Sustainable Models of Telehealth in the Safety Net

***Project Charter***

*Organization:*

*Date:*

*Completed by:*

1. **What is our goal number of total completed telehealth visits per month?**

|  |  |  |
| --- | --- | --- |
|  | Date | # of Completed Telehealth Visits Per Month |
| Baseline |  |  |
| Midpoint Goal |  |  |
| End of Grant Goal |  |  |

1. **What are our clinic’s other goals related to telehealth and specialty care access? Is there a numeric measure you can use to track it?** *For example, expanding telehealth to new specialties or new clinic site/s, or decreasing patient wait time for a specific specialty.*
2. **What changes/activities will help us reach our goal(s)?**
3. **What are our two biggest challenges in reaching our goal(s)? How will we mitigate those challenges?**
4. **What help do we need? What technical assistance will help us reach our goal(s)?**
5. **List the names and titles of all the team members working on this project.** *Please include the team lead, telehealth coordinator(s), telehealth clinical champion, project sponsor, CEO, and CMO.*