



## Foundations of Telehealth

22 - 26 Sep 2024  
Istanbul (Turkey)



# Foundations of Telehealth

**Ref.:** 15270\_281527 **Date:** 22 - 26 Sep 2024 **Location:** Istanbul (Turkey) **Fees:** 4200 **Euro**

## Introduction:

Telemedicine has proven itself to be an important part of the future of healthcare. In this course, students will be introduced to the key components and considerations needed to design and implement a successful telemedicine program at both the practice and health system levels. The course emphasizes operational design principles and highlights a team based approach. Key content areas include clinical considerations, patient safety, technology needs, patient satisfaction, legal, government affairs, regulatory and compliance, and billing considerations.

## Targeted Groups:

- Healthcare Senior Managers
- Departments Heads
- Clinical Sections' Heads
- Other Healthcare professionals

## Course Content:

### Unit 1: A Primer on Telemedicine

- History and Landscape
- Telemedicine Modalities
- Integrated Structure
- WHO Taxonomy
- Command Center Tour

### Unit 2: Health System Strategy and Telemedicine Operations

- Ambulatory Strategy
- Provider Engagement
- Patient Satisfaction
- Support Workflow Process
- Staffing Models
- Program Coordination
- Project Management

### Unit 3: Billing, Regulatory and Legal Considerations

- Getting Patients Ready
- Training and Education
- Legal Roundtable
- Government Affairs
- Rules of the Road to Recovery
- Revenue Cycle



Istanbul - Turkey: +90 539 599 12 06

Amman - Jordan: +962 785 666 966

WhatsApp London - UK: +44 748 136 28 02

## Unit 4:Future of Telemedicine

- Assessing for Service vs. Value-Based Care
- Key Metrics / Dashboard Reporting
- Research / Evaluation
- Wrap Up / Look to the Future



**Registration form on the :  
Foundations of Telehealth**

**code:** 15270 **From:** 22 - 26 Sep 2024 **Venue:** Istanbul (Turkey) **Fees:** 4200 **Euro**

Complete & Mail or fax to Mercury Training Center at the address given below

**Delegate Information**

Full Name (Mr / Ms / Dr / Eng):

Position:

Telephone / Mobile:

Personal E-Mail:

Official E-Mail:

**Company Information**

Company Name:

Address:

City / Country:

**Person Responsible for Training and Development**

Full Name (Mr / Ms / Dr / Eng):

Position:

Telephone / Mobile:

Personal E-Mail:

Official E-Mail:

**Payment Method**

Please invoice me

Please invoice my company