

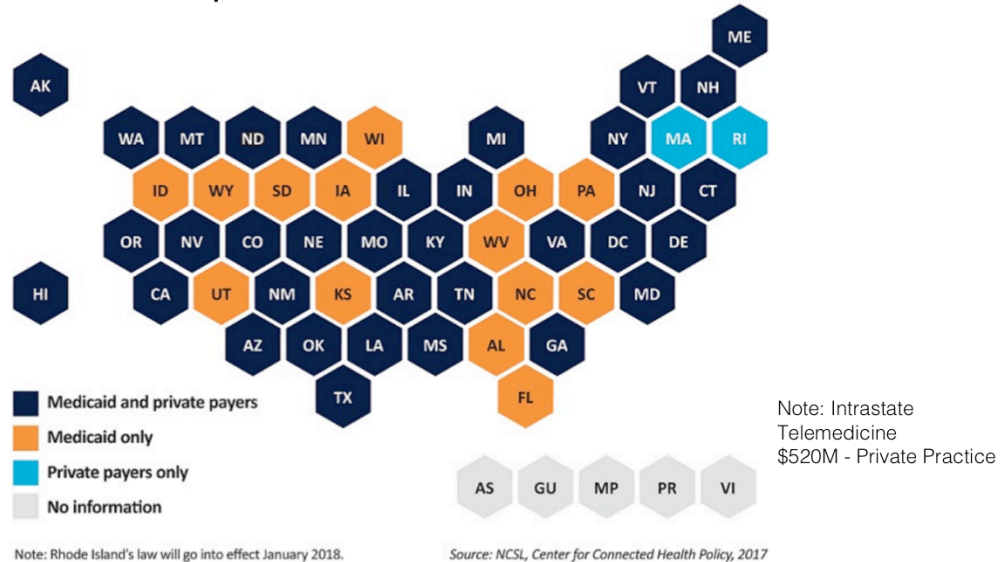
Virtual Care

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I evaluated the market, research and interviews

\$21.5B - \$520M - 18.5% CAGR



This is an attractive market with 18.5% compound annual growth rate. At our pricing point, the available US market for private providers is worth \$520M

Virtual Care - Provider

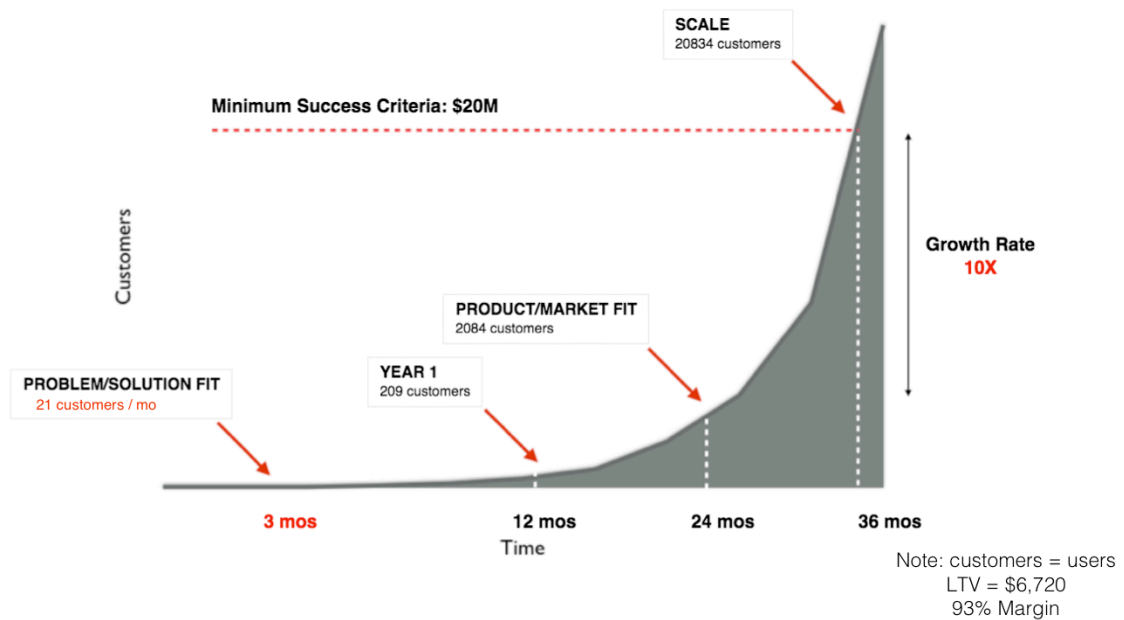
PROBLEM Provider Under-Utilization Patient Access - Satisfaction Care Delivery Margin Startup Costs EXISTING ALTERNATIVES American Well inTouchHealth	SOLUTION Add Virtual Care to SR Schedule product Virtual home patient visit Add more billable visits, breakeven @ 2 visits. No capital costs to implement. Use existing provider infrastructure. KEY METRICS Inquiries per month Conversion % Churn	UNIQUE VALUE PROPOSITION TeleMedicine for your patients in four weeks with no capital. HIGH-LEVEL CONCEPT FaceTime for Patients	UNFAIR ADVANTAGE Customer base Platform Rewrite Industry Reputation CHANNELS Direct Sales Website Acquisition	CUSTOMER SEGMENTS Dermatology Multi-Site Urgent Care Multi-Site PCP EARLY ADOPTERS Tech literate patient population Provider utilization focused Patient engagement focused Dermatology 32.7%
COST STRUCTURE Zoom.us \$5 PUPM Infrastructure \$.50 PUPM			REVENUE STREAMS \$80 Note: CPT 99211(established patient outpatient) = \$65 + Q3014 = \$17 (site fee)	

I examined the opportunity through lean business model canvas.

We can use Zoom for delivery. They have healthcare experience, are HIPAA compliant and will enter into a Business Associate Agreement.

At an \$80 Per User Per Month rate the provider reached breakeven with 2 visits per month

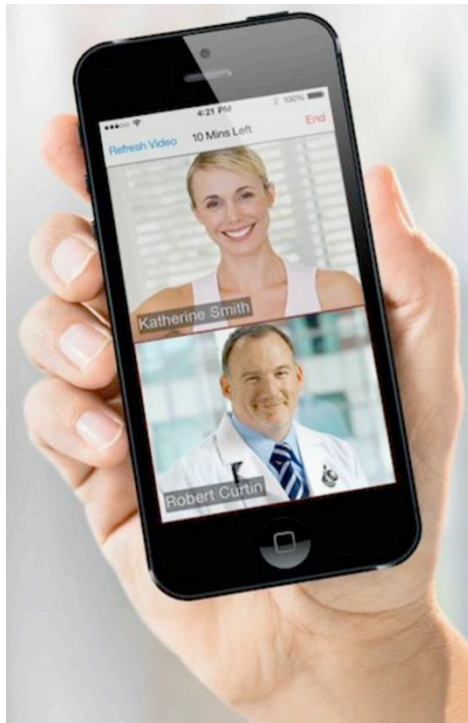
Traction Model



This is the path to \$20M in revenue in three years.

This requires acquisition of 21,000 users. (this is 10% of current user base for other products)

The Life Time Value per user of \$6,720 gives us good headroom for Customer Acquisition Cost (CAC)



Patient Objectives

- Minimize amount of time to see provider for:
 - Urgent care
 - Visit followup
 - Medical concern
- Minimize number of steps to success
- Maximize frequency of success
- Maximize use of existing technology
- Minimize PHI exposure

Prototype for Patient Feedback

- Patient goes to provider website - schedules virtual appointment
- Patient gets verification via email / text
- Patient gets text reminder for appointment with link
- Patient clicks link, establishes zoom connection with provider via browser

In order to validate our assumptions we will develop a prototype to get patient feedback.

The patient objectives were developed using a Jobs to Be Done type approach.



Provider Objectives

- Improve patient outcomes
- Maximize staff utilization
- Maximize patient convenience / satisfaction
- Minimize staff overhead
- Maximize revenue
- Minimize technology investment
- Minimize PHI exposure

Prototype for Provider Feedback

- In Github cut a release branch off master
- In SR Schedule add location type = virtual
- SR Huddle sends message to provider with link to start appointment
- Provider clicks link, establishes zoom connection with patient via browser

In order to validate our assumptions we will develop a prototype to get provider feedback.

The provider objectives were developed using a Jobs to Be Done type approach.

Google Docs vs. MS Word

FaceTime

- Integration into Schedule / Huddle / Communicate
- API integration into Zoom.us
- Click & go

WorkFlow

- SMART on FHIR
- 5 EMR validation
- Notes

Cash

- HSA debit card / credit card
- Cash patient module for provider
- CPT code generation for patient

Chronic

- Native App
- Health device integration
- FHIR EMR updating

We're using a Google approach for our roadmap.

When Google competed against Microsoft, they focused on delivering on value proposition at a time. For instance, initially they provided a superior collaboration environment.

