6/19/2015

18F RFQ –

Team Pool 1 –

Group got together to go over certain project ideas after reviewing the 18F website. This was a brainstorming session that created a project name, who would be the end user, discusses the end user’s pain point, and the value proposition of the project.

Five project ideas were brainstormed by the group.

Project Name:  **Total Recall**

End User: **Policy Makers / Lobbyist Groups**

End User’s Pain Point:

*The responsiveness of the government to adverse medicinal reactions is unknown. The working*

*hypothesis is that “big pharma” exerts control over the government to keep drugs available in*

*spite of adverse reactions.*

Value Proposition:

*A data visualization to tell the story of how responsive the government is to adverse drug*

*reactions. By viewing enforcement actions on a map (heatmap), or a*

*mean-time-to-enforcement, or mean-events-to-enforcement metric, citizens can understand*

*how the government reacts to drug events.*

Project Name:  **Alternameds**

End User: **Citizens with medications**

End User’s Pain Point: *A user of medication may be interested in alternatives to their drugs or*

*homeopathic treatments to discuss with their doctor.*

Value Proposition:

*Alternameds provides a website where users can explore drugs commonly used for their*

*specific conditions, or containing the same active ingredients as their prescriptions. This may be*

*used to start an informed discussion with their doctor about alternative medication options.*

Project Name: **DrugFax**

End User: **Citizens with medications**

End User’s Pain Point: *As a user of medication, I am interested in knowing what events are*

*being reported for prescriptions I have. I’d also like to be notified of any recall events for related*

*products.*

Value Proposition:

*As ‘Carfax for Drugs’, DrugFax will keep citizens informed about risks and reported incidents*

*with drugs they are interested in. DrugFax will allow users to create a profile of drugs they are*

*interested in, allow users to view reports on those drugs, and receive notifications when new*

*negative interactions are recorded.*

Project Name:  **DrugBook**

End User: **Citizens interested in medication / DEA**

End User’s Pain Point: *As a citizen, I want to start taking drugs, but I want to know what’s*

*recommended by the drug-taking community.*

Value Proposition: *DrugBook will provide a social community where each drug has a “profile”*

*page.  Users may create profiles, ‘Like’ their favorite drugs, and recommend drugs to their*

*friends.  Events and enforcements would show up as events in the Drug’s profile page where*

*users may comment on them.*

Project Name:  **Food/Drug/Device Brand Quality Index**

End User: **Citizens interested in the quality of the food manufacturers**

End User’s Pain Point:*Users don’t always know how good a manufacturer is in regards to the*

*quality of food/drug/device they put out.*

Value Proposition:

*The index will display an overall score for a manufacturer based on the number of incidents that*

*they have had and the severity of the complaints.*

General Notes:

*Kind of like the BBB, but for food quality. Provide badges that manufacturers can put on their*

*websites. Maybe like a percentile based on other manufacturers*

Pete Oliver-Kruger talked with a member of the medical community – Chief Medical Officer of a Hospital. The overall summary of the discussion is they do a lot of reporting already regarding incidents that are already part of the process with the FDA. Most data comes from interactions with the doctors, not with the actual drug companies.

Strong emotional response to a service that handles drug interactions and alerts them to bad interactions between drugs and also the side effects of drugs. This current software is very very expensive because it is an exclusive deal.

Strong emotional response related to follow up to ensure patients are taking the medicine correctly and on time.

Enforcement area and at different levels they are required to contact the patent. Ranging from emails to one on one contact…depends on the severity of the issue.

System to help hospitals make sure patents know what they should do when they take their medicine. What kind of apps that could do a push alert to take medicine, or not take medicine, take in evening/morning, take with food, shape, color, etc.

Communicating things effectively to those who need the information

Alternative drugs (generics) and pricing. Pharmacists already work to do generics, if person doesn’t want generic, has to be justified.

Virtual pill box concept – both what the pills look like, when you should take them, and how they interact with each other. (package label principle displace panel).

Could we maybe leverage Drugs.com as a way to improve things (same with Webmd.com).

Three main audiences – Consumers going to the government to be an authoritative source

Doctors, nurses, those part of healthcare in general

Manufacturers of the drug devices, etc.

Drug Facts and a revamp of the Medwatch page is highly overlapping and a good focus for redesign work.

Want to use open source information and development tools

Want to take a services based approach – search function, notification function, etc. As the back end is built, the front end.

Pool 1 – Focus on improving the Medwatch Page of the FDA.

STEP 1: Perform usability study on the Medwatch Page of the FDA. Use this to prioritize the functionality that we want to improve.

Show and tell to each team every day so we can see what team is doing as a way going forward.

Sync everyday between the two teams to learn from each other.

Q: Definition of prototype – no services development, no database, can use Github pages. Focus on Axure development.

Demonstrate daily progress – create a development folder that shows what has happened. Use Beanstock SVN?

Getting Axure licenses for the team? (BLOCKER) – Ken working on it for us or something similar to use.