Product-Shape Scoping Worksheet

Classify your telemedicine product, then build to its shape. Companion to the product-landscape article.

1 · Classify: answer in order, stop at the first yes

- ☐ **Does an institution's clinical staff deliver the care?**
  Yes = HOSPITAL / HEALTH SYSTEM — the EHR is the center of gravity: chart launch, write-back, enterprise SSO, hospital-grade audit.
- ☐ **Does a business buy access for a population?**
  Yes = B2B2C — eligibility files, SSO from benefits portals, multi-tenant config, utilization reporting, business-associate posture.
- ☐ **Is the product organized around one condition or discipline?**
  Yes = SPECIALTY — budget the domain's own rulebook first: 42 CFR Part 2, DEA prescribing, FDA device boundary, vertical billing codes.
- ☐ **None of the above?**
  You are DTC — conversion economics, friendly-PC / MSO structure, consumer-protection and advertising law, HIPAA technical bar from day one.

2 · Build to the shape: first-year priorities

DTC

- Funnel + queue throughput; async intake first
- Two-company structure: PC owns clinical decisions
- Keep PHI out of analytics; build to 45 CFR 164.312

B2B2C

- Eligibility ingestion + SSO before features
- SOC 2 / security-questionnaire readiness
- Utilization reporting that survives renewal

HOSPITAL / SYSTEM

- EHR launch + write-back is the product
- Enterprise identity, RBAC, immutable audit
- WCAG 2.1 AA — Title II dates: 2027 / 2028

SPECIALTY

- Encode the clinical model (sessions, photos, RPM)
- Condition rulebook: Part 2 (2026-02-16), DEA (2026-12-31)
- Outcome instruments + escalation paths in-product

3 · Draw the BAA chain before you sign anything

DTC:	physician PC (provider of record) ↔ MSO ↔ cloud, video, transcription vendors — every PHI-touching vendor under BAA.
B2B2C:	platform ↔ plan/employer's plan entity, plus the platform's own BAAs with each subcontractor.
Hospital:	vendor signs the health system's BAA and inherits its audit, access, and logging requirements.
Specialty:	the channel's chain plus domain partners — labs, pharmacies, device clouds — each under BAA.

Re-run this worksheet annually.

Shapes drift as channels are added — and the compliance program must drift with them. Architect so the second shape is an addition, not a rewrite: tenancy out of the clinical core, FHIR record early, video layer as a service.



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This worksheet classifies a telemedicine product into one of four shapes and sets its first-year priorities and BAA chain. We wrote seven volumes on the video stack. Volume 3 covers WebRTC calls, players and DRM, Volume 7 covers real-time AI and regulation in production, and Volume 1 covers recording and encoding.

WHAT YOU WILL FIND INSIDE

- WebRTC calls and secure delivery to the patient
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Not sure which product shape your telemedicine platform should be built for?

We will classify your product, map the BAA chain and plan the first-year architecture so the second shape is an addition, not a rewrite. 250+ video products shipped since 2005.

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