Telehealth Vertical — Scoping Worksheet

Score a telehealth idea on the four dials before you set a budget. Engineering guidance, not legal advice — confirm specifics with counsel.

SCORE THE FOUR DIALS (Low / Medium / High / Extreme)

- ☐ **Compliance burden.** On the HIPAA floor, count the extra layers your vertical stacks: psychotherapy notes (45 CFR §164.508(a)(2)), substance-use records (42 CFR Part 2), controlled-substance prescribing (DEA / Ryan Haight), the FDA device line, a Medicare waiver. More layers = higher dial. Rate: ____
- ☐ **Integration depth.** Count the hospital systems you must connect to — EHR over FHIR, pharmacy, labs, scheduling, identity, billing, device fleet. Each is a project and another Business Associate Agreement (45 CFR §164.502(e)). More systems = higher dial. Rate: ____
- ☐ **Latency & reliability bar.** Decide what the clinician is doing: store-and-forward or talk therapy (Low), pose feedback (Medium), or acute care against a clinical clock at ≤150 ms with full redundancy (Extreme). The encounter, not the demo, sets the dial. Rate: ____
- ☐ **Cost & time.** This is the sum of the other three — heavier compliance, deeper integration, and a stricter latency bar each multiply effort. A vertical that turns three dials high is a different scale of project, not an incremental cost. Rate: ____

WORK THE FOUR QUESTIONS (in order)

- ☐ **1 · Clinical access.** Do you have a clinical partner or real domain in this vertical? Telemedicine is sold to and run by clinicians; build where you can get one to tell you the truth about the workflow. NO → pick a vertical you can actually access.
- ☐ **2 · Compliance appetite.** Can you carry this vertical's compliance burden in version one, with the counsel and compliance help you have today? NO → choose a vertical with HIPAA plus one extra layer, not three.
- ☐ **3 · Integration budget.** Can you fund and maintain the integrations this vertical needs — each an ongoing engineering line and a BAA? NO → scope a vertical that needs one or two connections, not a device-fleet operation.
- ☐ **4 · Latency bar.** Does the encounter truly need real-time, low-latency, high-reliability video? If store-and-forward or ordinary video will do, you avoid the field's most expensive engineering. If it is acute care, fund the reliability from day one.

THE ONE TEST BEFORE YOU COMMIT A BUDGET

Write the four dial ratings and the four answers on one line, then say the project out loud: "A [vertical] product with [compliance] compliance, [integration] integration, and a [latency] latency bar." If any dial is set higher than your team can carry today — no clinical partner, a compliance stack you cannot staff, integrations you cannot fund, or a latency bar you cannot meet — the honest move is to rescope to a lighter vertical, not to start the build and discover the gap in month nine. Let market size break ties only between verticals you can actually ship.