Defensive Publication / Prior-Art Disclosure

**Working Title:**  **Patient Navigator**— Support for each step in the patient journey

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**Date:**  September 20, 2025

## 1. Vision & Differentiator

A patient-centric healthcare navigation app designed to:

* Use the **patient journey itself** as the organizing interface.
* Provide clarity, transparency, and emotional support across all stages of care.
* Integrate AI for real-time Q&A, billing interpretation, reminders, and visit prep.
* Layer onto multiple EHRs (Epic, Cerner, etc.) rather than being locked to one.
* Include a **contextual Wiki** to explain healthcare concepts, accordion-style, always linked back to the patient’s place in the journey.

## 2. Patient Journey as Core UX Framework

* Journey structured as scrollable rectangles (steps).
* Each step expands to its own landing page with: overview, quick tips, tools, and wiki links.
* Patient can “zoom in and out” of details, always able to return to the journey.
* **Grid created** with Journey Steps → Pain Points → Potential App Features (partially filled; some areas still blank to be developed).

## 3. Major Orienting Questions

These are strategic forks that will determine feasibility and scope:

1. **EHR Integration / MyChart Access**
   * Can patients link their MyChart account? Likely difficult — Epic rarely offers API access without corporate agreements.
   * Backup: Allow patients to upload/download MyChart visit summaries, or forward emailed appointment reminders to a unique app address, or screenshot/upload appointment details. App parses and integrates automatically.
2. **Appointment & Visit Integration Without API**
   * Email forwarding → Parsing appointment details.
   * Screenshot upload → OCR parsing.
   * Manual entry as fallback.
3. **Insurance & Coverage Guidance**
   * Intake: Upload insurance card/photo.
   * AI parses payer/plan, looks up network and cost coverage where possible.
   * Guidance: steer toward in-network providers, flag likely out-of-pocket risks.
4. **Medical Liability**
   * AI symptom/medical info is advisory, **never diagnostic**.
   * Content sourcing: clearly labeled (Mayo, Healthline, PubMed, etc.).
   * Disclaimers: “For educational purposes only, not a substitute for medical advice.”
   * Backups: curated plain-language educational summaries.
5. **Business Model**
   * Free baseline: core journey tools, wiki access, reminders, symptom search.
   * Paid one-time unlock / subscription: storage of doctor conversation history, expanded data storage, advanced billing/EOB tools, long-term health record organization.
6. **Data & Sources**
   * Free sources: PubMed abstracts, CDC, NIH, Mayo, Healthline, CMS (billing codes).
   * API-required: EHR access (Epic/Cerner, usually not available without enterprise deal).
   * Commercial partnership required: insurance plan lookup, claims databases.
   * **Backup Plan**: If APIs not available, provide manual input + educational lookups so app retains value.

**4. Defensible IP Elements**

* The **journey-based UI framework** (patients navigating through healthcare by scrolling through the actual patient journey).
* The **Wiki-overlay model** with accordion context + “return to journey” flow.
* Integration methods that don’t rely on corporate partnerships (email forwarding, screenshot parsing, document/photo uploads).
* Billing/EOB comparison with AI interpretation and patient-task reminders