

Client Meeting Notes

Key Assumptions: We didn't get to talk about too many, maybe something we can do today, but here are the two that I wrote down during our meeting.

1. People will make use of the app itself
2. People will volunteer their information to the community
3. People have no emotional attachments to paying with insurance (maybe more a US thing?)
4. There exists a way or a combination of ways to incentivize use of the app

User Stories:

- 1) As a consumer, I save money on healthcare by knowing, comparing, and finally asking for the price of my procedure.
- 2) As a corporation, I reduce my bottom line by incentivizing my employees to lower their healthcare costs.
- 3) As a doctor, I make more money by dealing in lower-priced cash deals rather than working with insurance companies

Business Model:

Users of the app/Cash Doctor database make use of a primarily user-generated map of healthcare providers coupled with detailed price information for various treatments. This breaks down user behavior into two categories: shop and share or pre- and post-. "Share" involves cataloging the relevant data and sending it to the Cash Doctor servers. The data itself is comprised of 4 pieces: 1) CPT code, 2) name (type of procedure), 3) price, and 4) a more detailed description. This is then mapped to the GPS coordinates of the service provider for later access by the shop side of the business. "Shop" involves accessing a local map of collected data points so that the user can find the lowest priced service near them. Doctor can also contribute to the map generation by supplying price data for their services directly. Generating the map is the #1 goal of this project.

A secondary feature of this model involves networking either between users, users and their employers, or users and their doctors. In this sense, users can either gain access to their friend's healthcare networks or employers can help employees see all the available providers in the area so that they can find the cheapest one.

The model will make money by allowing doctors to pay to either drive volume to their listings or for employers to pay to get their employees to use gain access. (This part is probably the least well defined at the moment, but also less success-critical for the scope of this project.)

The purpose of this project is to build a mobile application to make use of the Cash Doctor databases to help healthcare consumers to conveniently be able to shop and then share immediately upon leaving with their bill. The key features that will make this application success in that regard will be the ability to scan an image of their receipt instantly, share that data with the database, and also for them to be able to access the provided map of data points. All of this in an intuitive, sleek interface will make this app meet its goal. This project is about providing the tools customers need to save money by building and accessing the map.

There were concerns about the first-time usage of this app and what types of incentives need to be given to potential users to drive the initial traffic that will generate the map for later use. A number of potential remedies were proposed for this such as employers giving pay incentives to employees that make use of the app, potential access to teledocs(sic?) as part of the app itself, giving users points/discounts, and "challenging" people. According to Rob, these were things that he was confident he could get going, but he first needs the app in order to start marketing. It seems as if the scope of this project is mostly on developing the tools people need and that the next step for Cash Doctor after this team's involvement is to market and generate use.