**Carebridge**

**What’s the product?**

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| platform that connects patients from different social minorities with doctors. |
| Mobile app that helps BIPOC patient to better understand and communicate with health care providers. |
| An app to connect patients with culturally competent healthcare providers |
| App for care facilitation of marginalized community patients |
| An APP to match insurance companies with social or cultural minorities |
| A mobile app to put in contact healthcare providers and patients  |
| e-service to match patients with culturally competent provider |
| Digital connectivity and support for BIPOC/LGBTQ communities  |
| An app to facilitate minority connection with health providers. |
| App Interface for Patients adapted to them |
| Mobile and online platform to assist patients in managing their care |

**What’s the problem they are trying to solve?**

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| difficulties in accessing health care due to, among other factors, the crisis caused by the covid 19 |
| health care communications with underserved communities. |
| Lack of connection to diverse providers that can provide better health outcomes for minorities and other diverse populations |
| Healthcare disparities greatest for marginalized groups, these patients need culturally competent care improvements |
| They try to facilitate health services access to those minorities |
| Match between patients and healthcare providers with the same ethnology  |
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| Limitations in capabilities and sensitivity around mainstream provider network |
| Many minorities feel alienated by medical systems, or do not know how to access these. |
| Need for culturally competent care |
| Helping BIPOC communities find culturally competent care providers. |

**Comments/Questions**

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| There other similar solutions, maybe you can integrate with them. |
| You can move forward quickly if you partner with existing companies with apps, like Zocdoc. Also look into reimbursement for the app fees -- who will fund this? |
| How does the facilitator fit into the active procedure or appointment? Is the assumption that their report is sufficient? Would handing this report over to a doc actually hinder the patient relationship since it reduces the direct patient-physician discussion interaction?Is there a way you could potentially prove that doing this improves outcomes or appointment speed? Could be super valuable. |
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| Validating that all people involved are, in fact, culturally competent will be critical. Interesting idea to use as a way to train medical students to become more culturally competent -- especially if you can give them credentials. What drives users to your service? Do they stick with it over time, or is "single shot" (use once to get connected, then go away until/unless they need it again)?How do you measure success? # new users? |
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| How will you reach the people who need your service. Through community organizations or community health workers, for example?Will you try to connect all target communities to start with, or choose one to begin?What range of languages will you try to support initially, and in the long term?Facilitator training and supervision will be important, and ensuring medical service providers trust and respect your service. |
| Do you have any technical advantages? What do you expect to be your main advantage with respect to other possible competitors? (for instance, the way you plan to obtain users) |
| \* Very enthusiastic presentation (especially after a long drive from New Jersey!).\* Good job talking to stakeholders!\* How will you ensure that there is consistent staff available to solve patient problems\* have you thought about how the economics of your solution will work: Who pays, why will they pay, etc? |

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**From the chat question burst:**

Can you partner with existing platforms that match patients to providers like Zocdoc?

Will the patient pay for the service, or is their a quality benefit to the hospital or care setting that would encourage them to pay for it? Or someone else?

What do you expect to be your main advantage with respect to other possible competitors? (for instance, the way you plan to obtain users)

Who will be paying for the service … the doctors as an advertisement platform?

How do you know if a provider or facilitator is actually culturally competent?

Who pays for the service; physicians, healthcare, cultural centers, community outreach?

What type of training and supervision will be provided for facilitators?

How do users find you?

How can we be sure that there will always be enough medical professionals available to cover the supply of patients who need the service?

How do you ensure that your provider network has sufficient geographic reach and payer network coverage to support your user base?

Is there a way to ensure the facilitator did a good job in helping the process/patient? Do they take part in the appointment actively?

A business model based on volunteers is risky, specially if they are students, who have a changing calendar.

Trust and privacy issues will be high, as always. How do you plan to manage these? Any obstacles you perceive?

There may also be an opportunity to expand this to elder care / assisted living as there is a growing need for this across the board and perhaps less assistance and/or fewer options for the populations that you mentioned.

This may be an interesting offering for self-insured employers to their employees, provided you can cover the relevant geography where their employees are located.

I guess that the key to success is to develop the app quickly, so that even if competitors copy your idea, you become the leader and get first-mover advantages. Good luck with your firm!

How would you negotiate needs and wants of the patients and healthcare providers, e.g. time availability, etc.?