Project Design Phase
Problem – Solution Fit Template

Date	16 February 2026
Team ID	LTVIP2026TMIDS35442
Project Name	DocSpot: Seamless Appointment Booking for Health
Maximum Marks	2 Marks

Problem – Solution Fit:

The Problem-Solution Fit simply means that we have identified real problems faced by patients, doctors, and admins in the healthcare appointment booking ecosystem, and the DocSpot platform we have built actually solves these problems effectively. It helps our team identify behavioral patterns of all three user types and recognize what solutions work and why.

Purpose:

❑ Solve complex problems in healthcare appointment booking by providing a digital platform that fits how patients, doctors, and admins naturally work.

❑ Succeed faster by using existing behaviors—patients already search online, doctors already manage schedules, admins already verify—and simply making these processes digital and efficient.

❑ Sharpen communication with the right messaging: "Book doctors 24/7", "No more phone calls", "Manage appointments digitally", "Verified doctors only".

❑ Increase trust by solving frequent annoyances—long phone calls, no-show appointments, fake doctor listings—and building a reliable platform for healthcare access.

❑ Improve the existing situation where patients struggle to book, doctors waste time on admin, and admins lack oversight—by providing a seamless, transparent, and efficient system for everyone.

Problem-Solution fit canvas 2.0

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1. CUSTOMER SEGMENT(S) `CS`

Patients:
Working professionals, senior citizens, parents with children, individuals with chronic conditions, and anyone seeking medical consultation who needs to book appointments with doctors easily and conveniently.

Doctors:
General practitioners, specialists (cardiologists, dermatologists, pediatricians), newly practicing doctors wanting to build their patient base, and established doctors looking to digitize their practice and reduce administrative burden.

Admin:
Platform operators responsible for verifying doctor credentials, monitoring platform activity, ensuring quality control, and maintaining trust between patients and healthcare providers.

Define CS, fit into

6. CUSTOMER CONSTRAINTS `C`
What constraints prevent your customers from taking action or limit their choices of solutions? i.e. spending power, budget, no cash, network connection, available devices.

1. **Accessibility & Literacy Barriers:** Patients are blocked by rigid 9–6 work hours and language gaps, while elderly users require solutions that don't rely on high tech literacy or constant internet.

2. **Resource & Resistance Constraints:** Doctors are "tech-averse" and time-poor; they need systems with zero learning curves that fit into busy clinical schedules without the high overhead costs small clinics fear.

3. **Manual Bottlenecks:** Admins are overwhelmed by "manpower-heavy" tasks like credential verification and manual data entry, making the current model physically impossible to scale as the platform grows.

5. AVAILABLE `AS`
Which solutions are available to the customers when they face the problem or need to get the job done? What have they tried in the past? What pros & cons do these solutions have?

1. **Information & Transparency Gap:** Patients are forced into "blind" booking via phone or walk-ins because they lack digital access to doctor profiles, clear pricing, and easy comparison tools.

2. **Operational Inefficiency:** Doctors and admins are stuck with "fragile" manual systems (paper and Excel) that lead to high no-show rates, constant phone interruptions, and frequent human error.

3. **The Scalability Wall:** While current methods have "no tech cost," they are impossible to scale; the reliance on manual verification and email tracking creates a bottleneck that limits clinic growth and oversight.

Explore AS,

2. JOBS-TO-BE-DONE / PROBLEMS `J&P`
Which jobs-to-be-done (or problems) do you

Patients:
- Find a doctor
- Book appointment,
- Cancel/reschedule
- View appointment history.

Doctors:
- Register on platform
- Set availability
- Manage appointment requests
- Approve/reject bookings.

Admin:
- Review doctor applications
- Approve/reject doctors
- Monitor platform activity

Focus on J&P, tap into BE, understand

9. PROBLEM ROOT CAUSE `R`
What is the real reason that this problem exists? What is the back story behind the need to do this job?

1. **Digital Infrastructure Deficit:** Most clinics rely on "offline" phone systems and manual scheduling, which prevents **online booking** and results in a lack of **real-time availability** for patients.

2. **Fragmented Provider Data:** Healthcare information exists in "silos," meaning there is no **centralized platform** for patients to find doctor profiles or verify specific medical expertise.

3. **Communication & Retention Gaps:** Understaffed clinics create "phone tag" loops with receptionists, while the absence of **automated reminders** causes patients to forget appointments and increases **no-show rates**.

4. **Credential & Security Risks:** The lack of a standardized **digital verification** workflow makes it difficult to validate credentials, leaving the platform vulnerable to **fake doctor registrations**.

5. **Administrative Blind Spots:** Without a centralized dashboard, all tracking is done manually, making **admin oversight** nearly impossible and preventing the system from scaling effectively

7. BEHAVIOUR `B`
What does your customer do to address the problem and get the job done?

1. **High Effort Discovery:** Patients waste significant time and effort manually hunting for care—calling multiple clinics during work hours, relying on word-of-mouth, and taking time off just to secure an appointment.

2. **Labor-Intensive Management:** Doctors are forced to trade clinical hours for administrative labor, hiring staff just to manage paper diaries and making manual "confirmation calls" to prevent empty slots.

3. **Fragmented Oversight:** Admin operations are reactive and manual, relying on spreadsheet tracking and email-by-email complaint resolution, which prevents any real-time monitoring or systemic growth.

Focus on J&P, tap into BE, understand

3. TRIGGERS `TR`
What triggers customers to act? i.e. seeing their neighbour installing solar panels, reading about a more efficient solution in the news.

- **Patients:** Sudden illness, routine check-up needed, doctor referral, existing condition follow-up.
- **Doctors:** Need to digitize practice, too many phone calls, patients asking for online booking.
- **Admin:** New doctor registrations pending, platform growth tracking needed

4. EMOTIONS: BEFORE / AFTER `EM`
How do customers feel when they face a problem or a job and afterwards? i.e. lost, insecure > confident

- **Patients: From Friction to Freedom.**
Moving away from the anxiety of manual phone calls toward a seamless experience where they feel empowered and in control of their care.
- **Doctors: From Logistics to Life-Saving.**
Eliminating the stress of scheduling and call volume so they can trade "admin overwhelm" for focused, high-quality patient interactions.
- **Admins: From Risk to Reliability.**
Replacing the manual burden and fear of unverified data with automated systems that provide total confidence and operational clarity.

Define CS, fit into CL

10. YOUR SOLUTION `SL`
What kind of solution suits Customer scenario the best? Adjust your solution to fit Customer behaviour, use Triggers, Channels & Emotions for marketing and communication.

- **Seamless Digital Transition:** The platform transforms "offline" anxiety into "online" control by mirroring existing behaviors—like Google searching and word-of-mouth—and replacing them with 24/7 booking, status badges, and one-click approvals.

- **Operational Clarity:** By replacing manual diaries and mental tracking with automated dashboards, both doctors and admins move from being "overwhelmed" to "organized," allowing them to manage schedules and verifications with a single click.

- **Trust & Visibility Loop:** The solution directly addresses emotional pain points by making doctors "visible" through profile editors and making admins "confident" through standardized verification tools, ensuring a high-quality, reliable ecosystem.

8.1 ONLINE CHANNELS `CH`
What kind of actions do customers take online?

1. **Digital-First Discovery:** Patients are actively "comparison shopping" online—using Google, social media, and health articles to vet doctors before ever making a physical or phone contact.

2. **Modernization Intent:** Doctors are no longer passive; they are actively researching practice management tools and benchmarking their clinic's digital presence against competitors.

3. **Data-Driven Oversight:** Admins are shifting from manual tracking to digital monitoring, using analytics, feedback loops, and automated system logs to maintain platform health.

8.2 OFFLINE CHANNELS `CH`
What kind of actions do customers take offline?

1. **Trust-Based Referral Networks:** Patients rely heavily on "word-of-mouth" from family, colleagues, and neighbors, making local reputation and physical referrals the primary drivers for choosing a doctor.

2. **Peer-to-Peer Problem Solving:** Doctors use conferences and medical associations to discuss shared "practice challenges," looking to their colleagues and hospital admins for validated solutions.

3. **Collaborative Scaling:** Admins rely on internal team huddles and external industry networking to troubleshoot platform issues and align with stakeholder expectations for the system's growth.

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