

Telemedicine MVP feature checklist

(27)

Features drawn from
telemedicine products
our team has



Build the right 20% before everything else

This checklist is not a literature review. It is a working document compiled by Halo Lab's healthcare team, drawn directly from the telemedicine and digital health products we have worked on across HIPAA, GDPR, and emerging digital health frameworks, and from the patterns we keep hearing on stage at HLTH, Frontiers Health, and DMEA.

Every feature on the list was added because people wanted it. We mark items 'Overlooked' when we see them missed at scoping and rebuilt at month four, on real projects, more than once. Items marked Defer were also learned the same way – from teams that shipped them too early and paid the timeline penalty. This is the same document that our product leads open on the first scoping call with the people in charge of our products, the Chief Technology Officers, and the digital health teams.

“An effective telehealth MVP is narrow, compliant, and boring in all the right places. Save the innovation for version two”

How to read this checklist

Every feature is tagged with one of three labels. Use the labels to negotiate scope, not to rank importance – a deferrable feature isn't optional forever, it's the wrong thing to build this week.

Essential

Ship this in v1

Without this, the MVP cannot launch safely, can't clear a compliance review, or cannot prove product-market fit with a real clinical user.

Overlooked

Plan for it, build later

Valuable, but belongs in phase two. Premature inclusion is the most common reason healthcare MVPs miss their launch window.

Defer

The gap teams miss

Easy to forget at scoping, expensive to retrofit at month four. Catch these before your first line of code is written.

The team behind this checklist



Artem Borysenko

Design Director in Healthcare

Leads product design across Halo Lab's healthcare engagements, with a focus on patient-facing experiences and clinical workflow UX.



Valentine Boyev

UX Director in Healthcare

Sets product direction at Halo Lab and stays close to the design layer on healthcare projects where workflow decisions and user experience are inseparable.



Sergiy Sumnikov

General Manager at Healthtech

Runs Halo Lab's healthcare practice end-to-end — from scoping calls with founders and CTOs to delivery of HIPAA-ready telemedicine, digital health, and clinical platforms.



Sergii Dyniovskyi

Head of Engineering in Healthtech

Oversees the engineering architecture behind Halo Lab's healthcare builds, with deep work in HIPAA-compliant infrastructure, real-time video stacks, and integration-ready data models.



Julia Shumanova

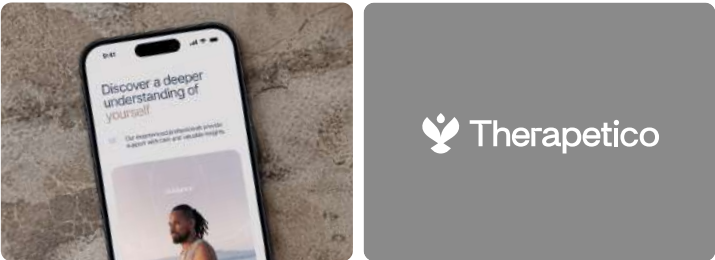
Head of Healthcare Partnerships

Works closest with Halo Lab's healthcare partners and clients, deep in the specifics of each project, and present in many of the scoping conversations.

How this checklist was built

Our healthcare engagements

Telemedicine and digital health products our team has worked on across the US, EU, and APAC since 2021, spanning patient platforms, clinician dashboards, connected-device integrations over BLE, and React Native mobile apps for healthtech operators.



Healthtech industry events

What we heard at HLTH 2025, Frontiers Health, and DMEA – three major healthtech events. The same issues repeated: the 'anti-funnel' in patient onboarding, clinicians losing 25%+ of time to paperwork, and AI projects failing on weak data systems.



People inside the system

Ongoing conversations with people who work inside healthcare at scale, including practitioners from IBM iX and Seattle Children's Hospital. Their perspective on clinical reality and enterprise constraints shapes how we weigh features across this checklist.



HIPAA Security Rule

The 2026 HIPAA Security Rule update on mandatory MFA. GDPR rules on where EU patient data must be stored. The FHIR R4 baseline every enterprise EHR partner expects. WCAG 2.2 AA accessibility. We read these and architect against them, not around them.

DMEA Connecting
Digital Health



01 Clinical & communication core



Artem Borysenko

Design Director in Healthcare

Reflections on attending HLTH 2025: traditional patient portals lose 75% of users at the app download stage. The lesson for telemedicine MVPs is clear: every feature in Category A should prioritise the 'guest' experience over app installation.



Six features that decide adoption

01 Essential

Secure video consultations

WebRTC with adaptive bitrate, sub-300ms latency, auto-reconnect, and SRTP + DTLS encryption. For v1, use a BAA-backed vendor like Twilio or Agora instead of building custom video infrastructure — one of the biggest reasons healthcare MVPs get delayed during early product builds.

02 Essential

Secure in-app messaging

Encrypted threaded conversations, file and image attachments for symptom photos and lab results, push notifications that never contain PHI. Most provider-patient communication does not need a video call — this is the feature that decides whether clinicians adopt or abandon the

03 Essential

Appointment scheduling & reminders

Real-time provider availability, patient self-booking, automated SMS and email reminders, plus cancellation and reschedule flows. No-shows drop fast once reminders go live, making scheduling systems one of the quickest operational wins for clinics and digital health platforms.

04 Essential

Virtual waiting room with pre-call checks

A pre-visit lobby where patients verify identity, test camera and audio, and see a live appointment countdown. When the visit starts, the screen switches to “Doctor will be with you shortly” instead of silence. It reduces tech delays and gives providers a buffer between visits.

05 Essential

Pre-visit intake & online suitability triage

Before booking is confirmed, patients describe issue and complete structured intake questions. This produces two outputs: a better provider match and a routing check that flags cases unsuitable for online care, directing those patients to in-person treatment instead of wasting time.

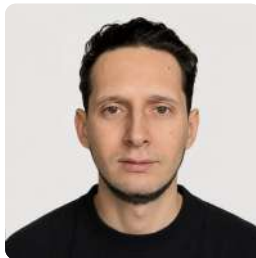
06 Essential

Adaptive connection handling

Distinguish full disconnect from degraded connection and respond differently. If connection drops: show 'connection lost' with one-tap rejoin. Degraded bandwidth: turn off video, keep audio, continue visit. Audio-only matters for billing in US states: reimbursed for follow-ups.

"In nine telehealth builds out of ten, the first feature founders request is multi-party video. In nine out of ten, the first feature their patients actually need is a working pre-call mic check."

"When our team designed Therapetico, a therapy marketplace where the first call is often the patient's first time speaking to a stranger about something difficult, the entire visit could stand or fall on the calm of that lobby experience."



Artem Borysenko

Design Director in Healthcare

02

Identity, access & compliance



Sergii Dyniovskyi

Head of Engineering in Healthtech

In the HIPAA-aligned telemedicine builds our team has shipped, the compliance gaps that actually surface in audits are rarely the ones founders pre-emptively fear. The seven features here are based on what we have personally seen go wrong.



Core compliance & security rules

07	Essential	Authentication & role-based access Unique credentials per user and least-privilege role definitions for patients, providers, admins, and support staff. Patients can only access their own records, while clinic staff see only data tied to their role. This is the first layer HIPAA auditors review in formal audits.
08	Essential	Multi-factor authentication Mandatory for all provider accounts under the 2026 HIPAA Security Rule update, strongly recommended for patients. SMS-based MFA is acceptable, but authenticator apps or biometrics are significantly stronger. Do not launch without enabling it for staff across all systems and vendors.
09	Essential	End-to-end encryption of all Encryption is baseline - AES-256 at rest, TLS 1.2+ in transit, SRTP for streams. Scope exceeds expected: chat messages, uploads, lab reports, clinical notes, diagnostic outputs, visit summaries require equal protection. Ensure hosting provider is HIPAA-eligible and listed under a BAA.
10	Overlooked	Audit logs for every PHI access Tamper-resistant logs of who accessed what, when, from where, and what they changed. Most teams set up logging and never look at it – until a breach investigation starts. Route logs into your incident response plan and schedule quarterly reviews.
11	Overlooked	Patient consent capture Documented informed consent is required before first visit, linked to a specific patient ID, timestamped, and retrievable on demand. In most US states, this is required for telehealth to be legally valid. A simple checkbox without an audit trail will not survive regulatory review.
12	Essential	Configurable session timeout Automatic logoff after inactivity should be configurable per role by an admin, not hard-coded in the UI. A doctor stepping away during a patient visit should not be signed out at a fixed timer. Give admins control, ship sensible defaults, and let real workflows adjust settings.
13	Essential	Provider credentialing & licensure A tap on the provider's video tile opens a verification card with the doctor's license, qualifications, and certifications. Patients confirm they're speaking to a real clinician without leaving the call, a small UI element that materially raises trust.

Healthcare stats you can't ignore

01 stake

Mean reduction in patient no-shows when healthcare providers use systematic SMS reminders, according to a telemedicine review.

Up to 38%

02 stake

Average cost of a healthcare data breach in 2025, keeping healthcare the most expensive industry for breaches for the 14th consecutive year in a row worldwide.

\$7.42M

03 stake

Projected global telehealth and telemedicine market size by 2030, growing from \$94B as virtual care becomes a standard expectation for more patients.

\$180B ↑

03

Workflow & operations



Valentine Boyev
UX Director in Healthcare

Across the healthcare products our team has worked with, this category is also where adoption is silently won or lost: features 13 through 16 decide whether clinicians and patients reach for the platform, or tolerate it.

Features 17 through 19 decide whether the operational pieces around the workflow match the care journey you actually built.



Features driving patient trust

14	Essential	Patient & provider profiles Patients include demographics, emergency contact, language, timezone, allergies, medications, and insurance. Providers include specialty, license, region, languages, timezone, availability. Tapping a provider opens credentials — licenses, diplomas as a trust signal.
15	Essential	Clinical notes Structured note templates completed by providers during or after a visit. Free-text-only notes quickly become a dead end, so you need light structure from day one to keep data useful as the product scales and when you eventually integrate with an EHR at scale across systems.
16	Essential	Visit summary & care plan for the patient No patient should leave a call wondering what just happened. Every visit ends with a structured summary: diagnosis or working impression, medications, referrals, follow-up timing, and clear next steps in plain language. Saved to patient profile as ongoing care history, accessible.
17	Essential	In-product support channel Every problem needs a path to a human (or a competent AI agent—the channel matters less than its existence). When a doctor runs late, upload fails, payment breaks, or audio drops, patients should be one tap from a fix or fallback. Otherwise frustration turns into churn today.
18	Defer	E-prescriptions Routing prescriptions electronically to a licensed pharmacy. For controlled substances, EPCS certification and DEA alignment are required — a significant compliance lift. If your initial care journey does not include prescriptions, you can safely skip this in v1 for context.
19	Defer	Payments & insurance Card processing through a PCI-DSS and BAA-compliant provider, with optional insurance claim submission. If you're launching direct-to-consumer, payments are essential from day one. If billing runs through a partner clinic, defer payment setup until the clinical workflow is validated.
20	Overlooked	Onboarding & identity Simple patient onboarding with clear privacy language and identity verification scaled to risk. Opaque consent flows and long forms remain a leading reason elderly patients abandon telehealth during first sessions. Keep it short, readable, and easy to complete for patients.

"The support channel is where MVPs prove they respect the patient. When our team worked on AceCancer, the product had to hold attention from three different audiences at once — patients tracking their illness, caregivers checking in, and medical staff monitoring wellbeing.

A telehealth product that has no clear path to a human when any of those three needs help is not an MVP, it is a prototype with a logo."



Valentine Boyev

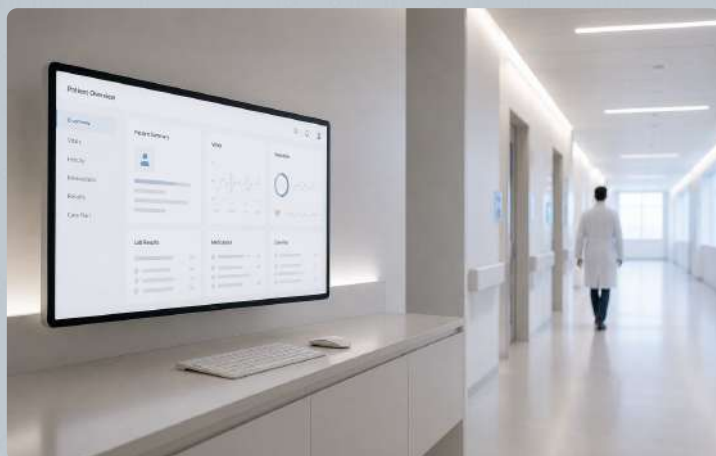
UX Director in Healthcare

04 Data, integrations & growth



Sergiy Sumnikov
General Manager at Healthtech

The six features here ask the harder question first: is your data layer easy enough to move between systems, and is it organised in a way that will make it easy to combine it with other systems in the future? If you can do that, EHR, wearables and AI can all work together. If you make a mistake, they become rebuilds.



Tech pillars that scale healthtech

21	Defer	EHR / EMR integration FHIR-based integrations with Epic, Cerner, Athenahealth, or open-source EHRs are often requested on the first call but are too heavy and costly for v1. Design the data model so integration can be added later, but avoid shipping it in MVP unless a clinical partner requires it.
22	Overlooked	BAA-backed vendor stack Every vendor handling PHI - cloud hosting, video SDKs, analytics, email, and error monitoring - must have a signed Business Associate Agreement in place. Missing even one BAA breaks your compliance posture. Start a living vendor register from day one, from the start of integration.
23	Defer	Vitals capture: manual now, integrations later Streaming vitals from connected devices (heart rate, glucose, weight) are billable under RPM codes but require integration. MVP: patients enter vitals before visits so providers see fresh data. Same workflow, no integration cost, ready for future streaming upgrade later.
24	Defer	AI-assisted intake & notes Symptom intake chatbots, ambient note capture, and draft visit summaries reduce clinician admin time, but complicate compliance review. Start with a manual workflow, then add AI where time savings are measurable and proven before scaling automation. Keep auditability intact.
25	Overlooked	Accessibility (WCAG 2.2) Screen reader support, keyboard navigation, adjustable text size, and color contrast that meets WCAG 2.2 AA standards. A large share of telemedicine users are over 65 or live with accessibility needs. Retrofitting accessibility after launch costs 3x more than building correctly.
26	Essential	Private analytics with operational signals Track completed visits, no-show rate, average duration, video quality (MOS), and time-to-connect, but treat all as private, role-scoped data. Add operational signals: providers running late, frequent connection drops, ticket clusters pointing to bugs. Not dashboards, next decisions.
27	Overlooked	Portable, structured patient data If you are not integrating a heavy CRM or EHR yet, your patient records, visit notes, documents, and care plans need a consistent schema. The test: can this data move into any future CRM or EHR without rebuilding integrations from zero? If yes you're safe. If not migration cost accrues

"At every healthtech conference I have been to and every private conversation I have had, the same two questions keep coming up. The founders want to know why their integration is six weeks behind schedule. Clinicians ask why they cannot find their own patients' data.

The answers to both questions are based on the same few decisions about how to plan the first version. The 27 features above exist so that the next conversation doesn't have to start with regret."



Sergiy Sumnikov

General Manager at Healthtech



05

Score your MVP

16

Essential features that belong in every v1

6

Commonly overlooked — catch them early

5

Deferrable features — plan, don't build

A gap on any "Essential" row is a launch blocker. Gaps on "Overlooked" rows usually surface as expensive rebuilds around month four. Items built from the "Defer" column often indicate over-scoped MVPs.

Check every feature, find your gaps

Feature	Tag	Built	WIP	Planned	Gap
01. Secure video consultations	Essential	☐	☐	☐	☐
02. Secure messaging	Essential	☐	☐	☐	☐
03. Scheduling & reminders	Essential	☐	☐	☐	☐
04. Waiting room with pre-call checks	Essential	☐	☐	☐	☐
05. Pre-visit intake & triage	Essential	☐	☐	☐	☐
06. Adaptive connection handling	Essential	☐	☐	☐	☐
07. Auth & role-based access	Essential	☐	☐	☐	☐
08. Multi-factor authentication	Essential	☐	☐	☐	☐
09. End-to-end PHI encryption	Essential	☐	☐	☐	☐
10. Audit logs	Overlooked	☐	☐	☐	☐
11. Patient consent capture	Overlooked	☐	☐	☐	☐
12. Configurable session timeout	Essential	☐	☐	☐	☐
13. Provider credentialing & licensure	Essential	☐	☐	☐	☐
14. Patient & provider profiles	Essential	☐	☐	☐	☐

Check every feature, find your gaps

Feature	Tag	Built	WIP	Planned	Gap
15. Clinical notes	Essential	☐	☐	☐	☐
16. Visit summary & care plan	Essential	☐	☐	☐	☐
17. In-product support channel	Essential	☐	☐	☐	☐
18. E-prescriptions	Defer	☐	☐	☐	☐
19. Payments & insurance	Defer	☐	☐	☐	☐
20. Onboarding & identity verification	Overlooked	☐	☐	☐	☐
21. EHR / EMR integration	Defer	☐	☐	☐	☐
22. BAA-backed vendor stack	Overlooked	☐	☐	☐	☐
23. Vitals capture (manual / streaming)	Defer	☐	☐	☐	☐
24. AI-assisted intake / notes	Defer	☐	☐	☐	☐
25. Accessibility (WCAG 2.2)	Overlooked	☐	☐	☐	☐
26. Private analytics & ops signals	Essential	☐	☐	☐	☐
27. Portable, structured patient data	Overlooked	☐	☐	☐	☐

4 questions to scope a project

01	Who pays – patient or payer? Direct-to-consumer, clinic-billed, and insurance-reimbursed paths pull different features into v1. The payer model decides whether payment processing and insurance handling belong in week one or month six.
02	What is the first care journey, end to end? A telemedicine platform" is a specific care journey, for example, a single condition, a defined visit length, with explicit boundaries on prescriptions and insurance. The narrower the first journey, the faster the launch.
03	What is the compliance floor and the ceiling? HIPAA is the US floor. EU adds GDPR. Middle East jurisdictions add region-specific data residency and authority requirements. The floor decides architecture from day one. The ceiling decides which features wait until v2.
04	Who is the first 100 patients? A telepsychiatry MVP for veterans and a chronic-care MVP for the elderly are technically similar products. Operationally, they are different products. Accessibility (Feature 24) is not the same priority in both.

Every scoping call with a healthcare founder, CTO, or clinical lead starts in roughly the same place – somebody opens up a document, usually a feature list pulled together from a competitor's site, a pitch deck, or a list typed up after a clinical advisor sent over yet another suggestion. From there the conversation runs the same path. What goes in v1, what waits for v2, what was added because someone important asked for it, and what was added because nobody stopped to ask whether it should be.

At some point writing the conversation down was easier than having it from scratch every time. The 27 features are the questions we keep asking, and the Essential, Defer, and Overlooked tags are how we have learned to sort them.

The patterns in this document have shaped scoping conversations on every healthcare engagement our team has led. The framework existed before, the checklist is just the version we can finally hand to someone before the call instead of building it live in front of them.

If this document saves you one scoping call's worth of wrong decisions, it has done its job. If it gets you and your engineering lead and your compliance lead onto the same page about what belongs in v1, it has done more than its job.

If you ever want to have the conversation in person – about your scope, your timeline, the two or three decisions you cannot make alone – you know where to find us.



In healthcare, most calls start with something like, 'Help us reduce the risk.' Launching a product in this sector is different from doing so in other industries. There's no "we'll just come back to it later". You can't go back and do it again.

So what our partners really want is someone who can mitigate risk by anticipating regulatory friction, pressure-testing clinical workflows, and asking uncomfortable questions during scoping rather than after release.

A good launch in this space rarely looks impressive, the real work was done quietly, long before release.



Julia Shumanova

Head of Healthcare Partnerships

From a checklist to a shipped MVP



Halo Lab has shipped HIPAA telehealth products for startups and enterprise networks globally. Scoping a build? A 30-min call will give you a concrete feature plan, an honest cost range, and a defensible timeline.