Telemedicine Project — Scoping & Estimate Worksheet

Size your features, set your compliance tier, count your integrations, then work the equation. Engineering guidance, not legal advice — confirm specifics with counsel.

1 · LIST & SIZE YOUR FEATURES (tick what you need; note S / M / L effort)

- ☐ **Accounts & roles (S–M)** · **Scheduling (M)** · **Real-time video consult (M)** · **Waiting room & queue (M)**.
- ☐ **In-call clinical tools (M–L)** · **Documentation & notes (M)** · **Notifications, no PHI (S–M)** · **Admin & reporting (M)**.
- ☐ **Recording (L)** — captured session is PHI: encrypted storage, retention, access controls, all-party consent. Size it large, not medium.
- ☐ **Payments & insurance (L)** — 'take a card' is M; 'bill insurance' (eligibility + claims) is L. Sum the buckets → **base feature effort**.

2 · SET YOUR COMPLIANCE TIER (tick one — multiplies the PHI-touching effort)

- ☐ **Tier 1 · Light PHI — ×1.3.** Live video, basic data, no recording or prescribing. Encryption, access control, audit logging, one video-vendor BAA.
- ☐ **Tier 2 · Standard clinical — ×1.6.** Stored records, recordings, history. Retention, consent, de-identification, a BAA per vendor in the data path.
- ☐ **Tier 3 · Prescribing / sensitive — ×2.0+.** Controlled-substance prescribing (EPCS / Ryan Haight) or behavioral & substance-use records (42 CFR Part 2).
- ☐ **Floor is rising:** the 2026 HIPAA Security Rule is still proposed (NPRM, RIN 0945-AA22) — plan for MFA + encryption as hard requirements.

3 · COUNT YOUR INTEGRATIONS (tick each external system you must connect)

- ☐ **EHR** (FHIR / HL7 v2) · **Pharmacy** (NCPDP) · **Lab** (FHIR / HL7 v2) · **Scheduling** · **Payments** (837/835) · **Identity** (SAML / OIDC).
- ☐ Each connection adds roughly **one medium feature** of effort — mapping, approval, sandbox testing, maintenance, and a data-sharing agreement.
- ☐ **Apply the multiplier:** none = ×1.0; EHR + pharmacy + payments ≈ ×1.4–1.6; half a dozen systems ≈ ×2.0+. Cost compounds past the second.
- ☐ Building each directly is the most work; an aggregator trades a per-connection build for a subscription and less control — see the integration decision guide.

4 · WORK THE EQUATION (base × compliance × integration = range)

- ☐ **Base feature effort** (sum of S/M/L buckets, in engineer-months): ________
- ☐ **× compliance multiplier** (1.3 / 1.6 / 2.0+): ________ = ________ eng-months
- ☐ **× integration multiplier** (1.0 → 2.0+): ________ = ________ **eng-months**
- ☐ Convert eng-months to budget & calendar with the cost model (article 1.7). Plan a 6–9 month compliant build, not a weekend MVP.

THE ONE TEST BEFORE YOU COMMIT A BUDGET

Say the project out loud: "A Tier-[1/2/3] telemedicine build, [N] features, connecting to [list], at roughly [final eng-months]." If your number is the base feature effort with no tier and no integration multiplier, it is the wrong number — the two multipliers more than double a naïve estimate. If you wrote 'we'll add HIPAA later', stop: the safeguards are structural, and adding them after the build means redoing the data model, storage, and logging. Scope the compliance tier and the BAA coverage on day one, not after month nine.