

Business and Finance SIG Questionnaire: Key Factors for Success

(DRAFT #4)

Name of person filling out this survey _____

You are a (check one) Program Director Site Coordinator Direct Care Clinician Other
(Please specify) _____

1. Do you have a written strategic/ business plan for your telehealth/telemedicine/e-Health program? (e.g., written to obtain funding.)
 Yes No. If yes was it approved? Yes No. If yes, by whom? _____
2. From a planning perspective, how do you determine the demand for services? Please describe: _____

3. Do you have a quality or process improvement program related specifically to telehealth services?
 Yes No. If yes, please describe. _____

4. In your organization, to whom do you report (e.g., Information Systems, Administration, Outreach services, a clinical service)? Please describe _____
What other functions report to that person/unit? _____
5. Do staff that support your telehealth program also work in other departments? Yes (all) Yes (some) No. Do you share other resources with your parent organization? Yes No. If yes, please check all that apply. Information Systems Billing system Accounting system Marketing Continuing education program Other (please list) _____
Does the Information System department operate your network? Yes No (Please explain) _____

6. Do you outsource services (e.g. billing, network etc)? Yes No. If yes, which ones? _____

7. Does your accounting system produce reports to track telemedicine financial expenses and revenues as a separate enterprise?
 Yes No. Is your telehealth program considered a Revenue center a Cost center Part of Administration/support services. Comments: _____
8. Have you performed a cost effectiveness study for any of your telehealth services? Yes No. If yes, for which service(s):
 Clinical Education Other (please describe). _____

9. What is your program's revenue profile by funding source (percentage)? % Federal contracts/grants
 % State funding % Parent organization support % Clinical income % Educational income % Network or other user fees % Other (please describe) _____

10. Do you know what your most profitable product/service lines are? Yes No. (If yes, please check all that apply.) Clinical services Education Membership fees Network fees User (System rental) other. Please describe: _____

11. How long have you been providing telehealth services? (#) Yrs. Do you have some sites that have dropped out? Yes No.
What were the primary reasons? 1. _____ 2. _____
Do you have some providers that have dropped out? Yes No. What were the primary reasons? 1. _____
_____ 2. _____
12. What are the 3 most important factors contributing to the success of your program? (Check all that apply)
 Solid business plan Type of program funding Shared infrastructure
 Support of parent organization Strong clinical program Strong educational program
 Strong variety of programs Expertise of personnel Own the network
 No competition in rural areas Offer scarce specialties Brand name (e.g. University)
 Other (please explain) _____
Comments: _____

Time required filling out this survey : _____