

Connect Family Health Care

A Telehealth Business Plan

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Executive Summary

Traditional healthcare delivery models are facing challenges to provide more access and be cost effective in an industry where the need is growing. Unfortunately, workforce talent and provider shortages are making it difficult for healthcare organizations (Rogers, 2019).

Telemedicine is becoming a vital solution as we look at new ways of implementing technologies that would expand healthcare delivery and specialty services as well as improve healthcare outcomes in cost effective ways. At Connect Family Health Care, our focus is to provide comprehensive primary and preventive care to patients via telehealth modalities. Our purpose is to improve access and see more patients efficiently by one of our healthcare providers via a secure telehealth modality or by a secure store and forward transmission. In addition, our business model promotes access and creates more opportunity to increase revenues because these services are now billable. We believe we have found a win-win solution for both patients and providers in Shasta County.

Connect Family Health Care's budget for starting operations during the first year is an estimated \$1.8 million. We are exploring various grants to eliminate a good portion of the starting costs. We will also be conducting fundraisers and some debt will be held through loans. To be a successful medical practice, we will work towards lowering our debt, expanding our network, and putting dollars back into the business as we begin to generate revenue. Our culture is just as important as our mission in that we care for our employees and providers as much as we care about our business. Our culture, mission, and vision are what sets us apart and a great business partner. We look forward to helping all patients receive the care they need in our community.

Connect Family Health Care Business Plan

In today's world, COVID-19 public health emergency is rapidly changing the way medical providers deliver healthcare. Historically, the telehealth delivery model has been somewhat limited because many providers and patients still like a "personal touch," and navigating reimbursement policies can be cumbersome and confusing (Evisit, 2020). At Connect Family Health Care, we pride ourselves on developing strong patient relationships that improve patient outcomes and continuity of care. Our telehealth business model is designed to meet the needs of our patients and deliver primary and preventive healthcare efficiently and comprehensively. For example, we strive to keep current with the latest technologies while simultaneously ensuring we have a robust onboarding training program and ongoing provider support system. What makes us unique is we educate and support our providers on electronic health record (EHR) documentation requirements, billing guidelines, and EHR standardized workflows specific to telehealth delivery guidelines. Our recruitment process is designed to find not just *any* provider but the *right* provider. We hire compassionate providers that work well as a team and understand the importance of accurate, timely and complete documentation specifically for telehealth visits. You do not need a business mind to work with us, but you must be humble, open to learning, and support our mission, vision and values.

At Connect Family Health Care, our mission is to provide the highest quality of virtual care to the patients we serve and to improve quality of life and healthcare outcomes for all. Our vision is to change the Shasta County healthcare landscape, not just during the COVID-19 PHE, but long into the future by building strong virtual relationships with our patients, one patient at a time. While COVID-19 is a tragedy, it has opened the door to allow providers to explore alternate healthcare delivery models. It has also allowed government agencies and third-party

payers to remove many of the restrictions that limited revenue streams in the past. The regulations over this year have changed so significantly, it would be almost impossible to revert back. This opens the market to serve patients at a larger capacity. Our focus is on delivering primary and preventive services with a variety of specialties. Our telehealth primary care and preventive services include family practice, pediatrics, behavioral health, dental, and optometry. By providing these services, our goal is to serve diverse populations of all ages and backgrounds.

Business Description

Managed care has changed the healthcare delivery process for both patients and providers in the healthcare industry. It is estimated 1 out of 3 Californians are eligible for the state's Medicaid program called Medi-Cal. Depending on the county, Medi-Cal is often administered by a managed care plan(s) providing for essential primary, preventive, specialty, behavioral health, and long-term care services. Nearly 80% of all Medi-Cal beneficiaries are enrolled in one of six managed care models (Finocchio, Newman & Roh, 2019). Coupled with the high number of patients eligible for Medi-Cal, California is also facing growing shortages of primary care physicians, which is forecasted to impact millions of people within the next 10 years. Shasta County is not an exception. According to a study by the Healthforce Center at the University of California San Francisco, not enough doctors focus on primary care, and 1/3 of doctors in California are over 55 years old and wish to retire soon (Spetz, Coffman, & Geyn, 2017). This means more patients are assigned to a single provider that must meet the managed care requirements that include periodicity schedules, quality measures, and productivity expectations. While some patients may be seen as much as 3 to 6 times each year on average, other assigned patients may not be seen at all. Although providers can't always control treating all assigned patients, they are held accountable by the managed plan which are then held accountable by the

state. As part of our strategic plan, we intend to partner with our providers, payers and work with Department of Healthcare Services (DHCS) on regulatory guidance that contributes to the longevity of telehealth services.

While telehealth technology is not new, it is a solution vital to the obstacles faced by the growing patient population and shortage of primary care providers in the California health care delivery system. Furthermore, state regulations are improving to meet the needs of the telehealth delivery model. The Department of Health Care Services (2019) recently revised the Medi-Cal telehealth policy to allow providers increased flexibility in their use of telehealth as a modality for delivering medically necessary services to their patients. These updates to the policy include no limitations on origination or distant site, authorization of e-consults, and allow providers to determine whether a service is clinically appropriate for telehealth. Also, these updates help contribute to the success Connect Family Health Care's business plan.

Connect Family Health Care understands the demands and shortfalls unique to California's workforce and reimbursement models. Due to the patient population in Shasta County, our focus is to be an exemplary safety net provider, implement solutions that improve quality outcomes, expand access, and operate in the black. Given the statistics, there is no doubt there is a strong need for primary care and preventive services, but patients also have hurdles to overcome. The Office of Disease Prevention and Health Promotion (ODPHP; 2020) stated patients faced high health care costs, lack of transportation, lack of available services, lack of culturally competent care thus leading to unmet healthcare needs, delays in receiving appropriate care, financial burdens and preventable hospitalizations. Connect Family Health Care addresses these challenges and more.

Both providers and patients share the benefits of telehealth. For providers, it boosts practice efficiency and reduces no shows and cancellations for the reasons mentioned above by the ODPHP. When no shows and cancellations are reduced, more patients are reached, and providers have a greater likelihood to improve quality outcomes and engage more with their patients. With more patient visits and proper documentation to support billing, there is also more opportunity for revenue. On the other hand, patients enjoy telehealth by avoiding transportation time and costs, less time in the waiting room, potential elimination of childcare or eldercare issues and of course less time away from work. Patients can also avoid contracting a new illness by entering a healthcare center (Chiron, 2020). To see these shared benefits, I recognize you need a streamlined preregistration process, strong communication between providers and support staff, and adherence to and understanding of standard operating procedures and policies.

The opportunity for telehealth medical services is growing as technology use increases amongst patients. As of 2019, 81% of adults in the U.S. owned a smart phone device (Pew Research Center, 2020). Also, the Pew Research Center (2020) claimed nearly three-quarters of U.S. adults now own a desktop or laptop computer, while roughly half now own tablets or e-reader devices. This means more providers and patients are also using and becoming familiar with smart devices. With more providers and patients using smart devices, reduced limiting regulations, and new revenue opportunities, now is the time to expand telehealth delivery.

Market Analysis

For this paper, Connect Family Health Care will offer services in Shasta County. In 2019, Shasta County's population was estimated at 180,000 people. With telehealth being the modality of our health care delivery, it's worth noting 88% of Shasta County's population owns a computer and 79% of the population has a broadband internet subscription (U.S. Census

Bureau, 2020). According to U.S. Census Bureau, 15.2% of the population is categorized in poverty which is higher than the state's average of 12.8% (IndexMundi, 2020). In 2016, 36.5% of the population enrolled in the state's Medicaid program, Medi-Cal (Shasta County Economic & Demographic Profile, 2018). Since 2008, the percentage uninsured residents has dropped significantly, with the most notable decreases beginning in 2014 and coinciding with the individual mandate for health insurance coverage and the Medicaid expansion. Simultaneously, the number of adult and child Medi-Cal enrollees in Shasta County increased by nearly 100% between mid-2013 and mid-2018, 40% of which occurred since the official expansion of Medi-Cal (North State Together, 2018). In this geographical area, Medicare and Medi-Cal (Partnership Managed Care) will be the primary payers for reimbursement.

Lastly, it is important to mention Shasta County has fewer primary care doctors, mental health providers, and dentists per capita than statewide. Shasta County residents are also more likely to have their insurance declined by medical specialists. In addition, mental health and specialist care also represent a gap in healthcare access (Shasta County Health and Human Services, 2018). With an increase in Medi-Cal beneficiaries, lack of access to primary care, and 79% of the population utilizing internet services, Connect Family Health Care will provide telehealth access to primary and preventative health care services in a geographical area where there is a significant identified need where patients may not otherwise obtain the health care services.

There is competition in Shasta County with local health centers and private offices. One of the main competitors sees roughly one third of the total population annually (HRSA, 2018). However, access and customer service set us apart. I have taken the time to consider the other 21% of the population without internet services by partnering with local libraries, colleges, and

non-profit organizations in our community. Our community partners have agreed to donate private space with telehealth capabilities to help adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and offer internet services to patients that may not have it in their home. In return, Connect Family Health Care will supply the equipment and staff to manage onsite appointments. We will help patients sign into their appointments and streamline the registration processes (insurance information, copay collection, eligibility verification). These partnerships are a win-win as they promote both businesses and allow each organization to stand out from the competition. In Table 1, Telehealth Value Proposition outlines the positive impacts of telehealth services.

Table 1

Telehealth Value Proposition

P A T I E N T S	<ul style="list-style-type: none"> • Accessibility: health care when and where they need it • Affordability: reduces travel time, expense and time away from work • Timeliness: Reduces wait time to access primary care and specialists <ul style="list-style-type: none"> ○ Integrated and coordinated care
C O M M U N I T I E S	<ul style="list-style-type: none"> • Keeps patients local whenever possible • Promotes rapid diagnosis and treatment linked to improved outcomes • Improves outcome and therefore improves health of population
P R I M A R Y C A R E P R O V I D E R S	<ul style="list-style-type: none"> • Promotes coordinated care • Maintains primary relationship with patient • Established credibility with patient • Promotes greater patient satisfaction • Generates revenue and visit reimbursement • Increase patient volume and maximizes time efficiency

Note: HIMSS, 2016

I used a SWOT Analysis for Connect Family Health Care to explore the strengths, opportunities, weaknesses and threats to the new business, and to highlight an awareness of the benefits and challenges this business will face.

Table 2

SWOT Analysis for Connect Family Health Care

<p>STRENGTHS</p> <ul style="list-style-type: none"> • Excellent new hire process and onboarding staff and clinicians • Strong communication between leadership and staff • Reduction in travel costs for both patients and providers • Cost effectiveness • Improved patient satisfaction • Improved outcomes due to timely patient care • Extended clinical reach • Alignment with Triple Aim objectives
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Latest technology • Access to providers and specialists from rural locations • Expansion outside of Shasta County • Expand community partnerships to hospitals and local health plans • Join local primary care associations, applicable social networks • Decrease of emergency room use • Consumer demand • Outcome based reimbursement • Grant writing and funding opportunities
<p>WEAKNESSES</p> <ul style="list-style-type: none"> • Lacks personal “touch” provided by in-person visits • Not all patients are good with technology • Bad connectivity in rural locations • Network speed • Cost of implementing and managing multiple infrastructure components • Patients resistance to change • Hardware & software maintenance • Equipment depreciation
<p>THREATS</p> <ul style="list-style-type: none"> • Data security • Loss of connectivity • Regulations and reimbursement changes • Legal and privacy laws

- Potential misdiagnosis
- Increased competition from telehealth vendors

Telehealth Services will continue to gain momentum and will see an increase in retail clinics and employer onsite health centers. There is also expanded reimbursement models from Medicare such as Telehealth-Based Chronic Care Management. Established telehealth models include store and forward, live video conferencing, remote patient monitoring, and mHealth allows communication and data/image transfer via mobile phones and devices. The success metrics include utilization, user satisfaction, clinical outcomes and profitability. These metrics will allow for continued improvement to maintain loyal patient base and community partners. This will also allow for opportunities for expansion as well as plans for continued growth.

Financial Plan

The medical practice is in Redding, California. Which is the main hub for administration, support staff, and providers. While much of the telehealth services are performed virtually, part of plan is to have the option for our local patients and providers to come onsite if they wish for further flexibility. This helps us align with payer, legal/regulatory, and grant requirements of the financial plan. To begin, review the first-year staffing model and costs in Table 3.

Table 3

Connect Family Health Care Staffing Costs

CONNECT FAMILY HEALTH CARE			
FIRST YEAR STAFFING MODEL			
WORKFORCE	DATE DUE	BUDGET	NOTES
ADMINISTRATIVE/GENERAL			
Front Office Personnel (3 FTE)	09/01/2020	\$106,000	Rotating Shifts – (1-year exp)
Admin Assistant – Marketing, Scheduling (1 FTE)	09/01/2020	\$45,000	Provider Schedules/Announcements
REVENUE CYCLE MANAGEMENT			
Grants Administrator (1 FTE)	08/01/2020	\$60,000	Maintain grants and applications (5 years Exp)

CONNECT FAMILY HEALTH CARE			
FIRST YEAR STAFFING MODEL			
WORKFORCE	DATE DUE	BUDGET	NOTES
Revenue Cycle Manager (1 FTE)	09/01/2020	\$75,000	Oversee all billing/RCM
Billers (2 FTE)	10/01/2020	\$90,000	Charges/Payments/Accounts Receivables
HUMAN RESOURCES			
Insperty Human Resource - Outsource	08/01/2020	\$94,000	Approximately 7k per employee
HR Talent Acquisition and Contract Specialist (1 FTE)	08/01/2020	\$55,000	Recruitment and contracts
HR Generalist - Credentialing/Provider Enrollment (1 FTE)	08/01/2020	\$45,000	Confirm credentials/provider enrollment
MARKETING/IT/INFORMATICS			
IT Security Specialist/Network Administrator (1 FTE)	08/01/2020	\$65,000	Ibbsite, infrastructure, security, windows
Telehealth Systems Architect (1 FTE)	08/01/2020	\$58,000	EHR, templates, upgrades
TRAINING			
EHR Training Coordinator (1 FTE)	08/01/2020	\$49,000	Training program
CDI Specialist (1 FTE)	10/01/2020	\$49,000	Training & Auditing
CONTRACTED CLINICIANS			
Clinicians (2 FTEs to start)	09/01/2020	\$884,000	(M-F) \$100 per patient visit (Estimate based on productivity)
ESTIMATED WORKFORCE COSTS		1,675,000	

When considering the financial plan for Connect Family Health Care, we constructed much research to identify available resources and grants before considering a capital loan. Fortunately, Connect Family Health Care was able to obtain several grants. The largest grant was through the Telehealth Network Grant Program (TNGP) funded by the Office of Advancement of Telehealth. The purpose of this grant is to develop telehealth network projects in rural areas and in medically underserved areas to expand access, improve and expand training to telehealth care providers and improve the quality of health information available to providers and patients (Great Plains Telehealth Resource and Assistance Center, n.d.). Shasta County is categorized as rural based funder requirements. The estimated award amount is \$300,000 per year without cost sharing or a cost match required. The period of performance is September 1, 2020 through August 31, 2024. Additionally, the local managed care plan (Partnership HealthPlan of California) has awarded \$529,000 in grant dollars to support local HIT start-up projects. The

award date is August 15, 2020. This award will assist with equipment purchases and salaries for the first year. Lastly, Connect Family Health Care received a grant from Capital Link where they will provide a medical business consultant for 12 weeks with expertise in starting and sustaining medical practices. Capital Link's grant will assist with operations, permits, licensing requirements and staffing projections. Table 4 is an estimate of the first-year startup costs for Connect Family Health Care.

Table 4

Connect Family Health Care Start Up Budget

CONNECT FAMILY HEALTH CARE – FIRST YEAR START UP COSTS 2020				
COST ITEMS	DATE DUE	BUDGET	ACTUAL	OVER/UNDER
ADMINISTRATIVE/GENERAL				
Licenses/Registration	08/01/2020	\$750	TBD	
Permits	08/01/2020	\$1,500	TBD	
Insurance	08/01/2020	\$5,000	TBD	
Legal	08/01/2020	\$1,500	TBD	
Business Consultant – Capital Link	08/01/2020	\$10,000	\$0.00	Under – Received grant for 12 weeks start-up planning
LOCATION/OFFICE				
Space Rental/Lease	08/01/2020	\$36,000	TBD	
Utility Costs	08/01/2020	\$10,000	TBD	
Telephone Set up & Annual Cost	08/01/2020	\$3,200	TBD	
Furniture	08/01/2020	\$15,000	TBD	
Hardware	08/01/2020	\$10,000	TBD	
Software (EHR, Telehealth, Licenses)	08/01/2020	\$75,000	TBD	
Installation Fees	08/01/2020	\$5,000	TBD	
Miscellaneous	08/01/2020	\$10,000	TBD	
MARKETING				
Logo, branding, website	08/01/2020	\$1,200	TBD	
Advertising – Community Partners	08/01/2020	\$5,000	TBD	
Printed Marketing materials	08/01/2020	\$500	TBD	
Networking events	08/01/2020	\$1,500	TBD	
Miscellaneous	08/01/2020	\$500	TBD	
LABOR EXPENSES				
Payroll		\$1,675,000	TBD	
Miscellaneous		\$1,000	TBD	

CONNECT FAMILY HEALTH CARE – FIRST YEAR START UP COSTS 2020				
COST ITEMS	DATE DUE	BUDGET	ACTUAL	OVER/UNDER
OTHER				
Miscellaneous (Contingency reserve/launch party/etc.)		\$500	TBD	
ESTIMATED START-UP BUDGET		\$1,868,150	\$1,029,150	Received \$839,000 in grant dollars

The first-year financial plan is strong. Estimated revenue projections along with grant dollars keep Connect Family Health Care on the positive side with little dollars needed for a capital loan. However, a plan is in place for obtaining a line of credit for unforeseen expenses that may go above our grant awards. I've also budgeted for 20% loss due to billing errors, productivity changes, vacations, etc. This will help keep the budget realistic and gauge for variances in our earnings. The plan conservatively starts with two providers and with plans to grow in the future. Any additional providers and visits will go to the positive, but I want to kick the tires before growing too fast to see what the current staff can manage. On average, it is estimated Connect Family Health Care will receive approximately \$250.00 per visit. In addition, the contract for providers' services is through a services agreement; therefore, providers are not employees. This service agreement also requires contracted providers to maintain state licensure and other credentialing requirements which is verified by an internal credentialing specialist. The contracted rate is \$100 per patient with a goal to see 17 patients a day. The month of August is used for training and preparation with patient schedules beginning in September. A profit and loss projection is in Table 5.

Table 5

Connect Family Health Care Profit and Loss Model

CONNECT FAMILY HEALTH CARE PROJECT PROFIT AND LOSS MODEL (DOLLARS REPRESENT THOUSANDS)													
TELEHEALTH MODEL		AUGUST 1, 2020											
REVENUE	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	YTD DOLLARS
Service Revenue	\$0	\$50	\$75	\$100	\$150	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$1,775,000
Less (Discounts, Billing Errors, Declined insurance, etc.)	\$0	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$220,000
Grants	\$554	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$829,000
Net Revenue	\$0	\$30	\$55	\$80	\$130	\$205	\$205	\$205	\$205	\$205	\$205	\$205	\$1,980,000
Cost of Goods Sold	\$516	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$2,122,000
Gross Profit	\$0	\$0	\$0	\$50	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$522,000
EXPENSES	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	YTD
Administrative General	\$9	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$20,000
Location/Office	\$100	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$144,000
Marketing	\$9	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$20,000
Labor	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$1,680,000
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Expenses	\$258	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$2,010,000
Income Before Taxes	\$13	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$59	\$687,000
Income Tax Expense	\$1	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$133,000
NET INCOME	\$0	\$0	\$0	\$30	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$47	\$406,000

Connect Family Health Care will evaluate financial health, productivity, utilization and staff on an ongoing basis and adjust accordingly. The financial start-up worksheets above highlight the great work planned to accomplish. Furthermore, we conducted quarterly growth feasibility assessments explains key financial data and summarizes performance trends to consider next steps.

Operation/Implementation Plan

For Connect Family Health Care's operating plan to be successful, the implementation and planning is key. The implementation plan begins with grant writing and forming a start-up

budget long before go-live. Initially, key stakeholders include myself and local community partners. Immediately, I would post leadership positions and required qualifications for informatics, revenue cycle management, and marketing with expected future date of hire. I intend to have these positions filled two months prior to start-up. With my experience in hiring, I'd partner and network with local employment agencies, primary care associations, and post on a vast majority of hiring websites. Insperity would oversee human resource functions. They handle all human resource aspects including benefits, insurance, and training requirements. My priority is hiring the IT Security Specialist/Network administrator. This position would implement use of a HIPAA compliant telehealth platform (Doxy.me) that integrates with the chosen practice management/electronic health record system (NextGen). The IT Security Specialist/Network administrator would also develop a data security, data recovery plan and company website. Simultaneously, I intend to hire an EHR trainer to partner with IT on workflows and documentation requirements and develop training ready for when the providers are onboarded. This person would also periodically audit documentation. Lastly, I would hire a Revenue Cycle Manager to initiate the process of electronic billing. The first few months of implementation is dedicated to logistics, marketing, hiring, training, technology, and funding. (See Appendix A and B).

The operational plan includes referrals from resources in the community. Appointments are scheduled in the practice management system where support staff and providers have access and ability to manage. Patients are seen via Doxy.me telehealth platform and documented in the electronic health record. After documentation and codes are submitted, billing will submit claims for reimbursement. Once Connect Family Health Center completes hiring, initiates patient visits, and begins billing for telehealth services, ongoing evaluation of workflows,

budgets, referrals, quality measures and operational processes will be reviewed. Meetings will take place regularly to keep everyone informed of challenges as well as growth opportunities.

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Appendix A

Operation/Implementation Plan

Connect Family Health Care			
Implementation Plan			
Goal: Increase access by 50% after 6 months from go-live. Increase access by 5-10% each year over five years			
Strategy	Action Item	Responsibility	Time Frame
Grant Writing/Funding	Capital Loan, Grant Applications	Anne/Owner	6 months prior to go-live
Marketing	Begin partnerships with local libraries, colleges, and referring medical practices.	Anne/Owner	6 months prior to go-live
Secure medical office location/ensure OSPHD 3 construction.	Complete contract	Anne/Owner	2 months prior to go-live
Hire Leadership Team	Post/Hire key positions	Anne/Owner	Hire 2 months prior to go-live; post positions 6 months prior to go-live
Initiate contract with Insperty		Anne/Owner	2 months prior to go-live
Recruitment for 2 providers	Post positions	HR/Insperty	2 months prior to go-live
Secure Telehealth Platform	Doxy.me	IT/Informatics	2 months prior to go-live
PM/EHR Implementation/Training	NextGen	IT/Informatics	2 months prior to go-live
Hire EHR Trainer	Develop training	IT/Training	2 months prior to go-live
Hire 2 providers	Complete contracts/credentialing	HR/Insperty	1 month prior to go-live
Fill remaining key positions	Hire remaining staff	HR/Insperty	1 month prior to go-live
Train providers	Develop training materials.	Training	1 month prior to go-live
Fill Schedules	Schedule patients.	Front office	2 weeks prior to go-live
GO LIVE – Operation Plan			
Provide Telehealth Services	See patients at 50% compacity.	Providers	1st 2 quarters
Initiate RCM billing	Complete payer contracts	RCM	1st Month
Monitor productivity/access. Reflect on challenges and obstacles.	Meet often to evaluate start-up.	Leadership	Ongoing

Appendix B
Organizational Chart

