Meeting Summary/Rough initial UI design for Questions

Question 1. What insurance plan do you have?

"Options(in a scroll/drop down box):"

- DukeBasic
- DukeSelect
- DukeCare
- DukeOptions
- Enter your own Insurance —> Pop up screen that asks for your out of pocket payment and co-op

Question 2. What is your diagnosis

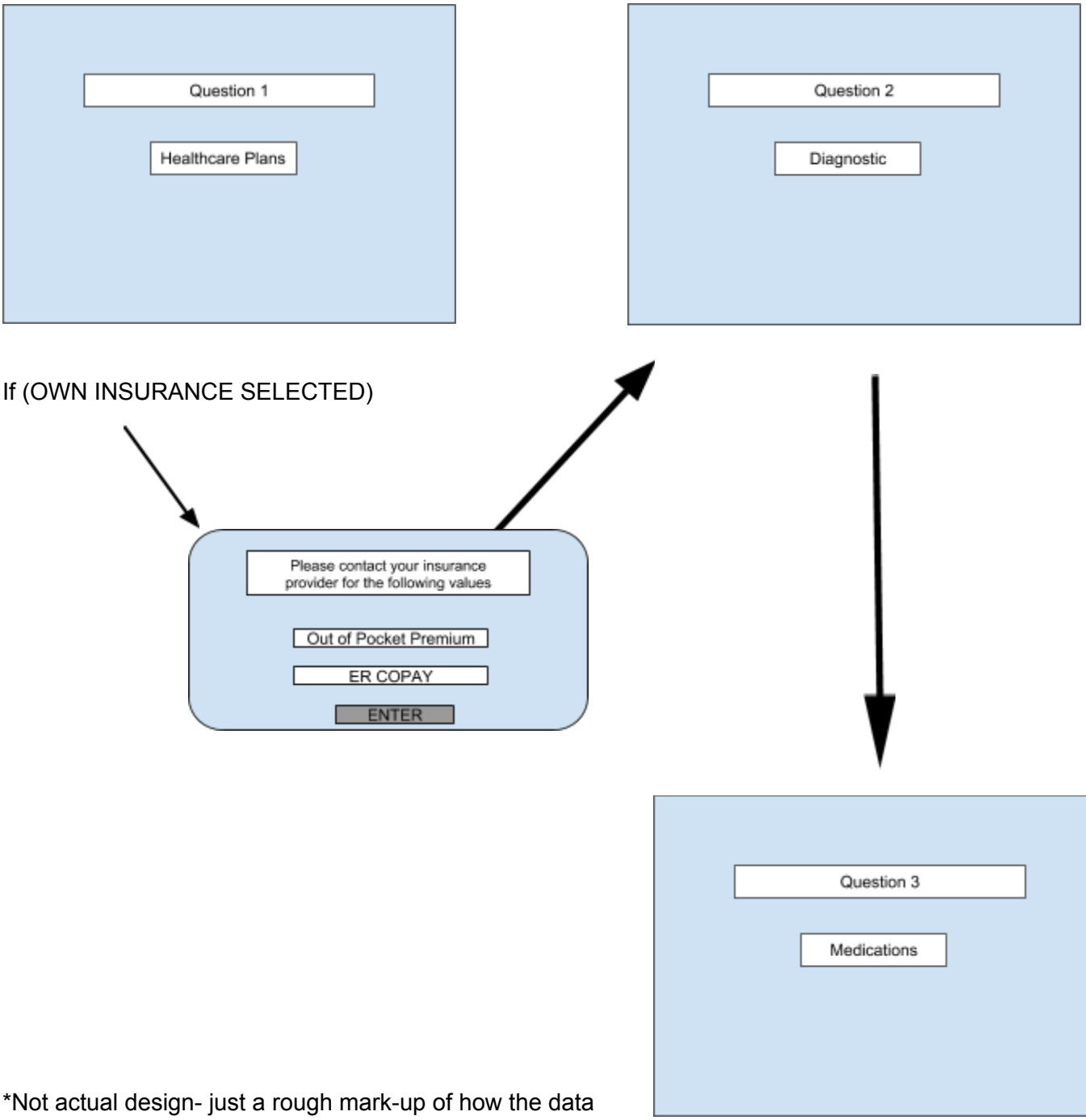
"Options"

- Prostate Cancer - Infusion

Question 3. What medications were you prescribed:

- Med A
- Med B
- Med C

So the only part that's different from the rest is the Own Insurance option. Essentially what we're doing is creating a bunch of objects (Health insurance plans: DukeBasic, DukeSelect, DukeOptions, and DukeCare) that all have their own attributes (CoPayment and Out of Pocket Cost *there might be 1 more variable that goes into calculating cost but they said they would tell us when we meet with the stats guy). The Own Insurance option is allowing the user to create a health insurance object where they can enter in their specific insurance information (creating their own object which can then be used in lieu of the FOUR duke insurance plans)



*Not actual design- just a rough mark-up of how the data should be transferred between pages

1st Meeting Live Notes:
Project Contract

Purpose of this doc: team understands what they are going to do for the client

- Clarify:
    - Goals
    - Concerns - right treatment right patient right time - affordability of care
    - Priorities - patients have insurance, but masssiv out of pocket cost (7300 a year - hit within 30 days, jan comes around OOP resets) median income in 49,000 in NC. this is unaffordable.
        - Can we help them prepare for that cost by givign some sort of estimate (amount they'lll pay ,or when they will hit OOP)
        - What type of insurance (feature of IP) might be best for someone w diagnossi
            - Features:
                - Premium
                - Deductible
                - Co-insurance
                - …
        - Don't think we can do both
    - Impact of project

-send email with the link

- **Overall Goals and Feature Scope**. What features the project will (and will not) deliver, in order to avoid future shifts in the level of ambition. These goals can be anything you have discussed with the client, such as functional, strategic, technological, quality, or ethical. Note, this may involve some negotiation about the team or Client's priorities.
    - Features:
        - Could stick to 2 diagnosis as a demonstration of how the app would look
            - General sense
        - End goal: a demonstration project - we have a ability to do this
            - Can we even tackle one cancer

- **Design Goals**. The overall design of the project, emphasizing the priorities regarding flexibility and maintenance, rather than what classes implement what features. From this section, it should be clear: what features you view as core and integral to the app versus what can be added later, what will be easily changeable in the future and what will require programming expertise, and what the client will need to be responsible for in the future.
    - Core features for the app vs later additions if time allows:
        - demonstration
    - Easily changeable vs programming expertise:
        - User inputs their own
    - What the client will be responsible for in the future:

- **Impact**. Describe the contrast between users of this app's experience currently with what you expect it to be after this app exists. Include user's comments from your interviews where possible.
    - Cancer patients current experience vs what we expect after app exists:
    - Interviews with users: can we access/talk to potential users in some way? If not, do you have online resources you recommend we turn to?
        - Cant show this to user were thinking baout
        - But our team are users of duke healcare
        - People with cost experience

- **Dependencies**. Anything the project is dependent on, such as the resources you are expecting from the client or software you are intending on using to complete the project.
    - Resrouces we expect provided from client:
        - Server space for data
        - Algorithm which calculates based on input what the expected cost would be (as we don't know that - we wouldn't know what the calculation should be)
        - A statistician who understands how the data is organized
        - When will we get the data
            - Data is in CSV files
            - Will be shared using Box
            - Meeting next week

Data :
PUF from ACA

- Individual vs group insurace (employer)
    - Variability and by county of plans (massive maries)
    - Data.healthcare.gov
        - Landscape file
        - Benfit and healthcare PUF
        - Already processed
        - CMS - medicare

Patient POV:

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- **Concerns**. Any concerns or risks the client should know.
    - Concerns about connecting the python program which the client already had to the web app we plan to build - not sure what complication could come up
        - How to widdle this down
        - Duke specific
    -

- **Team Organization**. The internal team organization so it is clear what areas of the app the client should be able to talk to individuals about.
    - Who already has experience building a website
    - Who feels comfortable with data/ working with the statistician?

Data alg: in the background

- Inputs:
    - 3300 plans (4
        - (how much is your deductible, how much is your out of pocket max, and ER copay)
        - Design feature: if youre insurec by blueross go here and check it out to find this info → requires login so maybe we provide a phone number for the 4 plans we offer as an input)
        - Identify where the patient is gonna fall
    - Course of treatment
        - Drugs
        - Visits
        - Images
        - F/U care
        - Labs
    - CrossWalk treatment to BenCategories (tied to benefit designs)
        - How insurance pays your treatment

Front end side:

- Insurance
    - One option: duke (4 values - plans)
- Diagnosis
    - One option: prostate
- Potential follow-up: Treatment modalities
    - TBD

Only 1 diagnosis for our project: prostate cancer

55+ crowd -

Identify when theyre gonna hit OOP max

Patients need to provide input (could be hard for them)
Option for patietns to estimate input
Inputes merges w back end to provide output: time to reach OOP max

- challenge : medicare patient dont habe out of pocket

Demonstration product: duke insurance only

- Duke insurance

- Ppl we know touched by cancer

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