The Telemedicine Launch Checklist

The whole-platform go-live gate, six domains. Launch when every domain is green — not on a date. Engineering guidance, not legal advice; confirm specifics with counsel.

1 · COMPLIANCE & LEGAL

- ☐ **Risk analysis done & documented** — a written, architecture-specific assessment of risks to ePHI (45 CFR §164.308(a)(1)(ii)(A)). The first artifact an auditor asks for.
- ☐ **A signed BAA for every PHI vendor** — video, cloud, EHR, e-Rx, email/SMS, analytics, monitoring (§164.502(e)). One unsigned BAA on a PHI path = launch blocker.
- ☐ **Breach plan ready** — a rehearsed detect → investigate → contain → notify chain; the 60-day individual-notification clock starts at discovery (§164.404).
- ☐ **Consent, retention & current rules** — visit/recording consent; 6-yr doc retention (§164.316(b)(2)); reimbursement & prescribing rules dated for the current year.

2 · SECURITY

- ☐ **Encryption in transit & at rest** — every PHI hop encrypted; recordings, records, fields encrypted at rest (§164.312(a)(2)(iv), (e)(2)(ii)). Encrypted ≠ compliant.
- ☐ **Auth, access control & audit logs** — authentication (§164.312(d)) + MFA for staff; least-privilege access (§164.312(a)(1)); audit log written AND reviewed (§164.312(b)).
- ☐ **Operational logs carry no PHI** — opaque IDs only; no names/diagnoses/MRNs in URLs, traces, crash reports, analytics (minimum necessary, §164.502(b)).
- ☐ **Independent security testing done** — external vulnerability scan + penetration test run, serious findings fixed (NIST SP 800-115; §164.308(a)(8)).

3 · REAL-TIME VIDEO RELIABILITY

- ☐ **The clinical good-enough bar holds** — tested on real patient networks (weak home wifi, cellular, old laptop), not office wifi. Uptime is a HIPAA duty too (§164.306(a)).
- ☐ **Reconnect, degradation & surge** — calls auto-recover on network change, degrade gracefully (drop video before audio); load-tested at several × peak; waiting room holds.
- ☐ **Recording, if offered, is compliant** — recordings are PHI: encrypted at rest, access-controlled, consented, retained on a defined schedule.

4 · INTEGRATIONS

- ☐ **A BAA and a failure mode per system** — EHR, scheduling, e-Rx, payments, identity each carry PHI under a BAA or are provably PHI-free, and each has a defined behavior when down.
- ☐ **Clinical data tested end to end** — FHIR (R4) read/write proven with real-shaped test data including the unhappy paths — not just 'it compiles'.

5 · ACCESSIBILITY

- ☐ **WCAG 2.1 AA audit passed** — Section 1557 requires it for health programs; deadline already past for orgs ≥15 staff (2026-05-11; <15 by 2027-05-10). Your gap is your customer's violation.
- ☐ **Clinical-video specifics** — live captions in consults; keyboard + screen-reader support; color never the only signal; usable for elderly / low-vision on small screens.

6 · OPERATIONS

- ☐ **Observability live & PHI-free** — infra, per-consult media quality, and the clinical funnel visible without patient data leaking into dashboards.
- ☐ **On-call, detection & rollback** — paging covers when patients actually use it; crisis path (e.g. 988) gets top-severity; detection wired to the breach clock; rollback rehearsed.

THE GO / NO-GO RULE

Run this checklist as pass-or-fail gates, not a to-do list. Launch when all six domains are green — and not before. The date moves; the standard does not. The cheapest place to catch a launch problem is here, on paper, before a real patient depends on it: most launch failures are not crashes but an unsigned vendor contract, an analytics SDK quietly shipping the screen of a visit to a third party with no BAA, or an inaccessible interface that now breaks a federal rule whose deadline has already passed. Walk every outbound data path and answer one binary question for each — is this vendor inside the boundary under a signed BAA, or provably unable to see patient data? Stage the go-live in rings (internal test → pilot → limited rollout → general availability), put a go/no-go checkpoint between each, and rehearse the rollback before you need it. Do that and the day you flip the switch is a controlled, well-instrumented event — boring, which in clinical software is the highest compliment.