**6/21/15 18F – Pool 1 Sync Meeting (4 pm) – Google hangout**

Rick has started making persona overviews and a look and feel for all of our artifacts. Plan tomorrow is designing the solution.

Brian tried to fork the Github 18F for Pool-1 and should have the site running locally after fixing the issue that arose and push it up to the code repository. Icons, widgets, and etc. Basically it will be another instance of that pattern library…. basically bringing over the USPTO pattern library for our use and use what we can and disregard what we don’t necessarily want to use.

Jason has been working with the data to get something useful so we can integrate that into the application we eventually develop. Is there a way that we can parse those results. Jason is going to use that next, use the Kendo stuff to show certain aspects of the data visually.

myMedwatch – a single page application

One page is account management – drugs, devices, etc. that you are following

Another is a news feed

Portal pane that each little pane that become relevant to the terms you have entered

Visual of the number of recalled hips by manufacturer

Make it a pane style with some that are visualizations. There is a lot of geo location data, but recalls might be good for a geo location fashion.

Recall pane?

Ben work on the project plan and scheduling users (both new ones and ones that return) – 95% results with 5 people…(need to talk to Derek about what they prefer). Rick preference is to use same users each time. First person to talk with him in the morning will get the feedback from Derek on how to schedule and then Ben will follow that plan to schedule users.

Currently have 25 internal and 15 external interview sources. Couple more feedbacks will happen tonight.

Page design discussion – Able to do this as a group, rather than separated. Throw stuff out on the whiteboard and do the layout. Then we can iterate on CSS from the whiteboard. Terese and Rick will focus on wire framing in the morning. We are thinking style tiles (one page that contains all of your design sources – font, font colors, interface elements, etc.).

Page development discussion – development will occur after the design direction has been given. Focused on the afternoon.

Schedule:

End of this call: Rough feature set defined

Morning: Terese/Rick wireframing up and working with workflows for a feature or whatever makes sense for us to do in one sprint. (Sprint 1: login workflow?)

Afternoon: Work with the developers to built out that was specked out (3-5)

5-6: Do some user testing

6-7: Spec out next days efforts

Lean efforts talk about usability testing based upon when we have something that needs to be tested.

Major Patterns Seens from the CMO – Women are the CMO’s (3-1 ratio) so personas should be women based

Internal pool of fear is 1.8. External pool of fear 3.2. Maybe it is that people who have a more technical background approach this differently than those without a technical background. Target is more of a “lay” person.

The other general pattern is the person gets the information in phamplet form and most people do read that, but they are still worried that they do not have everything or that something maybe has popped up that no one told them about. So they are a little bit worried “what are the things I don’t know”. – so still Medwatch but with push and personalized for the person.

**Next Round will be solution research and then put it out in front of people and get their feel on how people would expect to use or not use the feature.**

**Features:**

* **Sign up for alerts that extend beyond digital channels (i.e. for my mom that is taking a certain medicine that needs to get a phone call if there is a problem). As a CMO I get it digitally and my mom gets it via a phone.**
  + **SMS, there is desktop notifications to the operating system, no push in browser (unless we do a pull) – looking as email as a back up or something that connects to an automated phone system with an automated message. Email seems most logical thing to prototype**
* **Grouping mechanism – folder of profiles and create as many people per each profile so you can manage alerts, etc. – maybe follow what Google contacts does related to tagging?**
* **Set up reporting back into the system (either to the Doc to the FDA or directly to the FDA).**
* **Set up hooks into patient portals. (Some what like linkedin connections when you apply for a job)**
* **Electronic pillbox (when to take medicine, dosage per day) to do a push notification or add to a calendar. Shows picture of the pill, color, shape and to be sure you know what pill to take when**
  + **Images to show user – how would we go about doing that?**
* **Geo-location sharing of alerts – social sharing to share out to social networks based upon certain alerts**

The best way to prototype of multiple profiles is to do images and then use static data to show profiles work and then the last step will have built in databases without needing a server to install it on.

Parse and telluric connect in with Android and iOS push notification servers without needing to install something on the server.

Push data in does something in a form that does an email that is fully populated and uses the users own email software.

SPRINT 1 – Start with the end state – electronic pillbox screen and notification screen.

Design goes from end to beginning and development works from beginning to end and we meet half way during the week to pull those things together. Not necessarily implementing the design at the beginning, but come together at the end of the week.

Have 5 testers per day, if we can’t do it, we call it out…etc. etc. etc.

Project Plans – Not a lot of lean project management tools – Kanban boards, agile iteration based, as long as we hit those two in the project plan. Show an overlap of empowerment and map out project manager type of plan.