAA → a HIPAA violation
- Fix A: sync only inside a BAA-covered Workspace / Microsoft 365
- Fix B (simpler): push a de-identified 'Telehealth visit' block + opaque ID

## 2 · THE DATA MODEL (FHIR + the legacy)

- FHIR: Schedule (container) → Slot (free/busy) → Appointment → AppointmentResponse
- Argonaut ops: \$find open slots · \$hold to reserve · \$book to confirm
- Many hospitals still feed changes over HL7 v2 SIU (S12 book / S15 cancel)
- Scope for both — the standard a site publishes is not always the one it runs

## 4 · REMINDERS (HIPAA + TCPA)

- SMS reminders cut no-shows ~38% — the clearest ROI in the scheduling stack
- HIPAA: reminders are treatment (45 CFR 164.501) — no separate authorization
- Minimum necessary: time & place only, never the diagnosis or visit reason
- TCPA: informational, not marketing; honor opt-out promptly (re-check post-McLaughlin)

## 6 · THE LICENSING CHECK (runs first)

- Provider must be licensed where the patient is located at visit time
- Capture the patient's location for the planned visit, not their home address
- Offer only providers licensed there — or covered by a compact (IMLC/PSYPACT)
- Gate this BEFORE slots are shown, not as a warning at checkout

## THE ONE-LINE RULE

Model the booking on FHIR Schedule/Slot/Appointment with Argonaut \$hold/\$book (and consume HL7 v2 SIU where the EHR only offers that); store every time in UTC against IANA zone IDs so daylight-saving never shifts a visit by an hour; send reminders as HIPAA-permitted treatment messages limited to time and place; keep the patient's name inside your covered platform and sync only a de-identified block to any external calendar without a BAA; and run the cross-state licensing check before a single slot is offered. Get those five right and the schedule quietly does its job; miss the time-zone or the calendar rule and you find out in production.