



Health for America Ideation Phase

Prepared by: Daniel Hoff, Amanda Newman, Maythana Paquete, Jacob Vildibill

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IDEATION PHASE

This document outlines the process and outcomes of the Health for America Ideation Phase. It provides a brief summary of the type 2 diabetes landscape in the United States, suggestions for other designers and entrepreneurs, and an overview the ideas developed during the Ideation Phase, including Cardboard MD, My Appointment Kit, and WellRooted. The summary of each idea, including an ideation narrative and key insights, creates context for our decision to focus on WellRooted, a nutrition education tool which provides recipes, ingredients, and education for individuals newly diagnosed with type 2 diabetes.

Background

Diabetes is a chronic disease in which the body is unable to produce sufficient amounts of insulin, resulting in elevated levels of glucose in the blood. In type 2 diabetes, sometimes referred to as “adult-onset” diabetes, the body develops insulin resistance later in life.¹ Although the direct cause of type 2 diabetes remains uncertain, a heightened risk for developing the condition is associated with certain genetic, environmental and lifestyle risk factors.²

In the United States, over 29 million people have been diagnosed with type 2 diabetes.³ It is estimated that an additional 85 million Americans have pre-diabetes, meaning that their bodies are developing a resistance to insulin and are at a significant risk of developing diabetes if lifestyle changes are not made.² Combined, this means that over one third of Americans either have or are at risk of developing type 2 diabetes. The disease is twice as likely to develop in American Indian populations, and nearly twice as likely in African American and Hispanic populations.³ The median age at diagnosis is 54 years old, and when left untreated, diabetes symptoms increase in severity over time given the progressive nature of the disease.³

In the US, approximately 69,000 people die each year with diabetes listed as the cause of death; however, diabetes is listed as a contributing factor in over 230,000 deaths annually.³ The Center for Disease Control estimates that only 35-40% of diabetes related deaths are reported as such,

making the scope of the disease far wider than publicly documented. Because diabetes is an endocrine disorder, it can affect many different systems in the body. Type 2 diabetes patients are 50% more likely to experience a stroke and 80% more likely to develop heart disease.³ Of all kidney failures, 44% occur in type 2 diabetes patients who are also more susceptible to lower limb amputations, diabetic neuropathy, and vision problems.³ As a result of these complications, the American Diabetes Association estimates the disease costs the American economy \$245 billion annually. Diabetes can also be a significant financial burden to patients, sometimes costing upwards of \$1,000 per month for supplies and medication.⁴

Due to the range of medical, financial, and social costs of diabetes, there are many stakeholders in diabetes management. At the center of the care plan is the patient, surrounded by a care team which can include a primary care physician, a certified diabetes educator, a dietitian, and an endocrinologist. Patients may also rely on personal support networks, including their friends, families and communities. Hospitals and health systems manage the financial risks and public health concerns associated with diabetes, as well as provide the necessary clinical services. Insurance companies also have a critical voice in managing access and reimbursement to said services and medications. Finally, patient advocacy groups represent patient needs at all levels of the healthcare system.

1. "Diabetes." March 15, 2015. Accessed April 24, 2016. <http://www.cdc.gov/media/presskits/aaht/diabetes.pdf>

2. "Rate per 100 of Civilian, Noninstitutionalized Population with Diagnosed Diabetes, by Age, United States, 1980–2011." Centers for Disease Control and Prevention. September 16, 2014. Accessed April 24, 2016. <http://www.cdc.gov/diabetes/statistics/prev/national/figbyage.htm>

3. "Type 2 Diabetes." American Diabetes Association. Accessed April 24, 2016.

4. Frazee, Taressa, Joanna Jiang, and Jacqueline Burgess. "Hospital Stays for Patients with Diabetes, 2008." August 1, 2010. Accessed April 24, 2016.

Idea 1: Cardboard MD

PROBLEM STATEMENT

People living with chronic disease spend the vast majority of their time managing their condition in the context of their daily lives, not receiving care in a clinical setting.

Care providers have limited access to information about the particularities and challenges of patients' daily routines and environments. Likewise, patients have limited opportunities to share this kind of information with their care providers.

Chronic care management often requires patients and informal caregivers to master complex medical techniques or rigorous daily management practices.

SOLUTION

Cardboard MD is a mobile app paired with a cardboard pair of goggles that would allow healthcare providers to see through the eyes of their patients in order to provide guidance on the self-management techniques of their conditions. When individuals living with diabetes are prescribed and shown how to use insulin for the first time, they would also be introduced to Cardboard MD. After leaving the clinic with a set of goggles, they would follow the physician's guidance to record their daily blood glucose monitoring and insulin injection routine for one week. The mobile app would guide patients to narrate their thought processes, allowing providers to gain better insight into patients' self-management abilities. Moreover, the hands-free, point-of-view perspective would allow patients to highlight additional aspects of their care routine and environment by videoing other parts of their home, such as their medicine cabinet and refrigerator.

IDEATION METHODS

RESEARCH

- Literature reviews
- HIMSS STEPS™ Value Framework Analysis
- Reimbursement Code
- VR/AR track at SXSW
- Consumer views on Telehealth Survey

PROTOTYPING

- Recording of care routine components using Google Cardboard
- Iterative designs of goggle modifications
- Landing page
- Announcement of concept at DC Tech Meetup group
- Prototyping of alternative ways to attach phone to body
- Simulating elderly patients interacting with technology

SHADOWING/INTERVIEWING

- Shadowing MedStar physicians, nurses, and certified diabetes educators
- Conversations with MedStar Institute for Innovation (MI2) telemedicine leaders
- Patient Interviews



NARRATIVE

After the brainstorming process in early January, a significant amount of time and energy was spent exploring questions regarding Cardboard MD's financial feasibility. Research into reimbursement for chronic care yielded the discovery of CPT code 99490, which covers 20 minutes of non-face-to-face chronic care management services per calendar month for patients with two or more chronic conditions. With the new design requirement to engage clinicians for 20 minutes per month, we set out to search for more use cases and tasks that could be recorded to provide the necessary amount of monthly content. After discussions with leadership within MI2 and the MedStar Diabetes Institute, we surfaced additional use cases within patients' self-management routines. These included directing patients wearing the goggles to walk over to their refrigerators, pantries, and medicine cabinets.

As we put the idea in front of stakeholders, we received extensive feedback as to whether the goggles were the optimal method for obtaining point-of-view video. Aware that many telemedicine solutions encounter hesitation from patients until their first use, we set out to prototype the concept in early February by recording ourselves performing the tasks we identified with a low fidelity video recorder app. The prototype passed the rear-facing mobile phone camera through to the screen and had the ability to record a low-resolution video. This exercise illuminated challenges regarding depth perception and dizziness as a result of the software-related latency. In spite of the challenges in use, the video recording received positive reviews from clinical staff at the MedStar Diabetes Institute.

MedStar leadership shared concerns that the technology was too novel to have a real market at this point in time. To gauge interest among comparable early adopters, we publicly announced our idea at the DC Tech Meetup in mid February and asked people who were interested to sign up for our beta on a landing page. In a room of around 400 people, we received four registrations or a 1% conversion rate. While this rate appears low, this was a 20 second pitch at the end of the event, which indirectly suggested that a pool of early adopters existed for our product.

The final task that was undertaken was an attempt to test our idea with our targeted users. We identified a patient population at a Canadian retirement facility and received permission to spend a week rapidly prototyping and testing our product. In preparation for the visit, we brainstormed alternative methods of wearing one's phone to record point-of-view video. We also simulated the experience of using the physical prototypes by having a fellow conduct a series of activities wearing the prototypes. Ultimately, the preparation process, in combination with our other research and testing activities was enough to inform our decision to cease development of Cardboard MD without conducting field testing.

KEY FINDINGS

The ability to see into a patient's home is of great interest to providers. Current technical and ethical barriers, however, pose challenges to the implementation of this solution.

The sentinel effect drives continued patient engagement with technology when the observations are numerically driven (e.g. weight, blood pressure). On the other hand, the collection of qualitative data can create barriers to initial activation and accuracy of information if perceived as non-clinical (refrigerator contents, medicine cabinet).

While iPhones are popular in the design community, Android smartphones tend to be more prevalent among individuals of low socioeconomic status.

Using chronic care CPT codes is not a reimbursement strategy that works for all hospital systems as many lack the proper documentation infrastructure and some cannot afford the risk associated with their claims going unreimbursed.

KEY RECOMMENDATIONS

Investigate and build upon innovative best practices used by existing telemedicine and home care services to navigate these barriers.

Unite specialists in both telemedicine and home care services to allow for more cross-pollination of ideas on approaches towards how best to effectively engage patients.

Utilize hybrid mobile app frameworks (for example, Ionic) where appropriate. If this is not possible, consider which platform is better suited for the target customers and focus on developing for them first, before expanding to supporting multiple platforms.

Establish services to bundle and simplify the initial legal and logistical challenges involved in setting up the workflows for chronic care management CPT code reimbursement.

Idea 2: My Appointment Kit

PROBLEM STATEMENT

In-person medical appointments are time-consuming and cumbersome for patients, due to the logistics of scheduling, transportation, wait times, and more.

The challenges that patients experience with regard to in-person appointments, especially as related to quarterly diabetes management check-ins, result in late arrivals or missed appointments, which cost hospitals time and money.

Some patients with well-managed chronic conditions are seen in-person by their care provider more frequently than is necessary to adequately manage their health.

Current models of chronic care management are inherently hierarchical, privileging the schedule, routine, and decisions of the care provider and hospital over that of the patient.

SOLUTION

My Appointment Kit is an “appointment in a box” that would allow well-managed patients with diabetes to complete their 3 month check-ins from home. The kit would be comprised of a medical history survey, a mental health screening, and blood glucose logs as well as a smart HbA1c home testing kit and a smart blood pressure cuff. The kit would also include instructions to guide patients through completing their at-home visit. Patients would also be able to communicate with a member of their care team while performing the tasks and, if needed, schedule an in-person follow up appointment. The kit is designed to meet appropriate HEDIS and clinical guidelines for diabetes care. Visits would be reimbursed using code 99490 (chronic care management) in conjunction with code 99091 (remote patient monitoring).

IDEATION METHODS

RESEARCH

- HIMSS STEPS™ Value Framework Analysis
- Literature Reviews
- Self test using an HbA1c home testing kit currently on the market
- Consumer views on Telehealth Survey
- Reimbursement Code Analysis

PROTOTYPING

- Logo and marketing materials
- Landing page
- Prototype box

SHADOWING/INTERVIEWING

- Meeting with Baby Scripts CEO, Anish Sebastian, and Business Development Manager, Sarah Nicholson
- Meeting with IDEO Health Design Team
- Shadowing MedStar physicians, certified diabetes educators, and dietitians
- Conversations with MI2 telemedicine leaders
- Patient Interviews

CO-CREATION

- Co-creation and mentor sessions with David Brennan, Telehealth Initiatives for MI2
- Co-creation with physicians, certified diabetes educators, and dietitians in MedStar Diabetes Institute

NARRATIVE

During the exploration phase of the fellowship, we discovered, through interviews with patients and providers, that some well-managed patients were being seen more frequently than necessary to maintain their health. With the rise in telehealth and the movement towards value-based care, bringing appointments into the home setting seemed like a perfect opportunity to “skate to where the puck is going to be.”

To make sure that the idea for My Appointment Kit was viable, we first pitched it to our mentors. The two main initial takeaways from our conversations were that 1) there are HEDIS measures for diabetes appointments that the hospital must satisfy, and 2) MedStar Diabetes Institute was in the process of setting up a service that would allow for virtual visits.

As a result of those initial meetings, we conducted an extensive literature review on the HEDIS measures and clinical standards for diabetes appointments in addition to reimbursement codes for telehealth interactions. After determining which services the kit would offer, we brainstormed and compiled a list of virtual services that would match a typical diabetes check-in appointment, while also complying with the appropriate HEDIS measures.

With the first draft of My Appointment Kit completed, we continued to seek feedback from our mentors and other experts in the field via co-creation sessions and interviews. In particular, there were three meetings that shaped, changed, and expanded our thinking:

During a co-creation session with the MedStar Washington Hospital Center Diabetes team, we discovered that, while the team saw value in the idea, they wanted more touch points and an extension of “diabetes survival skills” for newly-diagnosed patients.

Through regular check-ins with the MI2 Director of Telehealth, Dave Brennan, we learned that the diabetes team has to juggle multiple platforms to manage regular patients, patients in the Pathways program, and telehealth visits.

In our meeting with BabyScripts, a startup with a similar intervention and business model for prenatal care, we discovered that we could follow a similar business model that would outsource the patient monitoring and data analysis to a third party nursing service. In this scenario, a patient’s care team would be notified only when intervention is required.

In an attempt to stay true to the iterative nature of the lean startup methodology and human centered design principles, we continued to brainstorm with these new insights in mind. As a result, we ended up with three versions of the idea. The additional versions focused heavily on enhancing tools (MedStar e-platform, Diabetes-to-Go) and scaling programs (Pathways program) already in place at Washington Hospital Center Diabetes Institute.

Despite our optimism, there were several challenges that we faced with this idea. After our final conversation with MI2, we made the decision not to pursue the idea based on constraints related to time, internal skill sets, and budget.

KEY FINDINGS

There is no typical diabetes patient, which creates challenges in standardizing a “typical” diabetes check-in. Each appointment or interaction depends on the progression of the condition, the patient’s needs, and the resources and expertise of the provider.

Providers, too, seem to have similar but distinct needs yet don’t have access to personalized platforms.

Although new value-based models and reimbursement codes are emerging, telehealth is hard to reimburse. Current codes require complex infrastructure, and many providers are not well-versed in their use.

There is a misalignment between the data that the provider needs to appropriately treat patients and the data that is needed for reimbursement.

Extending care into the home is challenging due to a lack of appropriate payment and delivery models.

Healthcare moves at the speed of trust and trusted branding matters in healthcare. For example, several stakeholders expressed concerns about the accuracy of home Hba1c kits. For that reason, adoption of kits has been low, despite FDA approval and reports of improved accuracy of newer models.

KEY RECOMMENDATIONS

When designing with patients with type 2 diabetes, select a superuser/super patient and design with them in mind. What appeals to the super user will be able to trickle down to the broader population.

Allow physicians to customize their user experience by creating modular software platforms.

Create a centralized information hub that physicians can use to access and learn about new CPT codes.

Build connections between different data sets.

Explore best practices of extending care to the home, office, or local community facilities in alignment with current and projected reimbursement models.

Use patient values, experiences, and needs to craft trustworthy branding. Communicate said branding through engaging, relatable storytelling.



Idea 3: WellRooted

PROBLEM STATEMENT

Healthy eating is often perceived as time-consuming, expensive, and challenging. Unhealthy options are convenient, cheap, and accessible.

Current models of diabetes education support discrete clinical transactions rather than in-home experiences.

Certified diabetes educators and other care providers have limited resources in providing ongoing nutrition education to newly-diagnosed or poorly-managed patients.

SOLUTION

WellRooted is an experiential nutrition education tool that provides ingredients, recipes, and education content to individuals newly-diagnosed with type 2 diabetes. By extending the reach of nutrition education from clinical settings to home environments, the service aims to increase nutrition literacy and diet management skills. WellRooted provides manageable, actionable education over time and focuses on what individuals with diabetes can eat rather than what they can't. By recommending the tool to newly-diagnosed or poorly-managed patients, primary care physicians, certified diabetes educators, and dietitians can build nutrition literacy while also decreasing the stress of diet management and habit change.

IDEATION METHODS

RESEARCH

- Literature reviews
- Existing diabetes education material, cookbooks, and online resources
- Health for America Diabetes Simulation
- Supplemental Nutrition Assistance Program (Food Stamp) Challenge
- Consumer Food Habits Survey
- Kitchen Equipment Survey

PROTOTYPING

- Recipe Card Sort
- Diabetes Friendly Recipe Database
- Branding/Marketing Materials
- Landing Page
- Recipe Card with Education Content
- Tabling at SXSW Invest for Health

SHADOWING/INTERVIEWING

- MedStar Diabetes Education Classes
- Shadowing MedStar physicians, certified diabetes educators, and dietitians
- Patient Interviews
- Exploratory partnership meetings at DC Greens and the Capital Area Food Bank

CO-CREATION

- Co-Creation Booth at Giant Foods
- Test Delivery/Co-Creation Follow Up Interviews

NARRATIVE

In February, we began our research process by surveying individuals with and without diabetes regarding meal planning and budgeting, grocery shopping, and cooking habits. In partnership with the MedStar Georgetown Diabetes Education Classes, we also surveyed patients about what kinds of kitchen equipment they own and conducted a card sort to understand the types of meals patients already cook or would be interested in trying. The surveys confirmed several of our assumptions: most respondents reported spending less than 45 minutes preparing meals, paying at least some attention to nutritional value, and relying on a handful of “tried-and-true” ingredients and recipes. In discussing survey results with a range of healthcare providers, however, we began to consider several new questions, including respondents’ nutrition literacy levels, even though they reported feeling comfortable assessing nutritional value of meals.

Based on our learnings from the survey, we began compiling a database of recipes along a series of nine criteria. Finding recipes which met every criteria was more challenging than anticipated. We are continuing to strategize about future recipe curation methods, which may include partnerships with certified diabetes educators and local community members. These criteria and the identified recipe curation strategy will also inform the construction of a database to manage recipe and customer information.

In mid-March, we facilitated a series of co-creation exercises, including three prototype deliveries in the DC area. We sent these test deliveries, which included ingredients and recipe card with related educational content, to two patients (one male, one female, age 55+, living in SE) and one diabetes educator from MedStar Georgetown University Hospital. Though small, the prototype illuminated significant challenges in terms of ordering and delivery logistics, especially with patients of a wide geographic spread. We are considering several strategies to address this challenge, including initial geographic limitation, central pick-up locations, and using diabetes educators or dietitians needing certification hours as volunteers. We also conducted extensive follow up surveys and interviews with the three users. Insights that emerged from this survey included the value of introducing customers to new ingredients or flavor profiles, the challenge of navigating diverse reading levels and culinary skills, and the importance of better integrating educational content into the recipe itself. These insights will be used to inform a second round prototype delivery, scheduled for early May.

These experiences, including a co-creation booth with customers at Giant Foods in Columbia Heights, also informed business model development and cost-saving strategies. In order to support adoption and sustainability of the service, we are increasingly motivated to partner with Certified Diabetes Educators, CDEs, to ensure the service is a tool they value and feel comfortable recommending to patients. In order to cut costs once a patient is using the service, we are working to optimize recipes to reduce over-ordering and waste. One possible strategy

Recipe Criteria
7-12 ingredients
\$15-25 ingredient cost
20-35 minutes cooking time
No complex equipment or methods required
350-600 calories
45-60 grams carbohydrates
Less than 750 mg sodium
Cultural variety
High quality flavors

includes tracking leftover non-perishable ingredients (spices, cooking oils, etc.) for each customer, therefore reducing unnecessary purchases in subsequent orders.

While challenges remain regarding process and logistics, recipe curation, and delivery of education content, the potential impact of extending the reach of nutrition education and the adoption of healthy behavior in the home setting remain promising. With the successful development of WellRooted, diabetes care providers across the MedStar system would be able to provide a significant resource to support individuals with diabetes in their journey toward healthier lives.

KEY FINDINGS

Both patients and healthcare providers understand the value of and are seeking ways to extend nutrition education into the home environment.

Well-delivered, in-home education backed by qualified professionals may be able to reach low nutrition literacy patients who feel they can't manage cooking at home and moderate nutrition literacy patients who feel they don't need additional education.

While many reputable sources provide curated recipes that meet a select few criteria, our goal to vet recipes along 9+ criteria will require a unique and robust strategy.

The challenge of delivering to patients of a range of demographics and geographic locations will likely require leveraging partnerships and already existing delivery infrastructures.

Financial concerns are a chief priority of both patients and diabetes care providers and could be a barrier to engagement.

KEY RECOMMENDATIONS

Bring together interdisciplinary teams of experts to craft understandable and actionable education which is relevant to patients' literacy levels, lifestyles, socioeconomic statuses, etc.

Create solutions which provide myriad "hooks" and avenues for engagement to reach a broader range of patients at all points of the nutrition literacy spectrum.

Collaborate with subject matter experts and cultural communities to curate recipes and content.

Cultivate strategic partnerships that invite other organizations or individuals to invest in solutions by sharing preexisting infrastructures.

Develop compelling cost-saving strategies might serve both to cut back-end and customer costs and to keep customers engaged in using the service.



ORANGE-GLAZED DRUMSTICKS W/ CORNBREAD & BEANS

🕒 40 mins 👤 Serves: 4

Nutrition
542 Calories | 64 g Carbs | 37 g Protein | 16 g Fat | 974 mg Sodium



INSIDE OUT MEATLESS LASAGNA

🕒 25 mins 👤 Serves: 4

Nutrition
364 Calories | 55 g Carbs | 37 g Protein | 16 g Fat | 974 mg Sodium



BLACK BEAN QUESADILLAS

🕒 15 mins 👤 Serves: 4

Nutrition
375 Calories | 45 g Carbs | 13 g Protein | 16 g Fat | 559 mg Sodium



SPAGHETTI WITH QUICK MEAT SAUCE

🕒 30 mins 👤 Serves: 8

Nutrition
389 Calories | 53 g Carbs | 28 g Protein | 9 g Fat | 416 mg Sodium

Suggestions for Other Entrepreneurs

While the HFA fellows have chosen to move forward with WellRooted, the process of ideating and prototyping all three ideas has been an impactful experience. The discoveries and insights from our process have significantly shaped our understanding of the particular opportunities and challenges of designing solutions in the type 2 diabetes space.

Perhaps most notably, we understand in new ways the range of stakeholders in the space. The impact of diabetes on the lives of stakeholders (especially patients) is significant, yet the time stakeholders spend together in the healthcare setting or otherwise is very limited. Because of this, we strongly recommend design teams looking to provide solutions in the chronic care space make an effort to understand as many different points of view as possible. To this end, it would have been helpful to gather more focus groups of stakeholders in discussions about certain opportunities and challenges. When points of friction inevitably arise in these kinds of interactions, substantial conversations with a wide array of stakeholders allow designers to develop well-rounded understandings of their design challenges. This also provides opportunities for design teams to use their outsider perspective to draw insights and build solutions which deeply entrenched stakeholders are not able to see or create.

When bringing together stakeholders, care should be exercised in engaging with patients outside of the disease at the center of the design process. In our fellowship, some of our first interviews were with people living with type 1 diabetes. Although they provided some invaluable insights, not everything they shared was relevant to type 2. This presents challenges early in a design process when it is more challenging to differentiate which insights are relevant and which are not.

We would also caution against innovation bias and the exclusive pursuit of novel technologies. While we spent extensive amounts of time interviewing stakeholders on the cutting edge of diabetes care, it was important for us to understand that the majority of care does not occur at the cutting edge. Though we investigated solutions which relied on innovative technology, high nurse engagement, and complete health record integration, the vast majority of diabetes care in America is coordinated and administered by primary care physicians with limited resources.

We would also recommend that, early in the design process, teams start listing and synthesizing the perceived friction points and problems that are named by stakeholders. This ongoing, natural distillation process keeps the team on the same page and is also useful in avoiding 'solutions in search of problems.'

Next Steps

The vision for the development and sustainability of WellRooted is evolving as the fellows continue to collaborate with MedStar stakeholders. The following is meant as an initial overview of the key tasks of the coming months. As the path ahead clarifies, the fellows will continue to provide updates on the timeline and next steps.

Week of April 11	<p>To Do: <u>Lean Canvas</u>, UX Design, Brand Design, Ideation Deliverable Draft Due (4/15)</p> <p>Connections: Check In with MedStar Diabetes Institute mentor and Marketing/Strategy mentor, focus group at MedStar Washington Hospital Center (MWHC)</p>
Week of April 18	<p>To Do: Brand Design, Grocery/Delivery Service Pricing, Education Content Strategy, Ordering/Delivery UX Design, Connections: Health for America Class of '16-17 Interviews</p>
Week of April 25	<p>To Do: Ideation Deliverable Due (4/29), Financial Models, 2nd Test Delivery Planning</p> <p>Connections: <u>Collision Conference</u> (New Orleans), Meeting with MedStar Georgetown University Hospital (MGUH) Diabetes Team</p>
Week of May 2	<p>To Do: Planning for Second Round Deliveries</p> <p>Connections: Meeting with Donna Harris, Founder of <u>1776</u>, Presentation to MWHC Diabetes Team, Capital Area Food Bank Summit</p>
Week of May 9	<p>To Do: Food Sourcing Strategy, Delivery Logistics Brainstorm, Marketing Strategy Brainstorm, Beginning of Second Round Deliveries</p> <p>Connections: Discussion with MedStar Community Health</p>
Week of May 16	<p>To Do: Recipe Curation/Tracking Strategy, Patient Tracking Strategy, Internal MedStar Partnerships Strategy, Further Second Round Deliveries</p> <p>Connections: Meeting with Capital Area Food Bank</p>
Week of May 23	<p>To Do: Further Education Content Development/Materials Design, Website/Portal Design, Further Recipe Curation/Tracking Development, Second Round Delivery Follow Up Calls</p>
Week of May 31	<p>To Do: Third Round Delivery Planning and Design</p> <p>Connections: Influence Strategy Meeting with Dr. Ed Tori, MI2 Center for Health Influence & Engagement Director</p>
Week of June 6	<p>To Do: Third Round Delivery Recruitment</p> <p>Connections: <u>NYC Wearable Tech and Digital Health Conference</u> and <u>Summer Institute in Narrative Medicine</u></p>

Week of June 13	To Do: Third Round Deliveries, Individual Learning Day Connections: TBD Meetings with MWHC and MGUH Diabetes Teams
Week of June 20	To Do: Third Round Delivery Follow Up Calls and Debrief, Transition Strategy
Week of June 27	To Do: Portfolio/Final Presentation Planning
Week of July 5	To Do: MI2 Monthly All Minds Meeting (MAMM) Presentation, Portfolio Work Time, Ongoing Transition Efforts
Week of July 11	To Do: Portfolio Draft Due 7/14, Individual Learning Day, Ongoing Transition Efforts
Week of July 18	To Do: Graduation Event Preparation, Portfolio Work Time, Final Portfolio Due 7/22, Ongoing Transition Efforts
Week of July 25	To Do: Final Transition Efforts

APPENDIX

Appendix 1.1: Cardboard MD One Page Summary

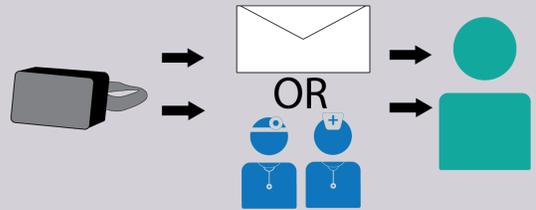
This outline of an early iteration of Cardboard MD allowed our team to walk patients and providers through the workflow and experience. The MedStar Diabetes Institute provided significant feedback in response to this iteration which shaped subsequent development.

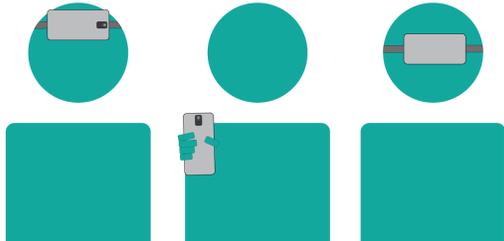


Google Cardboard

Google Cardboard is a headset for smartphones which, in the context of diabetes care, would extend monitoring and education into a patient's home.

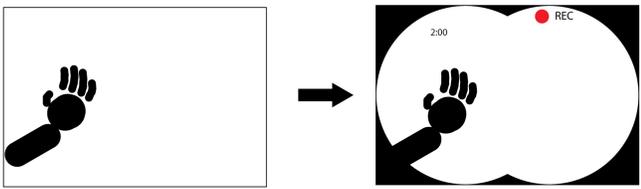
The Google Cardboard kit would include instructions to construct the headset and download the necessary app. The kit would be mailed to a patient's home or picked up at the physician's office.





After putting on the device, the app would prompt the patient to perform and record video of certain tasks such as testing blood glucose, checking for foot ulcers, or showing medicine cabinet contents. Video could be recorded through Google Cardboard, or other video alternatives.

Members of the care team would be able to view certain tasks and elements of a patient's environment through video captured from the point of view of the patient.



JAKE's eHR

Chronic Care | Primary Care | Outside Hospitals

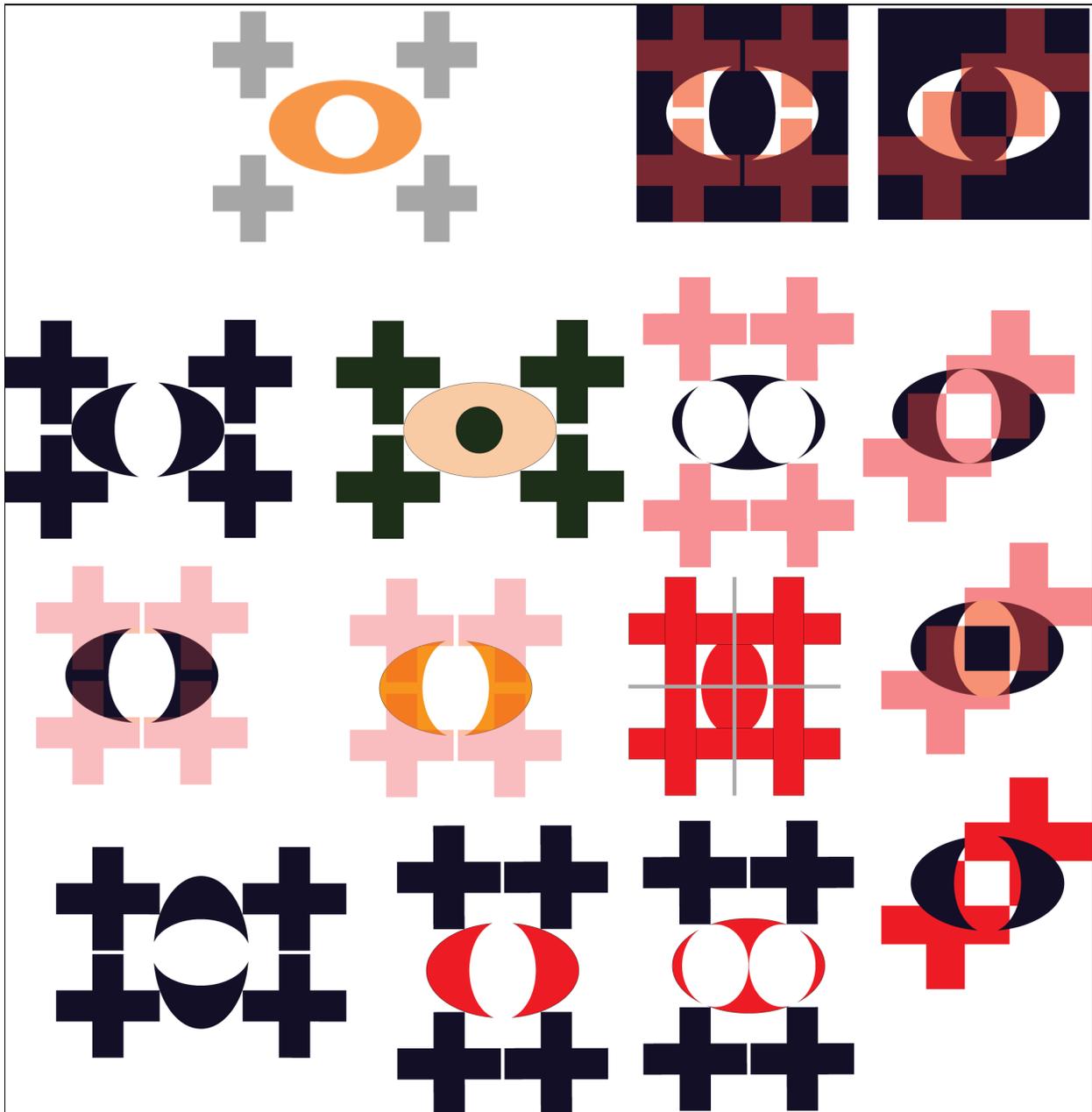
Insulin Injection 02-13-2016	Medicine Cabinet 01-03-2016	Insulin Injection 12-11-2015
 0:07	 0:27	
NOTES:	NOTES:	NOTES:

The app would send recorded video to the patient's care team. The patient's physician, nurse, or CDE would review the video. If necessary, providers could provide additional education and counseling to the patient.

This activity would be reimbursable through code 99490 (chronic care management) in conjunction with 99091 (remote patient monitoring).

Appendix 1.2: Cardboard Logo Development

The image below depicts the process of designing the logo for Cardboard MD. The final logo is made up of a simple eye looking through two red crosses. This logo was used at pitch events and on prototype marketing material to gauge potential users' response to the application of Google Cardboard technology in healthcare.



Appendix 1.3: Cardboard MD Landing Page

The prototype landing page for CardboardMD allowed potential users to sign up for future beta testing and further information. The landing page was used to measure interest after a DC Tech Meetup pitch event.

Cardboard MD

Sign up now to receive a free Google Cardboard!

TELEMEDICINE AUGMENTED

Let the doctor see through your eyes

How Does It Work?

Google Cardboard enables your smartphone to become a virtual/augmented reality viewer. Cardboard MD uses this technology to expand telemedicine interactions from the transactional to the experiential.

[See Details](#)

Tell Me

Talk your doctor through your medical concerns and receive consultation.

Show Me

Walk your doctor through your concern and move freely around your house.

Involve Me

You are more than just a medical problem. Let your doctor see what it's like to be you.

Our Team



Dan Hoff
in 
Healthcare Innovation Fellow at Health for America. Former healthcare consultant.



Amanda Newman
in 
Healthcare Innovation Fellow at Health for America. Former community organizer.



May Paquete
in 
Healthcare Innovation Fellow at Health for America. Former health policy analyst.



Jake Vildibill
in 
Healthcare Innovation Fellow at Health for America. Former biomedical engineer.

Register For Our Beta

We'll contact you when we're ready and mail you a free Google Cardboard

First Name Last Name Email Address

[Subscribe](#)

Cardboard MD [Blog](#) © 2016, Health for America

Appendix 1.4: Cardboard MD Physical Prototyping

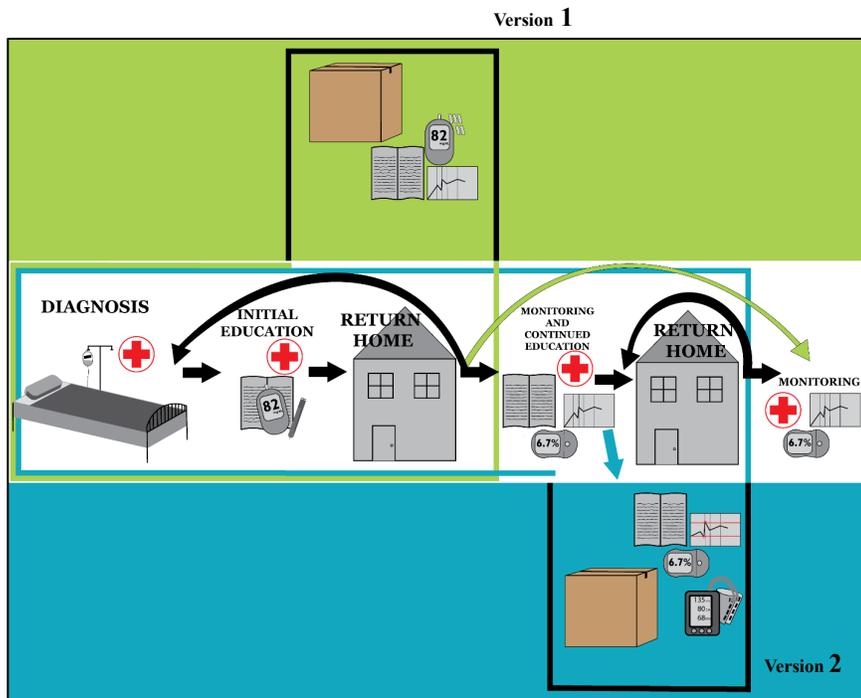
In an effort to test the Google Cardboard technology and other video capture systems, a series of prototypes were created. Two prototypes were built to optimize the Google Cardboard design for the CardboardMD application, and two prototypes were built to capture video using a mobile phone without the use of a Google Cardboard device.



Appendix 2.1: My Appointment Kit Workflow Iterations

After interviewing stakeholders, we discovered that there are significant needs for telehealth solutions at multiple points in the chronic care model. The table and graphic below were used to convey several My Appointment Kit iterations to David Brennan, Director of Telehealth Initiatives at MedStar.

	Version 1	Version 2	Version 3
Purpose	(first month after diagnosis)	(first six months after diagnosis)	(well-managed patients downstream)
Pre-existing diabetes care workflow BEFORE My Appt Kit Intervention	<i>Hospitalization Initial Diagnosis</i>	<i>Hospitalization Initial Diagnosis Return Home Follow Up Appointments every couple weeks which include education, monitoring, and medication titration</i>	<i>Hospitalization Initial Diagnosis Return Home Follow Up Appointments every couple weeks which include education, monitoring, and medication titration Return Home Pattern of 3 month check ins is initiated</i>
My Appt Kit Intervention	<p>Patient receives My Appointment Kit</p> <p>Kit includes smart glucometer and access to digital Diabetes To Go materials</p> <p>Third party nursing organization monitors patient data (?)</p> <p>Monitoring blood glucose data would minimize ER visits for newly diagnosed patients while allowing them to “learn with a safety net”</p>	<p>Patients receive My Appointment Kit</p> <p>Kit includes smart glucometer</p> <p>Data is collected periodically by third party nursing organization to support patients and providers in problem solving and adjusting care plan as necessary</p> <p>Patient’s care team can act upon poor data by scheduling a telemedicine interaction or an in-person appointment</p>	<p>Well-managed patients receive My Appointment Kit</p> <p>Kit includes smart monitoring devices (HbA1c home testing kit, scale, BP cuff)</p> <p>Data is collected every 3 months to replace in-person appointments</p> <p>Patient’s care team can act upon poor data as necessary—which could include a telemedicine interaction or an in-person appointment</p>

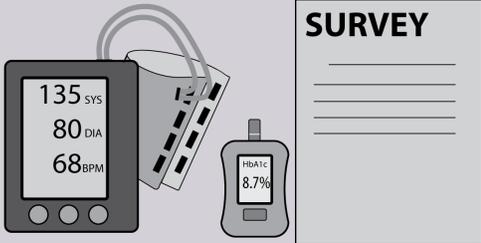


Appendix 2.2: My Appointment Kit One Page Summary

The summary below, which outlines an early iteration of My Appointment Kit, allowed our team to walk patients and providers through the workflow and experience. This iteration focused on delivering an entire appointment experience from the comfort of a patient's home. The feedback received supported further development in response to stated patient and provider needs.



HbA1c Tele-Health Kit



SURVEY

The HbA1c kit is an “appointment in a box” that is sent to patients in order to complete 3 month check-ins from home.

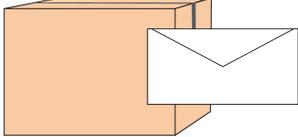
The HbA1c kit is composed of a patient history survey, an A1c testing machine and a blood pressure cuff.

This kit will be offered to well managed patients to replace unnecessary office visits. The care provided through this kit will be made to meet HEDIS Comprehensive Diabetes Care measures as well as the ADA’s clinical guidelines for diabetes care.

A patient can either pick up the kit at their doctor’s office or have it mailed to their home. The kit will come with a pre-paid postage stamp to allow easy return of the kit via mail, but can also be dropped back off at the doctor’s office.

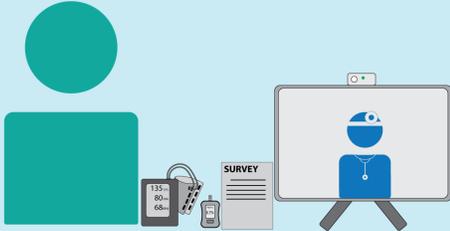
The visits will be reimbursed using code 99490 (chronic care management) in conjunction with code 99091 (remote patient monitoring).

JANUARY	FEBRUARY IN OFFICE VISIT	MARCH
APRIL	MAY AT HOME KIT VISIT	JUNE
JULY	AUGUST IN OFFICE VISIT	SEPTEMBER
OCTOBER	NOVEMBER AT HOME KIT VISIT	DECEMBER



OR



The kit will include detailed instructions to guide the patient through completing their visit correctly. The patient will also be able to tele-visit with a member of their care team while performing the tasks. Together the patient and the physician can go over blood glucose logs and schedule their next appointment.

- ✓ HbA1c 3 Month Test
- ✓ Blood Pressure Test
- ✓ Mental Health Screen
- ✓ Patient History Survey
- ✗ As necessary patients can be asked to come in for further testing

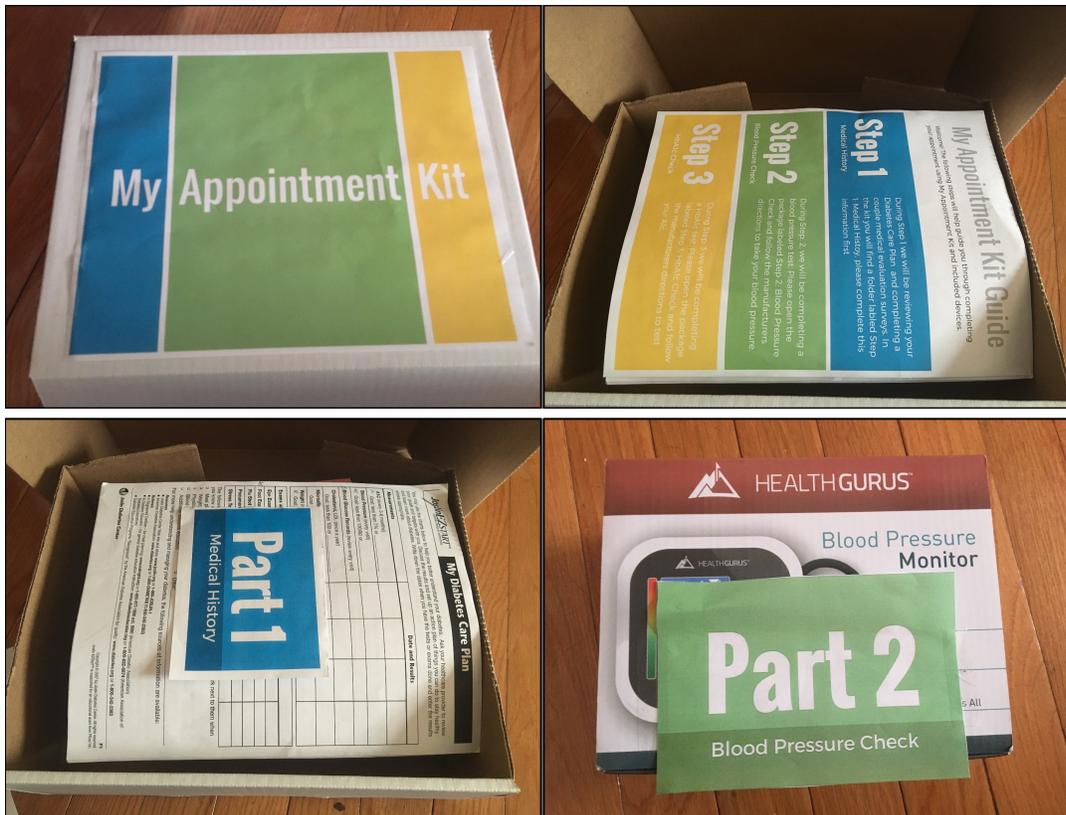
Appendix 2.3: My Appointment Kit Promotional Business Card

This initial logo and branding for My Appointment Kit appeared in landing pages and prototype marketing materials. A strong emphasis was placed on creating a brand that felt compelling, approachable, and trustworthy, as driving patient and provider adoption was a chief concern.



Appendix 2.4: My Appointment Kit Physical Prototype

These images are of the first prototype for My Appointment Kit. The box contained survey material, a smart glucometer, and a smart blood pressure cuff. The kit was also accompanied by instructions for each step of the appointment process.



Appendix 3.1: WellRooted Landing Page

The image below shows the initial landing page for WellRooted, which offered information on the service and allowed potential users to sign up for future prototype deliveries or to receive more information.

WellRooted Foods

Sign up now to receive a discounted trial meal!

HEALTHY EATING

Rooted in Knowledge

How Does It Work?

WellRooted promotes nutritional literacy for people living with chronic diseases (diabetes, hypertension, etc.). The service provides recipe-based grocery deliveries paired with relevant nutrition education. By subsidizing healthy options through premiums on less healthy meals, WellRooted supports and incentivizes healthy eating for cost-sensitive consumers.

[See Details](#)

Order

Select the meals that interest you. Whether you're new to cooking or a seasoned veteran, we have healthy meals that work for you.

Cook

We'll deliver the groceries and recipes need to make your meals. Preparation is quick and simple. Just add cooking!

Learn

Each recipe card will help build your knowledge of cooking and nutrition. We'll show you how to eat healthy, while saving you time and money.

Our Team

Dan Hoff
in

Healthcare Innovation Fellow at Health for America. Former healthcare consultant.

Amanda Newman
in

Healthcare Innovation Fellow at Health for America. Former community organizer.

May Paquete
in

Healthcare Innovation Fellow at Health for America. Former health policy analyst.

Jake Vildibill
in

Healthcare Innovation Fellow at Health for America. Former biomedical engineer.

Try us out!

We'll contact you about sampling one of our meal options

First Name

Last Name

Email Address

[Subscribe](#)

WellRooted Foods | Blog

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Appendix 3.2 Initial Recipe Database

In curating a list of diabetes friendly recipes, we created a series of nine criteria. The list below captures the initial collection of recipes and just a few of the criteria. Many recipes required modification to meet the full nine criteria. The highlighted recipes note the meals that were offered for the first prototype delivery.

Dish	Prep Time	Serve s	Calorie s	Carbs (g)	Protein (g)	Fat (g)	Sodium (mg)
Rigatoni with Broccoli and Chicken Sausage	20 min	4	512	80	27	11	40
Chicken with Roasted Sweet Potato Salad	30 min	4	388	26	39	14	811
Orange Glazed Drumsticks w/ Green Beans and Cornbread	40 min	4	542	64	37	16	974
Inside Out Lasagna (could add chicken sausage)	25 min	4	364	55	16	9	588
Black Bean Quesadillas	15 min	4	375	45	13	16	559
Spaghetti w/ Quick Meat Sauce	30 min	8	389	53	28	9	416
Ravioli and Vegetable Soup	25 min	4	264	38	11	9	762
Florentine Ravioli	20 min	4	263	28	13	13	660
Herbed Chicken, Orzo, and Zucchini	20 min	4	390	35	33	12	233
Upside-Down Pizza Casserole	35 min	5	507	33	35	26	1251
Gingered Beef and Broccoli Salad Bowl (could add rice)	20 min	4	237	17	22	9	468
Meatball and Vegetable Soup with Pasta	30 min	6	319	45	24	5	1552
Chicken and Lemon Broccoli Alfredo	20	4	295	16	35	12	705
Steak and Mushroom Pizza	35 min	6	295	18	25	14	481
Curried Chicken Salad	25 min	3	217	24	16	7	61
Shrimp Tacos with Avocado Topper	25	4	285	31	20	10	589
Open-Face Philly Style Chicken Sandwiches	30 min	6	321	26	31	10	435
Mexican Beef and Corn Skillet Peppers	30 min	4	246	23	23	7	539
Chicken Taco Pizzas	20 min	4	248	22	23	9	483
Open Faced BLT Cheese Melts	20 min	4	206	15	12	10	623
Mediterranean Quinoa Salad	30 min	4	278	27	27	7	315
Lemony Chicken and Green Beans	25	4	278	12	32	11	599
Buffalo Chicken Salad	30	1	297	13	37	10	596
Saucy Thai Pork	30	4	281	23	26	8	321
Shepherd's Pie	30	4	419	44	31	14	681
Sausage and Chicken Gumbo	20	4	369	37	29	11	949
Beef and Mushroom Sloppy Joes	20	4	439	50	27	15	618

Beef Noodle Stir Fry	25	5	357	44	20	9	671
Beef Chili	25	6	190	17	18	3	590
Apple-Pecan Pork Chops	20	4	400	14	44	18	314
Veggie Fish Chowder	20	4	264	27	23	7	1001

Appendix 3.3 Competitive Analysis for WellRooted

The competitive landscape which surrounds WellRooted is crowded, with some version of a meal or grocery delivery service in many cities across the US. What we found, however, was that few companies are positioning themselves as partners within a health system, and few are integrating significant education to support the nutrition literacy of their customers.

Name	Description	Meal Planning	Delivery/ Pickup	Cost/ Meal	Location
Farmhouse Delivery	Farmhouse Delivery is the only all-local food delivery service in Austin.	No	Delivery	---	Austin, TX
Dormzy	Dormzy, an online grocery store for college students, specializes in care packages, non-perishable food, and health and beauty products.	No	Delivery	---	Dublin, OH
HomeGrocer.com	On-line grocery store offering high quality name brand food and non-food items delivered directly to customers homes.	No	Delivery	---	Lawrenceville, GA
EFoodDepot.com	EFoodDepot.com is the best online grocery shopping store that provides Asian, Japanese, Indonesian & Thai foods & snacks at best prices.	No	Delivery	---	Oklahoma City, OK
Instacart	Instacart is a same-day grocery delivery company delivering groceries and home essentials from a variety of local stores.	Yes	Delivery	---	San Francisco, CA
Blue Apron	Blue Apron is a grocery delivery service company that delivers a recipe and the required ingredients right to their customer's doorstep.	Yes	Delivery	\$8.75-10	New York, NY

Mor.sl	mor.sl is an integrated recipe recommendations and grocery delivery platform and the first intelligent, end-to-end marketplace for home	Yes	Delivery	---	Washington, DC
AmazonFresh	Same-day and early morning delivery of Amazon items, fresh grocery, and local products.	No	Delivery	---	Seattle, WA
Shrink, Inc.	Shrink makes grocery shopping a snap saving you both time and money.	No	Delivery	---	New York, NY
MexGrocer.com	MexGrocer.com is a nationwide bilingual online grocery store for hard-to-find, authentic Mexican goods	Yes	Delivery	---	San Diego, CA
Urban Essentials Co	On-Demand grocery delivery to the Oklahoma City metro.	No	Delivery	---	Oklahoma City, OK
Chef'd	Chef'd is great for anyone who enjoys cooking, wants to save time planning meals & grocery shopping.	Yes	Delivery	\$10-15	El Segundo, CA
GrosSwift	GrosSwift is a same-day grocery delivery company reconnecting people and communities through better transportation.	No	Delivery	---	San Francisco, CA
Mercato	Mercato is an online grocery marketplace that connects consumers with local merchants.	No	Delivery	---	New York, NY
Cartfresh	White label grocery delivery platform for retailers	No	Delivery	---	Boston, MA
Affordable Grocery	Affordable grocery delivery service for the Philadelphia PA region.	No	Delivery	---	Philadelphia, PA
Food4Less	No-frills grocery store owned by Kroger Co.	No	Delivery	---	Compton, CA
FreshDirect	FreshDirect is an online grocer that delivers fresh food to residences and offices in the NY metropolitan area.	Yes	Delivery	---	Long Island City, NY
Plated	Plated home-delivers 30-minute gourmet recipes and ingredients.	Yes	Delivery	\$12	New York, NY

ChefDay	Chefday delivers ingredients to cook recipes designed by top Chefs. All their recipes comes with a step-by-step video of the chef in action.	Yes	Delivery	\$12-15	Brooklyn, NY
HelloFresh	HelloFresh, a fresh food subscription company, sends pre-portioned ingredients for your weekly meals straight to your doorstep.	Yes	Delivery	\$8.75-10	Berlin, Germany
Relay Foods	RelayFoods is an online marketplace for local farmers, grocery stores, restaurants and artisans providing edible items.	Yes	Delivery/ Pickup	---	Charlottesville, VA

Appendix 3.4 Initial Cost Document WellRooted

As we began to prototype WellRooted, we quickly realized patients' primary concern was the price of the service. Included below are initial sketches of market sizing as well as revenue and cost estimates. While not at all definitive, these models allowed us to quickly test several theories and ideas.

Market Sizing	
Description	Value
Washington, DC Households	300000
% of DC households making \$30-50k/yr	20%
% of DC households making \$50-70k/yr	20%
Households b/w \$30-70k	120000
% willing to use grocery service	22%
Maximum achievable market	26400
Size of customer base	1320
Number of meals in DC/year	184800
Peak market share	5%
Utilization: once every week	45%
Utilization: once per month	10%
Utilization: once per quarter	30%
Utilization: once per year	0%
Peak share of meals/year in DC	219978

Revenue	
Description	Value
Peak meals/year	219978
Price of meals	\$6
Total revenue	\$1,319,868

Cost					
	Per Meal	Number of meals/del			
Food costs	\$3	\$48	16		
Delivery surcharge	\$0.81	\$13			
Labor	\$0.68	\$10.91		Labor	3 \$50,000 \$150,000
Advertising	\$0.30	\$4.80			>> One programmer
Sum	\$4.79	\$76.71			>> One meal planner/educator
					>> One biz developer
Total cost	\$1,054,660				

Profit				
Total Revenue	Total Cost	Total Profit	Margin	
\$1,319,868	\$1,054,660	\$265,208	20.09%	

Appendix 3.5 Original Recipe Card for WellRooted

Each WellRooted delivery is accompanied by a recipe card which guides the user through the cooking experience and provides actionable education. In this first iteration, the inside sections contain the recipe while the front and back covers highlight relevant nutrition facts and educational content.

FROM OUR KITCHEN:
If you have other spices on hand, you can change the taste of this dish by adding different spices to the chicken or sweet potato mixture. Try powdered garlic, red pepper flakes, or rosemary.

FROM OUR CERTIFIED DIABETES EDUCATOR:
Try testing your blood sugar 1.5-2 hours after eating your WellRooted meal. This will help you learn how certain foods affect your diabetes.

FROM OUR DIETITIAN:
We recommend eating plates that are 9 inches wide. That's about as wide as the front cover of this booklet. Eating on 9 inch plates helps keep portion sizes in check!

WANT TO MAKE THIS RECIPE AGAIN?

ITEMS TO KEEP:
Olive Oil
Salt
Pepper
Lime Juice (good for about 6 months)

ITEMS TO BUY:
4 chicken breasts
2 sweet potatoes
1 red onion
1 bag spinach



Welcome to your WellRooted meal! We're glad you're cooking with us tonight. You'll find everything you need in this recipe booklet and in your WellRooted Grocery Delivery.

TO COOK YOUR MEAL ON ANOTHER NIGHT:
Each part of your WellRooted Delivery tells you where to store it. Put the plastic bags labeled "Refrigerator" or "Freezer" in the appropriate places. Anything left in appropriate bags can stay on your counter or in your pantry. **Always cook your WellRooted meal within 2 days of delivery.**

TO STORE LEFTOVERS TO EAT LATER:
Leftovers should be covered, wrapped in airtight packaging, or sealed in storage containers. Keep leftovers in the refrigerator. **Always eat leftovers within 3-4 days.**



SEASONED CHICKEN & ROASTED SWEET POTATO SALAD 🕒 30 mins 👤 Serves: 4

This dish is great for an easy, balanced weeknight dinner. The skinless, boneless chicken breast is a great source of protein, and roasted sweet potatoes provide a healthy source of carbohydrates. You can easily add more volume to this meal by adding more spinach which fills your plate with non-starchy vegetables!

NUTRITIONAL INFORMATION	388	26 g	39 g	14 g	811 mg
	Calories	Carbs	Protein	Fat	Sodium

INGREDIENTS

2 SWEET POTATOES	4 CHICKEN BREASTS (BONELESS, SKINLESS)
1 RED ONION, THINLY SLICED	1 BAG SPINACH
3 TABLESPOONS OLIVE OIL	2 TABLESPOONS LIME JUICE
1 1/4 TEASPOON SALT	
1/2 TEASPOON PEPPER	



Remember!
Even though your carbohydrate is mixed in with your non starchy vegetable, it's important to think about portions! Can you look at your plate and imagine it divided up like this? If you think you have too much of one ingredient, try making adjustments before you eat!

Prepare: Heat oven to 425 degrees. Use a vegetable peeler or knife to peel the sweet potatoes. Slice into wedges. Cut the red onion into thin slices.

1. Place potatoes and onions on a large, rimmed baking sheet. Drizzle with 2 tablespoons olive oil. Sprinkle on just 1/2 teaspoon salt and 1/4 teaspoon pepper. Mix until potatoes and onions are well coated. Roast until potatoes are tender, about 20-25 min.

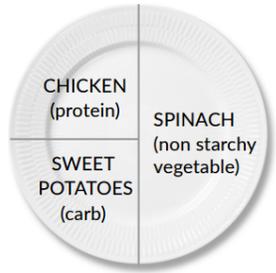
3. Toss the warm potato and onion mixture in large bowl with spinach, lime juice, and remaining 1/4 teaspoon salt.

2. Meanwhile, heat remaining 1 tablespoon olive oil in a large skillet. Sprinkle 1/2 teaspoon salt and 1/4 teaspoon pepper over the chicken breasts. Cook 5-6 minutes on each side or until center is no longer pink. Remove from skillet from heat.

4. Place 1 chicken breast on each plate. Fill the rest of the plate with the sweet potato and spinach salad. Aim for about 5 potato wedges in each serving of salad.



Remember!
Even though your carbohydrate is mixed in with your non starchy vegetable, it's important to think about portions! Can you look at your plate and imagine it divided up like this? If you think you have too much of one ingredient, try making adjustments before you eat!



Appendix 3.6 Recipe Card Sort

To better understand the needs and preferences of our users, we created three sets of ten recipe cards to understand the types of meals users are already cooking or would be interested in trying. Referencing both the nutrition information on the front as well as the actual recipes on the back, potential users sorted cards based on their/their families' needs and preferences.

																					
<p>CHICKEN SAUSAGE WITH BROCCOLI AND PASTA</p> <p>🕒 20 mins 👤 Serves: 4</p> <p>Nutrition</p> <table border="1"> <tr> <td>512</td> <td>80 g</td> <td>27 g</td> <td>11 g</td> <td>40 mg</td> </tr> <tr> <td>Calories</td> <td>Carbs</td> <td>Protein</td> <td>Fat</td> <td>Sodium</td> </tr> </table>	512	80 g	27 g	11 g	40 mg	Calories	Carbs	Protein	Fat	Sodium	<p>CHICKEN WITH ROASTED SWEET POTATO SALAD</p> <p>🕒 30 mins 👤 Serves: 4</p> <p>Nutrition</p> <table border="1"> <tr> <td>388</td> <td>26 g</td> <td>39 g</td> <td>14 g</td> <td>811 mg</td> </tr> <tr> <td>Calories</td> <td>Carbs</td> <td>Protein</td> <td>Fat</td> <td>Sodium</td> </tr> </table>	388	26 g	39 g	14 g	811 mg	Calories	Carbs	Protein	Fat	Sodium
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Calories	Carbs	Protein	Fat	Sodium																	
388	26 g	39 g	14 g	811 mg																	
Calories	Carbs	Protein	Fat	Sodium																	
 <p>ORANGE-GLAZED DRUMSTICKS W/ CORNBREAD & BEANS</p> <p>🕒 40 mins 👤 Serves: 4</p> <p>Nutrition</p> <table border="1"> <tr> <td>542</td> <td>64 g</td> <td>37 g</td> <td>16 g</td> <td>974 mg</td> </tr> <tr> <td>Calories</td> <td>Carbs</td> <td>Protein</td> <td>Fat</td> <td>Sodium</td> </tr> </table>	542	64 g	37 g	16 g	974 mg	Calories	Carbs	Protein	Fat	Sodium	 <p>INSIDE OUT MEATLESS LASAGNA</p> <p>🕒 25 mins 👤 Serves: 4</p> <p>Nutrition</p> <table border="1"> <tr> <td>364</td> <td>55 g</td> <td>37 g</td> <td>16 g</td> <td>974 mg</td> </tr> <tr> <td>Calories</td> <td>Carbs</td> <td>Protein</td> <td>Fat</td> <td>Sodium</td> </tr> </table>	364	55 g	37 g	16 g	974 mg	Calories	Carbs	Protein	Fat	Sodium
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 <p>BLACK BEAN QUESADILLAS</p> <p>🕒 15 mins 👤 Serves: 4</p> <p>Nutrition</p> <table border="1"> <tr> <td>375</td> <td>45 g</td> <td>13 g</td> <td>16 g</td> <td>559 mg</td> </tr> <tr> <td>Calories</td> <td>Carbs</td> <td>Protein</td> <td>Fat</td> <td>Sodium</td> </tr> </table>	375	45 g	13 g	16 g	559 mg	Calories	Carbs	Protein	Fat	Sodium	 <p>SPAGHETTI WITH QUICK MEAT SAUCE</p> <p>🕒 30 mins 👤 Serves: 8</p> <p>Nutrition</p> <table border="1"> <tr> <td>389</td> <td>53 g</td> <td>28 g</td> <td>9 g</td> <td>416 mg</td> </tr> <tr> <td>Calories</td> <td>Carbs</td> <td>Protein</td> <td>Fat</td> <td>Sodium</td> </tr> </table>	389	53 g	28 g	9 g	416 mg	Calories	Carbs	Protein	Fat	Sodium
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Calories	Carbs	Protein	Fat	Sodium																	
389	53 g	28 g	9 g	416 mg																	
Calories	Carbs	Protein	Fat	Sodium																	

Appendix 3.7 Pitch Deck Presentation

The pitch deck below (excerpted slides from a longer version) was used to communicate the WellRooted concept and opportunity to potential investors and MI2 leadership. This deck was customized and presented during the SXSW Invest for Health event and during internal MedStar meetings with various stakeholders.

