

UNIVERSIDAD ESAN



Business Plan to reconfigure Mediseen INC early strategy

In collaboration with:



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Executive Summary

The current business model of MediSeen has a focus towards having physicians on their platform performing advanced-scheduling house calls. This strategy, however, does not have an addressable value proposition for the physicians or for the company that can lead to sustainable financial success. In addition, there is a serious risk of disintermediation (i.e. customers go-around MediSeen directly to service providers) after the first transaction. Further compounding the issue is that MediSeen has limited cash and can survive only till the end of 2019 without raising additional capital.

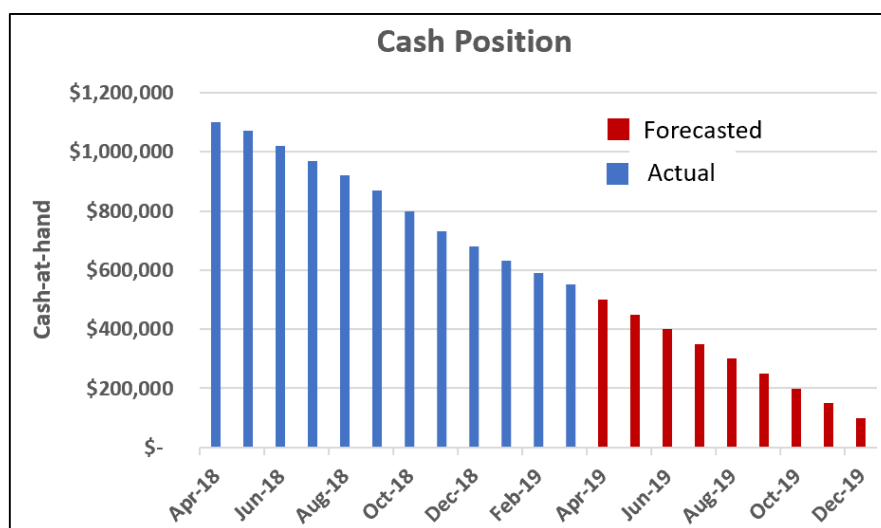
MediSeen has two possible alternatives to address these key strategic issues. First, MediSeen could shift its focus away from physicians and narrow it onto only on the allied healthcare segment which includes services such as massage, physiotherapy, yoga therapy, diet consultation and personal training. In making this shift, the commission structure would need to be revised as well to reduce the disintermediation risk and keep the service providers motivated. At the end of year 2019, a total of 42.000 app downloads and 1.800 consultations (1.260 active users) should have been achieved, which will be translated in \$59.400 of income, in order to make this alternative viable and achieve a profitable EBITDA in 2020. Second, MediSeen could exit the business by shutting down their operations. As the company does not have creditors, it is not eligible for bankruptcy filing (Companies' Creditors Arrangement Act). Based on the typical liquidating values for the assets, we estimate that MediSeen's liquidation value currently is \$550,000 representing a return of 5.5 ¢/\$ to the shareholders.

We recommend that MediSeen shift its focus away from physicians, to the allied healthcare segment and change its commission structure in order to adjust the business model and ease its cash issue. In doing so, the growing transactions, customer base and active roster of service providers will attract new investments into the business.

Internal Analysis

Financial Position

MediSeen has significantly underperformed on its financial goals in the first quarter of 2019 with only about 52 service providers on-board having completed around 600 transactions. This has led to continuous cash-burn with the company now forecasted to be out of cash and out of business by the end of 2019.



External Analysis

Overview of the Canadian Healthcare Industry

Doctors are paid through fee-for-services schedule for each service rendered through provincial programs such as OHIP in Ontario. On top of this, the Canada Health Act specifies that “all eligible residents of Canada have reasonable access to insured health services on a prepaid basis, without direct charges at the point of service for such services.”¹ Accordingly, care must be equal and accessible to all eligible residents and one is not allowed to pay to receive better or quicker healthcare services.

¹ Government of Canada. 2019. “Canada Health Act.” Retrieved from: <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html>

Healthcare professionals distinct from doctors, nurses and pharmacy are called allied healthcare service providers. These service providers focus on either the lifestyle management aspect of the health or healing of chronic non-fatal health issues. Growing awareness related to health has resulted in more demand for these services². Allied healthcare services include massage therapy, chiropractic services, physiotherapy, dietetics, yoga therapy, personal training amongst other.

The biggest challenges currently facing the healthcare industry in Canada are the way services are delivered, fiscal constraint, aging of the baby boom generation and the high cost of new technologies. Digital health technologies have recently received significant attention as they are viewed as drivers of innovation, sustainability and efficiency in the healthcare system. These technologies are expected to improve access to services, patient safety, quality of care, and productivity.

Market Segment

Canada Health Infoway³ suggests that 24% of Canadians use smart connected devices to track health conditions and well-being. Innovative and advanced applications of mHealth (i.e. “mobile health”) technologies and increasing use of smart phones and tablets are the major factors responsible for notable growth of the digital health market. It is estimated that in 2015 Canada’s digital healthcare market was worth \$3.5 billion (USD) and this is expected

² Business Development of Canada, https://www.bdc.ca/Resources%20Manager/study_2013/consumer_trends_BDC_report.pdf?ref=shorturl-consumertrends

³ Infographic: The Diffusion of Smart Devices for Health in Canada | Canada Health Infoway. (n.d.). Retrieved from : <https://infoway-inforoute.ca/en/component/edocman/resources/reports/benefits-evaluation/3410-infographic-the-diffusion-of-smart-devices-for-health-in-canada?Itemid=101>"<https://infoway-inforoute.ca/en/component/edocman/resources/reports/benefits-evaluation/3410-infographic-the-diffusion-of-smart-devices-for-health-in-canada?Itemid=101>

to grow to \$6.5 billion (USD) by 2021 with a compound annual growth rate of 11.1 per cent⁴. This is attributable to the increasing number of government initiatives for the implementation of mHealth technologies and rising awareness about their advanced applications.

Based on technology, the digital health market can be segmented into mHealth, telemedicine, electronic health record (EHR), and healthcare analytics. Some of the key trends⁵ forecasted in the digital health market are:

- Virtual care transforms the patient experience (smartphones, tablets, etc.)
- Precision medicine leverages the power of AI, Big data, genomics and population health to personalize treatment and care
- Use of personal computing devices and internet to support consumers in obtaining information, analyzing their own health needs and making accurate decisions
- Internet of things connects patients to health care providers and resources
- Cloud computing lowers the cost of access to reliable digital health care
- Blockchain secures access to health information

MediSeen competes within the mHealth market segment. The Canadian national mHealth connection⁶ is forecasted to undergo a major expansion of over 50 million mHealth connections by the beginning of the next decade, according to Statista. As with digital health, this significant growth in the market is mainly led by factors such as increasing penetration of

⁴ Healthcare IT Market | Growth, Trends, and Forecast (2019-2024). (n.d.). Retrieved April 5, 2019, from <https://www.mordorintelligence.com/industry-reports/global-healthcare-it-market-industry>

⁵ (2019). Retrieved from <http://itac.ca/wp-content/uploads/2018/10/Whitepaper-2018.pdf>

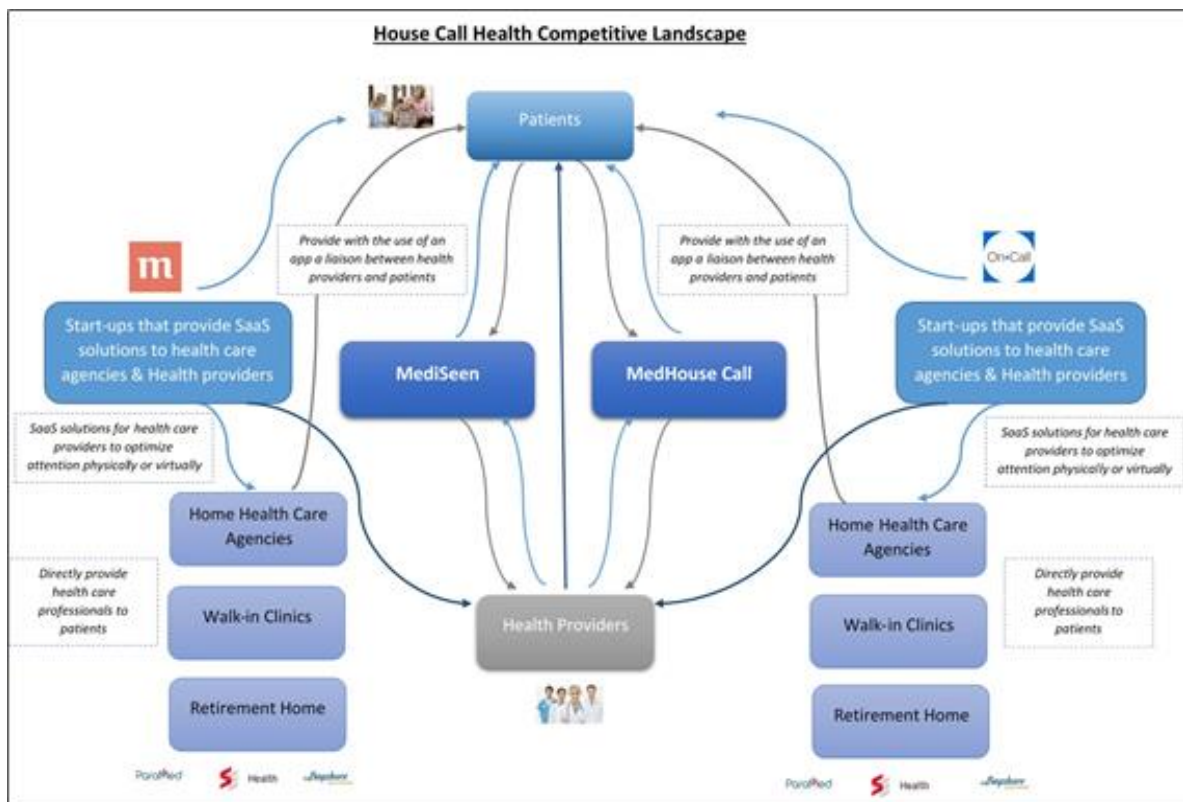
⁶ [Gabriel pugliese](#). (n.d.). Mobile Health into the 2020's – Continuous Growth in Canada. Retrieved April 5, 2019, from <https://sem.care/mobile-health-into-the-2020s-continuous-growth-in-canada/>

smartphones, tablets and other mobile platform, and rising adoption of connected devices and mHealth apps. Further, rising demand for remote patient monitoring services and rising focus on patient-centric healthcare services are also driving the market growth.

The services offered in the mHealth market include preventive services, diagnosis and consulting, treatment services, healthcare system strengthening services, fitness and wellness services, remote monitoring, and house call scheduling. The house call market segment can be even further dimensionalized into On-Demand House Calls and Advanced-Scheduling House Calls. MediSeen operates within the narrow market segment of mHealth Advanced-Scheduling House Calls focusing specifically on non-emergency healthcare services (i.e. Triage Levels 3 (Urgent), 4 (Less Urgent), and 5 (Non Urgent)) and allied healthcare services (e.g. massage therapy, physiotherapy, acupuncture, etc.) (see Appendix VI).

Competitors

Figure 2. The competitive landscape of direct and indirect competitors in the house-call healthcare market



There are several companies offering in the broader market of digital health house-call services, including MedHouseCall, Maple, ParaMed, Saint Elizabeth Healthcare, and Bayshore Healthcare. All these companies offer some form of house-call services that provide home caregivers directly to the home of their customers (see Figure 2).

As seen in Figure 2, companies that offer Software as a Service solutions (SaaS) to health providers, health care agencies and patients, especially in the form of telemedicine (virtual consultation), are adopting a mix between business to business model, and business to customer model, offering their solutions to home healthcare agencies, walk-in clinics, hospitals, individuals, and private businesses in the form of subscription packages.

Additionally, and as mentioned before, Figure 2 shows that home healthcare agencies, walk-in clinics, retirement homes, and even health providers through regular house-calls can provide directly the service to patients, by-passing the virtual liaison that companies like MediSeen provide, and therefore, taking away revenues from them.

Direct Competitors

The most direct competitor to MediSeen is MedHouseCall who offers a similar technology platform solution for advanced-scheduling house call healthcare services. Through the use of its app and mobile platform, they allow patients to gain access to government funded medical care (covered through OHIP) at their homes, while providing Doctors with a flexible house-call solution platform with an unlimited patients data base (people who download and use their app).

Some of the benefits that MedHouseCall highlights to Physicians are:

- Flexibility to toggle the app from Off to On whenever he/she wants to work
- Select the radius in which the Physician would like to receive house call requests within

- Safety monitoring: The system detects and checks when the physician arrives at the house call location. If the health provider is at a house call for more than one hour, the company's team will contact the doctor and the patient to ensure that all is well
- Full-service Ministry Billing: MedHouseCall manages all billing and rejection handling. Invoices are submitted to the ministry with the standard house call codes
- Update patients' files and records in a centralized database

Some of the benefits that MedHouseCall highlights to patients are:

- Check availability of doctors
- Book appointments for family and friends
- Covered through OHIP. No additional fees for house calls

MedHouseCall is a private company, however, so specific details regarding their company is limited. A more detailed analysis of the competitive environment is provided in the research paper in Appendix VII.

Indirect Competitors

It can also be argued that telemedicine providers like Maple are indirect competitors – specifically for the physician house call appointments. Telemedicine is becoming prevalent for the regular follow-ups on the treatment with the increased use of technology.⁷ Many people have started to use the same platform even for the prescription of the medicines. In fiscal year 2014-2015, nurses facilitated 34,000 Telemedicine appointments in the southeast

⁷ Owens, B. (2018). "Telemedicine on the rise but lagging in Canada." CMAJ: Canadian Medical Association Journal, 190(38), E1149.

Ontario region, with the population of around 1.2 Million.⁸ Also, almost 80,000 people have enrolled with Maple and utilized the services provided with them.⁹

Walk-in-clinics and service clinics can also be considered indirect competitors as they are all offering the same services as MediSeen providers, just in a different way (i.e. in-person / in-clinic). These places typically have the most traffic for medical service visits for Triage levels 3, 4, and 5.

Key Strategic Issues

MediSeen is facing two key strategic issues at this point: (1) the basic business model is fundamentally broken and (2) they are quickly running out of cash with only enough capital to last until the end of 2019.

Business Model Fundamentally Broken

MediSeen’s business model appears to be fundamentally broken for several reasons. First and the foremost, the current focus for MediSeen is to have physicians listed on the platform. However, there is no addressable value proposition for the physicians that can lead to financial success as demonstrated by the following table:

	Walk-In Clinic	House Calls (MediSeen)
Service Cost	\$ 33.00	\$ 44.00
Travel	\$ -	\$ 36.40
5 PM - 12 AM Premium	\$ -	\$ 66.00
No. of Patients (normal hours)	30	6
No. of Patients (after hours)	-	2
Total Daily Revenue Earnings	\$ 990.00	\$ 775.20
Overhead/Commission Costs	\$ 396.00	\$ 193.8
Final Take-Home Earnings	\$ 594.00	\$ 581.40

⁸ Wendy Glauser, M. (2015). Telemedicine on the rise across Canada. Retrieved from <https://healthydebate.ca/2015/06/topic/telemedicine-across-canada>

⁹ Virtual Healthcare Corporate & Business Plans | Maple. Retrieved from <https://www.getmaple.ca/business/>

The above table indicates the fee schedule under OHIP for physicians (Appendix IX). A physician practicing privately at a clinic on average can treat about 30 patients (see Appendix VI). Based on the payment of \$33 per patient, the potential to earn is \$594 per day, after paying their ~40% to the clinic for overhead costs. The payment for house calls to physicians is higher under OHIP however, due to the significant amount of time spent travelling it is only possible to treat around 8 patients a day (Appendix VI). This results in lesser earnings of \$581.40 per day for the physician, after their 25% commission is paid to MediSeen. In addition to the lower earnings and more effort for the physicians, the significant social cost on the healthcare system of treating lesser number of patients per day is not even quantifiable.

Secondly, the number of physicians is just about enough for timely treatment of the population resulting in a slight lack of supply of physicians. To be exact, there are currently 220 doctors available per 100,000 patients in Ontario.¹⁰ For some smaller towns and counties in Ontario this has resulted in a doctor shortage.¹¹ In the GTA, however, this is estimated to be enough doctors although there is definitely not an excess of physicians. As a result, pushing these physicians to see less patients per hour by performing house calls does not make sense. (See Appendix IV for detailed analysis of market size and supply of physicians within Ontario).

Lastly, of the physicians we spoke to, they are generally far more concerned with the quality of their lifestyle and creating extra free time as opposed to generating extra income. Physicians make a good living, so they are not worried about finding ways to make extra money. The doctors that we did speak to that were open to making house calls were

¹⁰ Bourgeault, L. 2018. "Ontario Likely Has Enough Doctors." Thestar.com, Toronto Star, 22 May 2018, www.thestar.com/opinion/contributors/2018/05/22/ontario-likely-has-enough-doctors-if-we-make-better-use-of-other-health-workers.html

¹¹ CBC News. 2018. "To tackle its doctor shortage, one Ontario county plays a long game." CBC. Retrieved from: <https://www.cbc.ca/news/canada/toronto/hastings-county-doctor-shortage-1.4847076>

interested in doing so as a way to better serve their own existing patients, not as a way to grow their practice or make more money. (See Appendix VI for research paper on service providers and qualitative interviews with physicians).

Running Out of Cash

The company's earnings are insufficient to cover the fixed expenses due to the broken business model. Raising additional capital from venture capital investors will be difficult given the inability to establish the business in GTA and generate the revenues forecasted for the first quarter of 2019. This has led to a significant cash-burn at MediSeen of around \$46,000 per month (as per expense data provided by client).

There is now a high possibility of the company shutting its operations by the end of 2019 if it continues down the current path. The company has about \$550,000 in cash balance at the end of March 2019. Cash-at-hand has become a strategic issue for MediSeen as any new direction that the company takes from here on will be constrained by the limited cash.

Strategic Conclusion

Given the multiple severe strategic issues that MediSeen is experiencing, the prospects of the company for achieving its goals by continuing their current path seem unlikely. MediSeen must resolve multiple issues and mitigate severe risks in order to have a chance to create a sustainable business that generates positive cash flow.

Secondary Issues

Business Model Issues with Other Service Providers

There are multiple Secondary issues with the current Business Model. These include:

Disintermediation Issue

MediSeen's current business model faces significant "disintermediation risk" – that is the risk of service providers going around the MediSeen platform and offering the service directly after the first meeting with the customer. This is something that is typically a risk for a marketplace such as the one that MediSeen has been creating.¹² This disintermediation risk is severe in MediSeen's case because with these types of services customers generally prefer to use the same service provider, especially if they had a good experience the first time (e.g. a good massage therapist will get a repeat customer). Therefore, during the first service, these service providers can simply ask the customers to contact them directly the second time for a reduced price and completely bypass MediSeen's commission structure. This is not limited to just physicians but to all service providers on the platform.

Travel time & Overhead Costs

Service Providers prefer to do a house call that involves less than 30 minutes of travel time (Appendix VI). As a result, this will require MediSeen to enroll providers in many different geographic areas which adds complexity and difficulty to managing the platform. Travel also leads to overhead costs which may not be offset by the premium that the service providers might be able to charge. Furthermore, traveling can also lead to a higher opportunity cost for

¹² Chen, A. N.D. "What's next for marketplace startups? Reinventing the \$10 trillion service economy, that's what." Retrieved from: <https://andrewchen.co/how-marketplaces-will-reinvent-the-service-economy/>

service providers in terms of the number of additional appointments that they could have taken up otherwise.

Resources / Supplies

Without the proper tools and equipment, many service providers (such as Acupuncturists, Podiatrists, etc.) are not be able to provide adequate services required by the customers during a house-call. This has the potential to impact the quality of service that the MediSeen service providers can provide to customers.

Marketing Issues

Target Customer

Primary research indicates that customers are unaware that house-call services exist (Appendix V). This suggests that there is a lack of customer education and engagement through the current communication and promotion strategy. Additionally, customers are unwilling to pay a premium for the services covered under OHIP and are comfortable walking to the nearest clinic unless immobile.

Potential Risks with the Current Business Model

Reputation Risk

Service providers are the face of MediSeen's platform and any misdemeanour by them can affect the branding and reputation. When a customer has a bad experience, they will view it as a bad experience with MediSeen not necessarily a bad experience with one specific service provider.

Information Security Risk

Patient data is sensitive information which makes MediSeen liable for any misuse of the data obtained legally / illegally from their platform. Additionally, unavailability of electronic medical health records can prevent service providers from providing quality care to the customers through the MediSeen platform.

Personal Safety Risk

Personal physical safety is a major concern amongst the Service Providers as they are concerned for their safety while providing the house-call services to strangers (Appendix VI).

Alternatives

Alternative 1: Allied Healthcare Services Strategy

Description

MediSeen currently provides a platform to connect healthcare services provider and customers with an extensive focus on physicians. However, based on the strategic issues identified, we propose that MediSeen change their focus to allied healthcare service providers and continue operating the platform. Allied healthcare includes services such as registered massage therapist, physiotherapist, dietitian and yoga therapist (Appendix II).

MediSeen currently has allied healthcare service providers listed on the platform however, their focus on physicians has led to this segment being ignored and under-developed. As these services are not covered under OHIP, there is no maximum cap on the fee that can be charged by the service providers. Additionally, the general trend noticed amongst these service providers based on the qualitative interviews (Appendix VI) is that they are willing to do a house-call outside of normal work hours to grow their practices.

The allied healthcare services focus on the lifestyle management aspect of the health and is preventive in nature¹³. Health awareness is growing amongst Canadians and is expected to accelerate as the population ages. People with high overall “well-being” are estimated to have 41% lower health-related costs as compared to people who are struggling and 62% lowers costs than people who are suffering¹⁴. Overall, these trends have led to

¹³ “What Corporate Wellness Programs Get Wrong About Health.” Fortune, fortune.com/2016/10/04/corporate-wellness-programs-health/.

¹⁴ Gallup, Inc. “How Employee Engagement Drives Growth.” Gallup.com, 20 June 2013, www.gallup.com/workplace/236927/employee-engagement-drives-growth.aspx.

Canadians willing to spend more on services that help them in staying healthy and preventing chronic diseases.

We also propose that MediSeen changes its commission structure to incentivize the service providers to do more house calls and prevent disintermediation. Our research (see Appendix VI) indicated that service providers find the 25% commission to be high and attempt to bypass MediSeen after the first transaction with a customer by providing a nominal discount to the customer for contacting them directly in the future.

Our recommendation is that MediSeen shift to a dual commission structure wherein they charge 40% commission from the service providers for the first transaction between a service provider- customer pair. For future transactions between the same pair as follow-ups, they should only charge 12%. The rationale for charging a higher commission for the first transaction is that MediSeen is helping in adding new clients to the service providers clientele. The lower commission (12%) later on will prevent disintermediation as the service provider will net the same amount regardless of whether the customer contacts them directly or through MediSeen.

Benefits of Implementation

This proposal addresses the key strategic issues and the secondary issues as follows:

- ***Business model is fundamentally broken:***
 - ***Lack of value proposition for house calls:*** There is a clear value proposition for the allied healthcare service providers as their fees is not covered and capped by OHIP. Furthermore, the service providers are willing to do house calls outside of their normal work hours to grow their practice and clientele. The trend of growing health awareness has resulted in customers willing to pay a premium for these services.

- **Disintermediation Risk:** As discussed in the description of the alternative, the change in the commission structure to a dual commission structure will reduce the motivation for any disintermediation from the service providers.

- **Running out of cash:** Focusing on allied healthcare service providers will prevent any drastic change in business model for MediSeen or one-time expenses. However, MediSeen will have to spend on marketing to create an awareness amongst the target customers and also on hiring sales personnel to onboard service providers onto the platform. So, MediSeen would not be cashflow positive by the end of 2019, however, they will be able to survive based on their current cash balance. Following is our forecast of MediSeen’s monthly cash balance under this alternative (see Appendix III for details on key assumptions):

Month	Beginning Cash	% of forecasted revenue	Expected Cash Inflow	% of forecasted expenses	Cash Expenses	Ending Cash
Apr-19	550,000	2%	1,188	30%	98,325	452,863
May-19	452,863	3%	1,782	20%	65,550	389,095
Jun-19	389,095	5%	2,970	15%	49,163	342,903
Jul-19	342,903	5%	2,970	10%	32,775	313,098
Aug-19	313,098	10%	5,940	5%	16,388	302,650
Sep-19	302,650	15%	8,910	5%	16,388	295,173
Oct-19	295,173	20%	11,880	5%	16,388	290,665
Nov-19	290,665	20%	11,880	5%	16,388	286,158
Dec-19	286,158	20%	11,880	5%	16,388	281,650
Jan-20	281,650	8.3%	62,850	8.3%	52,500	292,000
Feb-20	292,000	8.3%	62,850	8.3%	52,500	302,350
Mar-20	302,350	8.3%	62,850	8.3%	52,500	312,700
Apr-20	312,700	8.3%	62,850	8.3%	52,500	323,050
May-20	323,050	8.3%	62,850	8.3%	52,500	333,400
Jun-20	333,400	8.3%	62,850	8.3%	52,500	343,750
Jul-20	343,750	8.3%	62,850	8.3%	52,500	354,100
Aug-20	354,100	8.3%	62,850	8.3%	52,500	364,450
Sep-20	364,450	8.3%	62,850	8.3%	52,500	374,800
Oct-20	374,800	8.3%	62,850	8.3%	52,500	385,150
Nov-20	385,150	8.3%	62,850	8.3%	52,500	395,500
Dec-20	395,500	8.3%	62,850	8.3%	52,500	405,850

Note: Expenses have been frontloaded in 2019 to take into consideration the marketing plan that needs to be implemented first to generate the appointments.

MediSeen would also address the following secondary strategic issues with this alternative:

- **Target Customer:** An effective marketing campaign (costing \$150,000 from April – December 2019) can be designed to promote lifestyle management and create awareness amongst customers about MediSeen and their platform. Given the lack of established direct competitors in this space, MediSeen can attain the first movers advantage.
- **Resources / Supplies:** The services included in this alternative require service providers to carry minimal equipment and resources. Thus, the issue of not being able to provide quality care due to lack of equipment is essentially mitigated.
- **Patient Data Storage:** The services included in this alternative do not require extensive access to customer’s medical records and thus eliminates the possibility of any misuse related to sensitive and confidential medical records.

Financial Viability

Based on our research and understanding of the market segment, we have forecasted the financial benefit of choosing this alternative (Appendix III for details on key assumptions).

Highlights of the forecast are as follows:

	2019 (Apr - Dec)	2020	2021	2022	2023	
Expected Total Consultations	1,800	24,000	80,000	132,000	192,000	<i>(net of attrition)</i>
Market share (%)	0.08%	1.00%	1.25%	2.06%	3.00%	
Service Providers	20	240	800	1,320	1,920	
Tax	21.00%					
Discount Rate	25.00%					
Growth Rate	15.00%					
Total Revenue	59,400	754,200	2,136,000	2,676,000	3,564,000	
% Growth		1169.70%	183.21%	25.28%	33.18%	
Total Expenses	327,750	630,000	954,000	1,148,000	1,458,000	
% of Revenue	551.77%	83.53%	44.66%	42.90%	40.91%	
EBITDA	- 268,350	124,200	1,182,000	1,528,000	2,106,000	
EBITDA Margin	-451.77%	16.47%	55.34%	57.10%	59.09%	
Net Income	- 268,355	98,118	933,781	1,207,121	1,663,741	
Enterprise Value	5,766,779					

This alternate has a net present value of about \$5.7 million. As previously discussed, MediSeen will be able to manage implementing this alternative with the cash it currently has available.

Risks

- Managing the two-sided (demand-supply) marketplace platform: This is a chicken and egg issue with customers losing interest in the mobile application if service providers are not available and vice versa. MediSeen can mitigate this risk by managing the service provider side of the platform through promotions and incentives.
- Reputation risk for MediSeen is significant as the service providers are the face of the company. Any misdemeanor on service provider's part would result in negative feedback for MediSeen and damage the brand. MediSeen will have to vet all the service providers carefully and invest in maintaining a strong customer support and experience to prevent damage to the company's reputation.
- Travel time & overhead cost: MediSeen will have to onboard service providers in each geographical cluster to prevent travel times of more than 30 mins for the service providers. This increases the execution risk to the company. MediSeen will have to hire sales personnel to target each geographical cluster and keep attrition rate for service providers low.

Alternative 2: Exit Strategy

Description

The \$550,000 in cash balance at the end of March 2019 is estimated to be able to last until the end of 2019. Raising additional capital from venture capital investors may be difficult given the inability to establish the business in GTA and generate the revenues forecasted for the first quarter of 2019. Given the facts that the company's earnings are currently insufficient to cover the fixed expenses and there is a perceived broken business model, MediSeen should also consider an exit as a viable alternative action.

MediSeen does not have any creditors or third parties that are owed cash. Hence, it is not eligible for bankruptcy filing or CCAA (Companies' Creditors Arrangement Act) as it does not satisfy the requirement of owing more than \$5 million to its creditors¹⁵. The company has four shareholders and the assets of the company should be liquidated and distributed amongst them based on their respective shareholding.

Benefits of Implementation

Instead of addressing the key strategic issues, an exit would acknowledge each of them and allow the shareholders to move on without losing any more time or money.

Additionally, there is an opportunity cost associated by trying to operate a business which is losing money and not creating value. The shareholders can invest in new ideas which have the potential to be cashflow positive and create value.

¹⁵ Legislative Services Branch. "Consolidated Federal Laws of Canada, Companies' Creditors Arrangement Act." Companies' Creditors Arrangement Act, 10 Apr. 2019, laws-lois.justice.gc.ca/eng/acts/C-36/index.html.

Financial

Following is our estimate¹⁶ of the liquidation value assuming the company liquidates immediately:

Typical Liquidation values		
Asset	% realizable	\$ value
Cash	100%	\$ 550,000
Accounts Receivable	50-75%	\$ -
Inventories	60%	\$ -
Pre-paid assets	0%	\$ -
Future Tax assets	0%	\$ -
Capital assets	Appraisal	\$ -
Goodwill	0%	\$ -
Capitalized costs	0%	\$ -
Total		\$ 550,000

Based on the investment of \$1.1 million at a valuation of \$10 million, the shareholders will receive **5.5 ¢/\$** on liquidating the company.

¹⁶ "Liquidation Value | Formula | Calculation | Fitbit Example." WallStreetMojo, 12 Mar. 2019, www.wallstreetmojo.com/liquidation-value/.

Recommendation

We recommend that MediSeen implement alternative 1, that is, focus on allied healthcare services segment. This alternative will help make MediSeen a sustainable and competitive business which is cash flow positive but with a caveat. Given the limited cash, the implementation plan is time-bound and requires constant monitoring of the key metrics and the milestones associated with them. If these milestones are not being met over a period of 8 weeks, we recommend MediSeen implement alternative 2 and exit the business.

Implementation Plan

Although a full-fledged implementation plan is developed and elaborated on in the following sections, the dire situation of the company requires that executives monitor whether the plan is able to hit the bi-weekly milestone targets for the Key Performance Indicators (KPIs) mentioned in the below table starting the month of May 2019:

Week	App downloads	Clicks	Monthly active users	Cumulative Transactions
2	4,334	12,837	130	130
4	8,669	25,675	260	217
6	13,220	35,302	396	349
8	17,781	44,929	533	526

Note: A detailed explanation on how the above milestone table is generated is provided in the budget allocation section on page 44 of the report.

Operational Plan – Upcoming 6 Months

Introduction

For the implementation of our recommended solution, we identified the following activities that MediSeen should administer starting from May'19 to Oct'19 - Defining target areas, onboarding allied healthcare professionals in these areas, marketing and onboarding in colleges, transform the customer experience and market to new customers. This includes the allocation of finances and human resources that may be required for the activities. We have developed an extensive marketing plan for onboarding new graduates as well as new customers to the platform. See below table for a summarized plan:

ACTIVITIES	May '19	June '19	July '19	August '19	Sep '19	Oct '19
1. Define the Target Areas - Hamilton, Mississauga, Toronto - Downtown, North York, Markham						
2. Onboard experienced allied health service providers from these regions	■		■			
3. Onboarding Process / Marketing in Colleges						
3.1. Planning for the Info-Sessions in Colleges for recruitment			■			
3.2. Conducting Interviews					■	
4. Reinvigorate the Customer Experience and Customer Success	■					
5. Marketing to Acquire new Clients / Customers	■					

STEP 1: Defining the target regions

Research on the possible areas of implementation:

Based on the data collected through Ontario LHIN we narrowed down five regions that MediSeen should be focussing on. (see Figure 3 on following page)

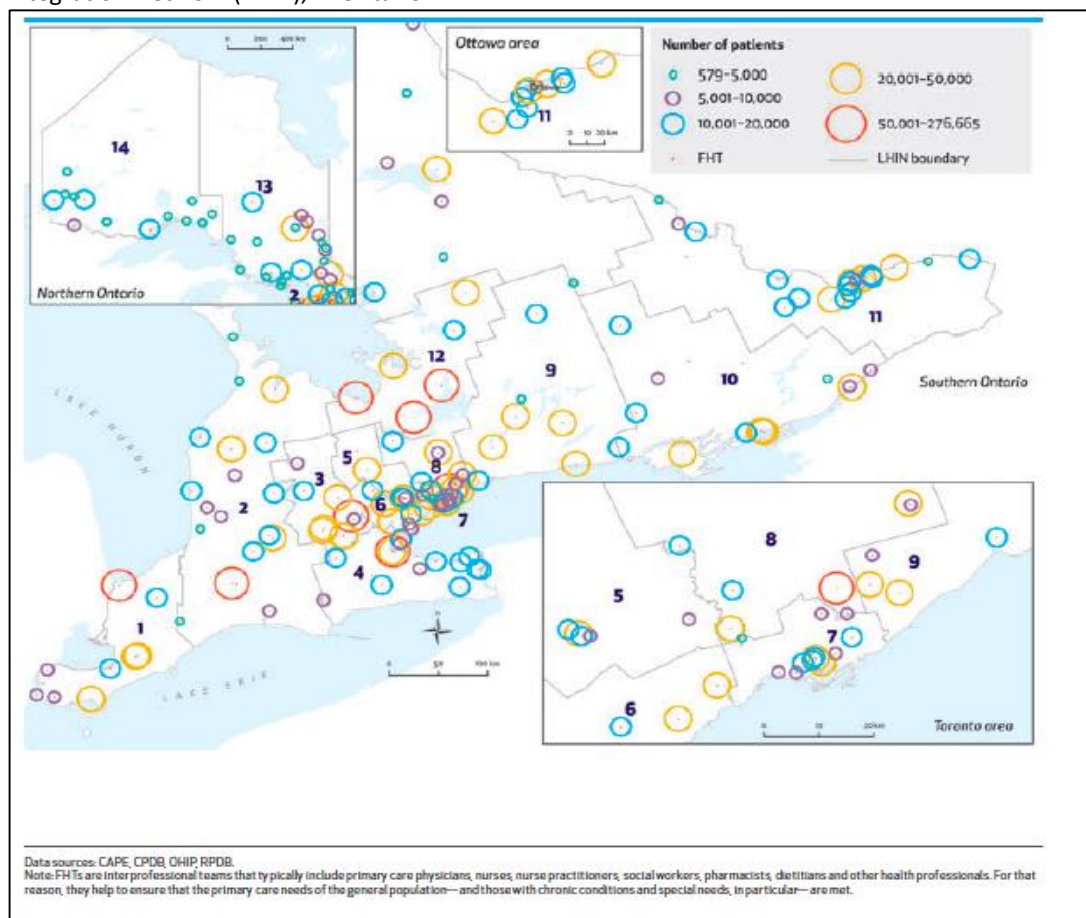
- Hamilton
- Markham
- Mississauga
- North York
- Downtown Toronto

These areas were chosen based on two criteria:

1. Availability of experienced allied healthcare professionals and new allied health graduates
2. Number of patients with FHTs (Family Health Teams) in 2016. These FHTs include all the allied health services. The areas with number of patients in the range on 50,001 – 276,000 as well as in the range 20,001 - 50,000 were chosen. See Figure 3 below that shows the number of patients in the key areas within Southern Ontario.

Through secondary research, from various licensing institutions we got an estimate of the number of Physiotherapists, Dietitians, massage therapists and Yoga therapists in these regions that also MediSeen should start to target (Refer Step 2). They should start to research the colleges based on the list provided (see Appendix X for list of providers and phone numbers) for the recruitment of new graduates and details about information sessions (Refer Step 3).

Figure 3 – Distribution of Family Health Teams (FHTs) and number of patients in each FHT, by Local Health Integration Network (LHIN), in Ontario¹⁷



¹⁷ Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16. (2019). Retrieved from <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/Geographic-Variation-in-Primary-Care>

STEP 2: Onboard experienced allied health service providers from Targeted regions

One of the additional actions that we consider MediSeen should accomplish as part of the implementation plan, is to onboard experienced allied health service providers from the five identified regions where the company should focus its efforts. This will be a continuous process but MediSeen should refocus on new graduates from mid-July.

The experienced health providers will not only supply professionalism and confidence to the customers, but also be able to serve as mentors to the new graduates whom the company will get onboard to its platform.

Our secondary research from the Ontario Colleges of Physiotherapists, Dietitians and Registered Massage Therapists show us the following results regarding the number of active allied health care professionals.

Active Physiotherapists¹⁸

Region	Number of active Providers
Markham	154
Hamilton	313
Mississauga	395
North York	91
TOTAL	953

Active Dietitians¹⁹

Region	Number of active Providers
Markham	61
Hamilton	191
Mississauga	216
North York	53
TOTAL	521

Active Registered Massage Therapists (RMT)²⁰

Region	Number of active Providers
Markham	303
Hamilton	248
Mississauga	564
North York	333
TOTAL	1,448

If the company is able to onboard, through its sales efforts, about 2-5% of health providers in these regions, they would get at least 60-150 new experienced service providers in their platform among Markham, Hamilton, Mississauga and North York (without considering those in Downtown Toronto due to unavailability of the exact estimate for this region).

¹⁸ Search for a Physiotherapist. (n.d.). In College of Physiotherapists of Ontario. Retrieved from <https://portal.collegept.org/public-register/>

¹⁹ Register of Dietitians. (n.d.). In College of Dietitians of Ontario. Retrieved from https://portal.collegeofdietitians.org/cdo/Portal/Public_Directory/PublicRegisterMember/Public_Directory/PublicRegisterMember.aspx

²⁰ Public Register: Find an RMT. (n.d.). In College of Massage Therapists of Ontario. Retrieved from <https://registrants.cmto.com/webclient/registrantdirectory.aspx>

Additionally, we are supplying a list of the best rated small businesses, practices, and registered professionals in the fields of Physiotherapy, Dietitian, Registered Massage Therapy and Yoga Instructors, in the targeted regions with details such as consigning name, address and phone number (See Appendix X).

Step 3: Onboarding Process in Colleges

Onboarding through colleges can be categorised as below:

- **Part-time:** Students can start to work part-time with MediSeen as partners and also continue their full-time jobs to build their client base and earn extra income.
- **Casual / Volunteer (Field-Placement/Work Placement):** This will be Unpaid - where students have to get hands-on experience in the workplace and for which the students do not typically receive a regular salary or wage from the employer; activities that are an integral component for the completion of the program.

Some of the steps required for recruitment process are mentioned below:

Step 3.1: Planning for the information sessions in Colleges

For planning the information sessions in Colleges, it is very important to first identify the recruitment seasons or months for a particular college or University. Many colleges organize the career fairs for their students on campus. Some colleges like Algonquin especially organize Healthcare Career Fair for the allied healthcare services.

- Contact the colleges as per the list provided in the Appendix X. Some of the colleges are in the 5 areas identified with the maximum number of bookings from LHIN data (North York, Hamilton, Mississauga, Downtown, Markham).
- Confirm the recruitment seasons (generally September) or career fair time from them.

- Conduct the information session 1 month before the recruitment season so that students still remember the benefits of joining MediSeen and it will give them time to network. Also, ask the Career Center to post a job on their website with 1-month time-period.
- Partner with some existing service providers to conduct interviews and assistance with other Recruitment procedures along with assistance for students on Field-Placement (only for new clients so that existing clients of the Service Providers are not affected.)

Costs Involved:

- **Career Fair Costs²¹:** \$800 - \$2,000 / college
- **Resources Required:** 2x associates with clear understanding of MediSeen's business model

Step 4: Reinvigorate the Customer Experience and Customer Success

After experiencing the services provided by MediSeen, we identified that MediSeen's current model to capture Customer feedback was not efficient. Being a startup, it is very important to maintain a great customer service before and after the provision of the services. Currently, their feedback capturing mechanism is inefficient as it is currently not mandatory for the customers to provide feedback (Only appears as app notifications). Thus, the below steps should be implemented to reinvigorate the Customer Experience and Customer Success:

- A team of Customer Experience associates should be created to contact the customers before and after the services are provided.

²¹ Queen's University Career Services, careers.queensu.ca/employers-recruiters/services-employers-recruiters/annual-career-fairs/career-fair.

- The team should contact the customers through phone to confirm the booking before the service and to capture feedback after the provision of the service, because a human touchpoint is more important to the customer than machine communication.

As part of the feedback, customer experience team should also ask the customers for any areas of improvement in the services.

Marketing Plan

Broad Product Market

As discussed in the External Analysis section, MediSeen competes specifically in the narrow market segment of mHealth Advanced Scheduling House Calls.

Customer Segmentation – Personas

This narrow market segment was broken into the key customer segments that we identified with respect to the utilization of allied healthcare services of Yoga trainers, Physiotherapists, Registered massage therapists, and Dietitians. How each of the customer segments value the MediSeen platform could be explained through their individual needs dimensions (i.e. the needs that they make their purchasing decisions based on). These needs dimensions can be broken into “qualifying” and “determining” dimensions.²²

Qualifying Dimensions: These are useful in identifying the basic benefits that must be offered to everyone in a product market. Without these dimensions, potential customers would not consider the product as a possible solution to their needs.²³

²² Perrault, D.W. et. al. “*Focusing marketing strategy with segmentation and positioning.*” Basic Marketing: A Marketing Strategy Planning Approach, pp. 86-115.

²³ Ibid

Determining Dimensions: These are useful in identifying the optimal benefits over and above the basic benefits that are important to similar types of customers in a product market. Potential customers use these dimensions to determine whether the product provides a better/the best solution for their needs.²⁴

For all the customer profiles, the qualifying dimensions for MediSeen’s services will be the same and are listed below:

- Range of service options to choose from,
- Easy to book the service through the app,
- Offers the ability to communicate with providers,
- Reliability of service quality and service delivery,
- Flexibility of advanced-scheduling;

The Determining Dimensions and customer related characteristics will vary based on the type of segment. A general overview is laid out in the table below: (See Appendix XI for details)

Nickname of Customer Segment	Determining Dimensions	Customer-Related Characteristics
Passionate Health & Wellness Enthusiast	1) Value high quality and advanced knowledge, 2) Prefer access to additional information and knowledge	1) Allocate significant amount of time and energy to their health 2) Both male and females, generally younger (Gen Z or Gen Y) 3) Make decisions quickly 4) Willing to use massages, physio, yoga as a regular practice
Casual Health & Wellness Explorer	1) Ease of access (easy to sign up for easy to use) 2) No long-term commitments 3) Free availability of information	1) Interested in new useful information, but don’t actively seek it out 2) Stereotypical “New Years Resolutions” gym goers and Less strict

²⁴ Ibid

		with their diet 3) Enjoy massages and physio, but use it as needed as opposed to in a regular practice
Young Overwhelmed Parents	1) Value convenience and credibility (accreditation, registered professional, etc.) 2) Access to relevant information and knowledge	1) Typically young mothers with young families and stay-at-home mothers 2) Willing to spend more money for convenience 3) Actively searching for information on social media and online
Career-Focused Busy Professionals	1) Punctuality 2) Services that make them perform better	1) Working significantly longer than 9-5 2) Willing to spend on convenience and luxury 3) More susceptible to unhealthy lifestyles because they are under a lot of stress and pressure
Chronic Illness Sufferer	1) Ease of use with preference to speak to customer service instead of using app 2) Need specific service offerings for their specific illness and recurring service options	1) Typically, baby boomers (45+) 2) Have a chronic illness or injury 3) May have mobility issues that would prevent them from easily leaving the house
Lazy Introvert	1) Want to be able to do everything through the app - no human interactions 2) Basic & introductory service offerings	1) Anti-social 2) Difficult to build a connection - do not generally trust 3) Open to new information, but very slow to take any action

Based on our research, the key target segments out of the six listed above are identified as follows: Passionate Health and Wellness Enthusiasts, Young Overwhelmed Parents, and Career-Focused Busy Professionals.

Firstly, the Passionate Health and Wellness Enthusiasts segment is highly health conscious and can prospect to be repeat customers. They are tech savvy and are willing to spend time and energy on improving their health and wellness.

Our rationale behind targeting them is based on the fact that according to research by Deloitte, consumers who consider themselves to be in excellent/good health are more interested in using health apps or digital tools than their less-healthy counterparts. This

segment mainly comprises of millennials, who are interested in seeking more information before shortlisting a service provider. MediSeen provides information about the service providers that are part of the platform. Findings from this research show that more consumers are using quality ratings and other tools than in previous years, and are increasingly open to new channels of care, which include at-home-care.²⁵ Creating a seamless experience, including tools that are connected and easily accessed by the patient, caregiver, and care team, is becoming vital, and MediSeen can provide an effective value-add on this front to this segment.

Secondly, the Young Overwhelmed Parents segment find it difficult to leave the house with young children and are willing to spend more money in exchange for added convenience. They actively search for information on social media and online, which makes them an effective target segment for social media marketing and branding. They are also a potential target for word-of-mouth marketing, since they interact often with other young parents and trust referrals from each other.

Our rationale behind targeting this segment is that young mothers, primarily millennial moms, do not find time to cater to the wellness and health needs. Having the responsibility of taking care of young children and not being able to leave them at home, coupled with their busy work schedules, will find MediSeen as a perfect platform to offer services at home. Additionally, pregnant women also find it inconvenient to travel to different places to cater to such needs. We plan to use social media as a primary channel to market MediSeen's brand. The BabyCenter Millennial Mom report says that young moms spend over

²⁵ Deloitte Insights. (2019). *Inside the patient journey: Three key touch points for consumer engagement strategies*. [online] Available at: <https://www2.deloitte.com/insights/us/en/industry/health-care/patient-engagement-health-care-consumer-survey.html> [Accessed 7 Apr. 2019].

8 hours per day scrolling through social media feeds or accepting tempting offers for games to play.²⁶ 2 out of 3 mothers prefer social media over other dedicated websites or apps. When it comes to exact brands, the distribution is clear (data from Statista, 2018): 79% of mothers prefer Facebook, 54% access Pinterest, 44% use Instagram, and, 25% focus on Twitter.

Overall, modern moms tend to be more socially active than their parents, but they prefer interacting with people online. They keep in contact with thousands of remote friends via social networks.²⁷ Through word-of-mouth and social interactions, MediSeen will be able to acquire a large percentage of women in this target segment.

Thirdly, the Career-Focused Busy Professionals segment are tech savvy individuals, who barely find time off their busy work schedules. They will be a good fit for the MediSeen product, as it will allow them to cater to their health and wellness needs, while being able to save time in their overwhelmingly busy schedules.

Our rationale behind targeting them has to do with the fact that job stress is tied to negative health symptoms such as hypertension, obesity and even depression. A study published in March 2015 in the journal *Management Science* looked at the effect of 10 sources of stress in the workplace and found that all of them contribute to increased health care spending among workers, and many to an increased risk of death.²⁸ These workplace stressors, which have been linked to cardiovascular disease and poor mental health, are

²⁶ Babycenterbrandlabs.com. (2019). [online] Available at: https://www.babycenterbrandlabs.com/docs/BabyCenter_2014_Millennial_Mom_Report.pdf [Accessed 7 Apr. 2019].

²⁷ Babycenterbrandlabs.com. (2019). [online] Available at: https://www.babycenterbrandlabs.com/docs/BabyCenter_2014_Millennial_Mom_Report.pdf [Accessed 7 Apr. 2019].

²⁸ Pubsonline.informs.org. (2019). *The Relationship Between Workplace Stressors and Mortality and Health Costs in the United States | Management Science*. [online] Available at: <https://pubsonline.informs.org/doi/10.1287/mnsc.2014.2115> [Accessed 7 Apr. 2019].

responsible for more deaths annually than diabetes, Alzheimer’s or the flu, according to the researchers.²⁹ These professionals work long hours and are usually unable to find time to cater to their health and wellness needs. MediSeen will be an ideal platform that will help them in staying healthy, while not having to spend time on travelling to meet a service provider of their choice.

Customer Segmentation – Geography

As discussed in the Implementation section, based on our research in the Ontario Colleges of Physiotherapists, Dietitians and Registered Massage Therapists, we identified that the following geographical areas have the highest number of active service providers:³⁰

- Markham (518),
- Hamilton (752),
- Mississauga (1175),
- North York (477),
- Downtown Toronto³¹

Looking at the number of patients with FHTs (Family Health Teams) in 2016, which include all the allied health services, the areas listed above include total number of potential patients in the range between 20,001 – 276,000.³² Therefore, we conclude that the most ideal

²⁹ Anon, (2019). [online] Available at: <https://health.usnews.com/health-news/health-wellness/articles/2015/06/15/how-job-stress-might-be-killing-you-and-what-you-can-do-about-it> [Accessed 7 Apr. 2019].

³⁰Search for a Physiotherapist. (n.d.). In College of Physiotherapists of Ontario. Retrieved from <https://portal.collegept.org/public-register/>
Register of Dietitians. (n.d.). In College of Dietitians of Ontario. Retrieved from https://portal.collegeofdietitians.org/cdo/Portal/Public_Directory/PublicRegisterMember/Public_Directory/PublicRegisterMember.aspx

Public Register: Find an RMT. (n.d.). In College of Massage Therapists of Ontario. Retrieved from <https://registrants.cmto.com/webclient/registrantdirectory.aspx>

³¹ Ibid

³² Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16. (2019). Retrieved from <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/Geographic-Variation-in-Primary-Care>

geographical target markets in Ontario will be Markham, Hamilton, Mississauga, North York and Downtown Toronto.

Marketing Mix

Product

MediSeen will have a repositioned platform (i.e. no longer focusing on physicians), and an app that focuses exclusively on the health and wellness community. By using the existing technology platform, MediSeen will onboard new service providers and upload their profiles on the app, providing a variety of service options for customers to choose from. The booking process and other functionalities will remain the same as existing MediSeen app.

Price

MediSeen will initially adopt a higher pricing followed by discounted pricing to avoid disintermediation risk. MediSeen will charge 40% commission for the New Consultation (first transaction between a service provider and a customer) and repeat transactions will have a 12% commission. This will help in mitigating the disintermediation risk as service providers would be ready to provide a 10-15% discount for bypassing the MediSeen platform. Customers will pay the regular fees for these providers based on the existing prices on MediSeen's platform. Additionally, MediSeen will offer a \$10 discount to the first 1,000 new customers who download the app, which will be part of the marketing promotion cost, amounting to a total additional cost of \$10,000 for MediSeen.

Place

Through the app, the service is delivered to the customer at their own convenience. Customers can book appointments online, and can choose any preferred location, such as their house, office space, etc. The value proposition will be same as that MediSeen is currently

offering. From a service provider's standpoint, they can accept appointments based on their location convenience.

Promotion

The objectives of the proposed promotional strategy are to achieve:

- More App downloads and having a steady MAU (Monthly active users)
- Enhancing brand awareness – Build a brand
- Increase the frequency of repeat appointments

Passionate health and wellness enthusiasts:

In 2016³³, 47% of people aged 18-34 claimed they had actively changed their eating habits to be healthier over the last year. 53% of this same group anticipated they would continue to change their diets for the better in the coming 12 months: millennials in particular, then, are open to the new when it comes to health.

Co-branding: A strategic tie up with fitness brands such as Goodlife and Fitness 4 Life and local health and wellness centers will strengthen the brand identity for the following reasons:

- a) Allows MediSeen to meet the target audience on site and propose their value delivery - Efficient execution may help consistent, guaranteed bookings
- b) Provides valuable data to MediSeen on key challenges this customer segment faces on each of the allied healthcare services i.e. what type of diet they are

³³ Attest Technologies Ltd. (n.d.). Consumer Trends: How to Entice Health-Conscious People to your Brand. Retrieved April 3, 2019, from <https://www.askattest.com/consumer-trends-how-to-entice-health-conscious-consumers?submissionGuid=5fc8f751-ce0a-4d36-b945-da9fce8750cd>

actively looking for, what type of massage treatments would help them stay fit,
how will yoga help them be better in the respective physical activity

Social media: Social media outranks TV for the location in which adverts are most noticeable for the health-conscious consumers, with branded adverts and influencer marketing now commonplace across all social platforms. 42.6% of 1000 health conscious consumers chose Facebook as their channel medium for information on health and wellness (see Appendix XI). These platforms are the viral media for their post workout discussion or pre-warm up discussions. Influencing campaigns can be imbedded into a social media campaign to bring voice to the repositioned MediSeen. (see Appendix XI for sample Ad)

Health and fitness mailing lists³⁴ are a great way of providing information to the segment as an essential part of their identity and means for enjoying life. This could be a big value add for existing customers and value proposition for new customers.

[Young overwhelmed parents](#)

The best way to market to the young overwhelmed parents especially Millennial Moms is leading with product functionality to build meaningful connections. The idea is to narrate a brand story and showcase the appointment with the service provider as a proof that MediSeen cares about the needs of the young parents.

Social media is the platform for MediSeen to tell the story and make a connection. According to a survey ³⁵on young parents, 97% of 1000 millennials said that they found social media helpful in parenting and nearly half said that they turned to social media at least once

³⁴ Marketing to the Health and Fitness Crowd. (2014, January 23). Retrieved April 3, 2019, from <https://www.accurateleads.com/marketing-health-fitness-crowd/>

³⁵ (2019). Retrieved from https://www.babycenterbrandlabs.com/docs/BabyCenter_2014_Millennial_Mom_Report.pdf

a day for parenting advice. Creating Facebook and Instagram stories to develop following and engaging the existing customers while acquiring new following for MediSeen is the strategy. (see Appendix XI for sample Ad)

Display and search network advertising can also be leveraged to maximize the reach to this customer segment. The millennial mom spends over eight hours across many devices and new/expecting parents perform twice as many searches as non-parents³⁶. Parents want their babies to be happy. They want to know what will make their babies feel good and what's going to be good for them. MediSeen can advertise their content on the Google display network primarily on medicinal and parental blogs. Smart SEO tactics in choosing long tail keywords such as “How to stop making baby cry” and putting across an ad on “Baby massage with an RMT” will help maximize the brand awareness. (see Appendix XI for sample Ad)

Career focused busy professionals

This customer segment keeps their work lives organized while automating their personal lives. As a result, mobile marketing is an ideal opportunity to get the attention of this group within their limited attention span. Mobile apps such as task managers, on-demand apps like Uber, grocery delivery, etc. can be the targeted platforms to advertise the MediSeen platform.

Strategic social media posting is about timing the posts on Facebook and Instagram pages on peak hours when the eyes of this segment scrolls the feed on their social media accounts.

³⁶ Silk, D. (2018, April 12). 5 Tips on How to Successfully Market to Millennial Moms. Retrieved April 3, 2019, from <https://www.entrepreneur.com/article/309647>

SEO driven content marketing on an average takes 7-10 exposures for busy people to respond to a sales inquiry or a marketing message³⁷. MediSeen needs to articulate the strong messaging through an emotional connection to this segment to influence the decision making. Content should be optimized to highlight that MediSeen is contacting them to alleviate their challenges.

People

People refers to the different teams of employees within MediSeen. To implement this new strategy, MediSeen will hire a team of sales executives, who will be responsible for partnering with academic institutions. This team will conduct information sessions at different colleges and oversee the new hiring process. To do this, the team has to be equipped with an in-depth understanding of MediSeen's business model and processes.

MediSeen will also hire a Customer Success team that will be responsible for service support for customers, and deal with appointment bookings and cancellations, customer queries etc. An end-to-end process management training will be provided to this team.

Additionally, MediSeen will expand their marketing team, that will be responsible for digital as well as offline marketing, and will represent MediSeen across a variety of trade shows.

Budget

The overall budget available for various marketing vehicles is 150,000 CAD over the next 6 months, which is split between:

³⁷ The Ultimate Sales Machine - by Chet Holmes. (n.d.). Retrieved from <https://sivers.org/book/UltimateSalesMachine>

a) 3 Target customer segments for the allied healthcare services - 105,000 CAD
(explained below)

- Passionate Health & Wellness enthusiast
- Young overwhelmed parents
- Career focused busy professionals

b) Human Resources – 45,000 CAD

- Customer experience and success team for existing and new customers.
MediSeen can hire 2 interns over the summer to help with the customer experience improvement project.
- Field sales team for onboarding experienced service providers and new graduates

The budget involves:

- The salary for the sales interns who onboard experienced service providers
- Costs associated with career fairs and information sessions for the new graduate service providers onboarding

The reason for allocating the marketing budget for both customer experience and sales team is the non-availability of the organizational structure and existing resources for the execution of the marketing strategy for end consumers.

a) 3 target customer segments for allied health care services:

As identified in the implementation plan, the 5 major geographical locations being targeted for onboarding allied healthcare service providers are Hamilton, Markham, Mississauga, North York, and Downtown Toronto. The 3 customer segments will be targeted

in these regions so as to minimize the driving time for service providers and provide excellent customer service.

In terms of estimate of ROI, the career focused busy professionals need more repetitive advertising to encourage decision making and are hence not the primary segment among the 3 target bases. Therefore only 20% of the budget is allocated to them, while the other 2 segments because of the stretch of reach gets an allocation of 40% of the budget each.

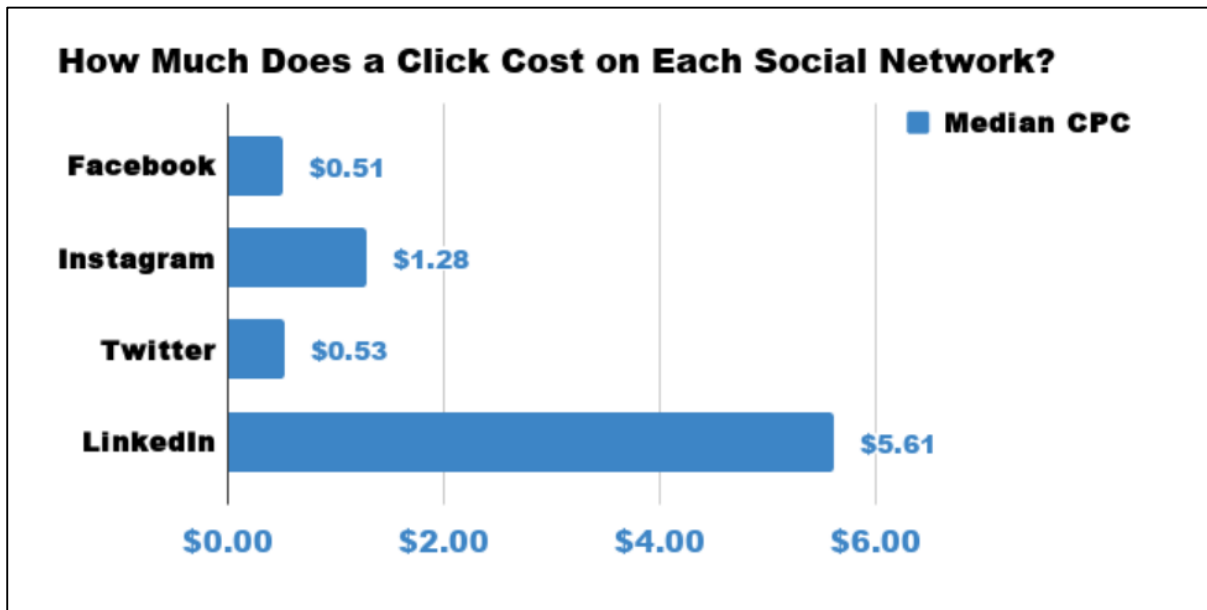
Customer segment	Monthly budget allocation (May 2019 - October 2019)
Health & Wellness Enthusiast	Co-branding* Social media** - Facebook and Instagram Email campaigning
Young Overwhelmed Parents	Social media** - Facebook and Instagram Display and search advertising Email campaigning
Career Focussed Business Professionals	Mobile marketing - App based Social media** - Facebook and Instagram Email campaigning

The Co-branding costs are commission-based deals that would vary on how many health and wellness centers sign up with MediSeen and give access to their members.

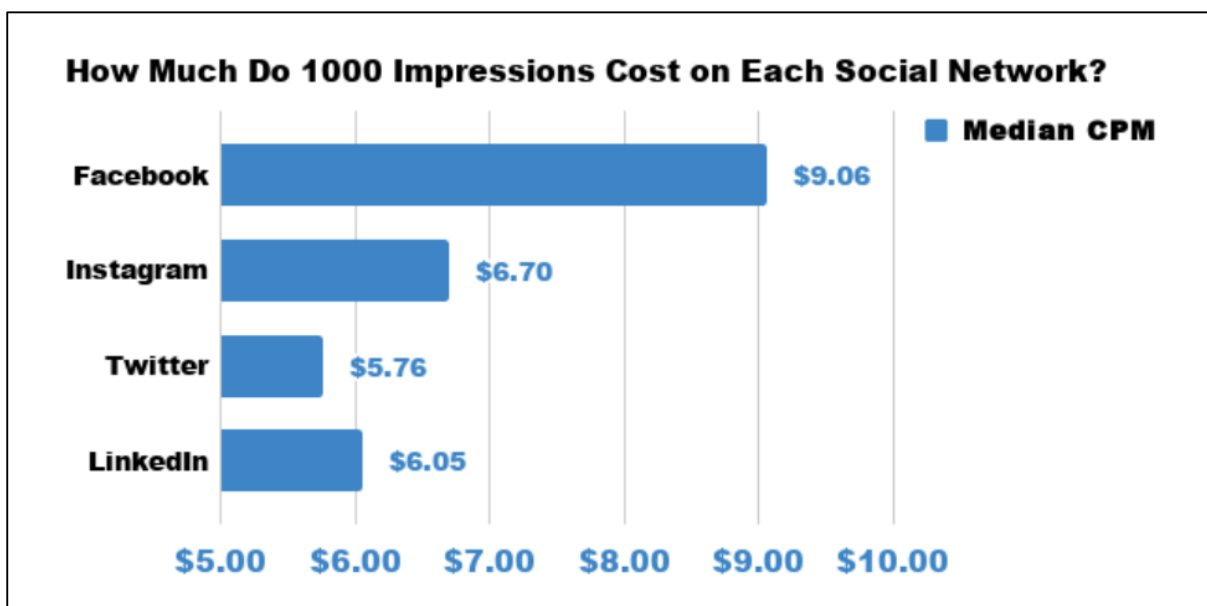
Social media: As a repositioned entity, MediSeen aims to drive both brand awareness and app downloads through social media marketing.³⁸ The Ads accounts on both Facebook and Instagram will have separate campaigns (equally budgeted) based on CPM (Cost per thousand impressions) and CPC (Cost per click) models.

³⁸ How Much Do Ads Cost on Instagram, Facebook, Twitter & LinkedIn? | Falcon.io. (2019). Retrieved from <https://www.falcon.io/insights-hub/topics/social-media-roi/how-much-do-ads-cost-on-facebook-instagram-twitter-and-linkedin-in-2018/>

The ROI can be estimated based on the brand recognition among the target customers, number of ad clicks and app downloads.



For a 1,000 CAD CPC budget on each platform, it can be estimated to have over 2,000 clicks on Facebook Ad and 780 clicks on an Instagram Ad. with effective marketing messaging, MediSeen can convert 20% of the clicks as app downloads leading to a return on investment of 560 app downloads per month. Quality of the Ad, location, industry can also impact the CPC structure.



As for the CPM model, the idea is to expose the same user multiple times to an Ad, penetrate the brand into his/her mind and eventually call for action. For a budget of 100 CAD on each platform, MediSeen can reach out to 11,000 and 16,000 prospective customers on Facebook and Instagram respectively. It is important to note here that, as there is no way to track the penetration, quality of messaging is to best to lead to maximum retention. Setting a capped CPC and predefining monthly budget will help optimizing the campaigns month over month.

Display, search, and app-based marketing: The campaigns on these marketing channels will be geo-targeted across the 5 locations identified in the implementation plan. Ideally a CPA model (cost per acquisition), would be perfect for MediSeen, where MediSeen pays Google only when the required action of downloading the app is accomplished by a customer. However, CPA pricing is very expensive and on an average in the Health and Medical industry costs 126 CAD.³⁹

On the google search network, it costs anywhere between 1 and 2 CAD for a click whereas the CPC on the display network is less than 1 CAD⁴⁰. Hence for a 1,000 CAD, the return on investment would be 500 clicks on each of the platforms.

Email marketing: The email marketing platform is the next step after acquiring a customer. The objective is to help the customers help themselves i.e. to provide valuable information and call for action to book an appointment.

³⁹ Which Online Ad Models Are Best - CPC, PPC, CPM, CPI, CPA or CPL?. (2019). Retrieved from <https://smartyads.com/blog/cpc-ppc-cpm-cpi-cpa-cpl-which-online-ad-models-are-best/>

⁴⁰ How Much Does Google Ads Cost?. (2019). Retrieved from <https://www.wordstream.com/blog/ws/2015/05/21/how-much-does-adwords-cost>

Based on the ease of use and availability of advanced features, Mailchimp is the recommended email marketing tool.

For the first month, it would be wise for MediSeen to opt to “pay as you go” ⁴¹150 per month pricing plan that allows to send 5,000 emails at 0.03 per email. The upgradation costs associated with the platform are tied back to the effectiveness of both the social media and internet marketing campaigns.

Budget Allocation

Total Marketing Budget = \$150,000 (see full budget to end of 2019 in Appendix XII)

	May'19	Jun'19	Jul'19	Aug'19
Overall Budget	\$ 30,000	\$ 22,500	\$ 15,000	\$ 7,500
H&WE	\$ 12,000	\$ 9,000	\$ 6,000	\$ 3,000
Budget - FB & IG	\$ 8,040	\$ 6,030	\$ 4,020	\$ 2,010
<i>CPC model</i>	\$ 6,030	\$ 4,523	\$ 3,015	\$ 1,508
Clicks	7,357	5,517	3,678	1,839
App downloads (20% conv)	1,471	1,103	736	368
<i>CPM model</i>	\$ 2,010	\$ 1,508	\$ 1,005	\$ 503
Views	271,350	203,513	135,675	67,838
App downloads (0.5% conv)	1,357	1,018	678	339
YOP	\$ 12,000	\$ 9,000	\$ 6,000	\$ 3,000
Budget - FB & IG	\$ 6,000	\$ 4,500	\$ 3,000	\$ 1,500
Budget -Google Ad	\$ 6,000	\$ 4,500	\$ 3,000	\$ 1,500
<i>CPC model</i>	\$ 10,020	\$ 7,515	\$ 5,010	\$ 2,505
Clicks	12,224	9,168	6,112	3,056
App downloads (20% conv)	2,445	1,834	1,222	611
<i>CPM model</i>	\$ 2,220	\$ 1,665	\$ 1,110	\$ 555
Views	299,700	224,775	149,850	74,925
App downloads (0.5% conv)	1,499	1,124	749	375
CFBP	\$ 6,000	\$ 4,500	\$ 3,000	\$ 1,500
Budget - FB & IG	\$ 4,020	\$ 3,015	\$ 2,010	\$ 1,005
Budget -App Ads	\$ 1,980	\$ 1,485	\$ 990	\$ 495
<i>CPC model</i>	\$ 4,995	\$ 3,746	\$ 2,498	\$ 1,249
Clicks	6,094	4,570	3,047	1,523
App downloads (20% conv)	1,219	914	609	305
<i>CPM model</i>	\$ 1,005	\$ 754	\$ 503	\$ 251
Views	135,675	101,756	67,838	33,919
App downloads (0.5% conv)	678	509	339	170
Total App downloads	8,669	6,501	4,334	2,167
Retained downloads		2,601	2,731	2,119
Monthly downloads	8,669	9,102	7,065	4,287
New active monthly users(3%)	260	273	212	129
Aggregate active monthly users	260	533	745	874

⁴¹ Josep. (2019, March 14). Mailchimp Pricing and Plans: Is there a catch? Retrieved April 5, 2019, from <https://www.emailtooltester.com/en/reviews/mailchimp/pricing/>

H&WE – Health and Wellness enthusiast

YOP – Young overwhelmed parents

CFBP – Career focused busy professionals

The considerations in the budgeting include:

1. The two attribution models for the campaigning are to be deployed i.e. CPC and CPM

CPC: The cost per click is the dollar amount charged per a single click on the Ad

CPM: The cost per 1000 impressions of the Ad on the google search and network platforms

2. For each of the CPC campaigns, app downloads are assumed to be at a conversion rate of 20% i.e. for every 100 clicks on the Ad, 20 people download the app
3. For each of the CPM campaigns, the app downloads are assumed at a very lenient rate of 0.5% i.e. for every 1000 views of the Ad, 5 people download the app
4. The retention rate i.e. the number of people who keep the app after downloading it is benched at 30%, on par with the trends⁴²
5. The monthly active usage of the downloaded apps is assumed to be at a reasonable rate of 3% i.e. of the 100 people who keep the app, at least 3 people use it for booking an appointment in a given month.

As per the financial model of the recommendation (appendix III), the number of expected total consultations in 2019 (Apr'19 – Dec'19) are 1800. The above table summarizes the relation between the marketing plan and the financial modelling i.e. one can see that the

⁴² Mobile Apps: What's A Good Retention Rate?. (2019). Retrieved from <http://info.localytics.com/blog/mobile-apps-whats-a-good-retention-rate>

required total number of aggregate active monthly users are 1260. In order to meet the 1800 consultations, each actively month user can do 2 consultations in the same period.

As explained in the financial forecasting of the allied healthcare service alternative, the cash outflow on marketing in Apr'19 will be allocated to hiring the field sales and customer experience teams.

Milestones:

Week	App downloads	Clicks	Monthly active users	Cumulative Transactions
2	4,334	12,837	130	130
4	8,669	25,675	260	217
6	13,220	35,302	396	349
8	17,781	44,929	533	526

As per the above table, the key KPIs i.e. App downloads, Clicks, monthly active users and cumulative transactions are to be monitored till the end of week 8. If the KPIs are not met, then exit strategy should be pursued.

The cumulative transaction is calculated by assuming that an active user only books an appointment once per quarter.

Potential Risks with the Current Implementation Plan

1. Unable to onboard adequate number of Experienced Allied Health Service

Professionals: It is possible that besides efforts, many experienced Allied Health Service Providers do not join MediSeen platform as they already have enough customers to keep their schedule busy or they do not feel comfortable with a 3rd party Vendor.

Mitigation Strategy:

Increase Brand Awareness by partnering with Associations like RMTAO (Registered Massage Therapy Association of Ontario), OPA (Ontario Physiotherapy Association), ODPH (Ontario Dietitians Public Health) and others so that the Service Providers feel contended to join MediSeen's platform.

2. Unable to attract the applicants for Recruitment Process in Colleges: As MediSeen has

never considered to onboard applicants directly coming out from the college like competitors Paramed goes for Campus recruitment for Allied Health Services. Thus, many students may not be aware of the benefits they can have from joining MediSeen and may not apply for the job application.

Mitigation Strategy:

MediSeen should focus on conducting Live workshops/seminars on health-related issues and experience shared by the onboarded Providers followed by networking event. Such events will give students an insightful perspective about MediSeen and they may become willing to come onboard.

- 3. Customers are not enticed towards MediSeen:** Despite certain marketing efforts, it may be possible that the customers do not download the application and make appointments with MediSeen as they are already satisfied with the current services received.

Mitigation Strategy:

MediSeen should revisit the marketing strategy after every 2 weeks to measure against KPIs and to identify communication issues with this strategy. Please refer to Appendix XII for more details about the target numbers to be achieved on monthly basis. Assuming the Bi-weekly target as $(\text{Monthly Target})/2$. Below mentioned KPIs should be considered:

- **Active Users on a Bi-weekly basis:** Customers who book the appointments at least once in 2 weeks.
- **Number of Application Downloads on a Bi-Weekly basis:** After every 2-weeks to consider the increase in App-Downloads.

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Appendix I: External Analysis – Environmental Factors

Political

The federal funding for healthcare as part of the National Health Accord is declining by \$31 billion based on the agreed bilateral agreements between the federal and the provincial governments.⁴³ Also, this cost is divided among 13 provinces over 10-Years. So the majority of the funding will be transferred in later years which may delay the projects for enhancing the existing programs or establishing new programs like leading to the greater time lag in promoting or enhancing Digital Health due to delay in buying new equipment (like servers or other infrastructure for Electronic Health records) or medical devices and certain other reasons.⁴⁴ This delay for enhancing programs will further cause to increase in the wait times and thus, reduced availability of Service Providers for Home Care Services. A decrease in healthcare funding is a negative trend for the mHealth Advanced-Scheduling House Calls market since they require a premium cost to be paid to the service providers.

The enactment of strict information sharing regulations like GDPR (General Data Protection Regulation) in Europe may restrict the health data sharing. Thus, more strictness in PIPEDA which is followed in Healthcare also can impact the Digital Health or mHealth initiatives.

Economic

The digital health and mHealth Advanced-Scheduling House Calls market are in growth stages globally due to a number of factors. Such as Electronic Health Records help avoid the duplicate tests, reduce adverse drug events, and complete health information leads to better patient care decisions through telehealth services which also reduces transportation costs.⁴⁵ Telehealth Services can also help in addressing the needs of the person who is travelling abroad and in need of urgent assistance thus reducing the impact of boundaries.

Additionally, the industry is labor-intensive with a reliance on highly-skilled medical practitioners (i.e. physicians and registered nurses) and registered allied health professionals (e.g. registered massage therapists, physiotherapists, chiropractors, etc.).

The fee charged by physicians is capped by the OHIP fee schedule in Ontario which impacts the financial upside for physicians and their ability to charge a premium for house calls (see Appendix X for more details on the OHIP fee schedule). As a result, this limits how attractive performing advanced-scheduled house calls would be to physicians.

⁴³ Gonzales, E. 2018. *Home again: A growing elderly population will increase demand for industry services.* IBISWorld. IBISWorld Industry Report 62161CA.

⁴⁴ Retrieved from <http://www.healthcoalition.ca/wp-content/uploads/2017/10/Health-Accord-Report.pdf>

⁴⁵ Benefits of Digital Health | Canada Health Infoway. Retrieved from <https://www.infoway-inforoute.ca/en/what-we-do/benefits-of-digital-health>

Allied health service providers such as massage therapist, physiotherapist, and more can charge any premium they see fit as their specific service offerings are not covered under OHIP. As a result, this improves the value proposition that mHealth provides to these service providers. As we can demonstrate from the varying prices of similar services by different service providers in same areas.

Also, as funding by the Government has been tied to GDP over 10-Year Period in comparison to Accord in 2004 when funding was tied to increase in population.⁴⁶ Thus, an economic recession can affect the funding as the GDP will be lower during the recession. Reduced funding can further impact the allocation of resources required for the enhancement of digital health initiatives (like purchase of infrastructure e.g. Servers)

Social

Population dynamics are shifting in Canada as the population is aging and the number of elderly people is rising faster than the rest of the population.⁴⁷ This is a positive trend for the mHealth Advanced-Scheduling House Calls market as an aging population, who are less mobile, will be more inclined to choose home-care over other options. The biggest challenge arising out of this demographic shift is the fact that these potential customers are not very tech savvy and would prefer in-person interactions as opposed to digital ones as confirmed during our primary research through some interviews. As a result, this reduces the potential of this elderly demographic as a target market.

Rising interest in health and wellness space: Millennials are leading the charge by making health-promoting diet and lifestyle choices a priority. Today's younger consumers are the most willing to take initiative on behalf of their well-being, and they are prepared to pay premium prices if necessary to achieve their goals. In addition to that, aging baby boomers seem to become more engaged in their quest for good health, active retirement, longevity and independence. Individuals, regardless of age, who wish to lead a wellness-oriented lifestyle care most about issues of nutrition, fitness, work-related stress and the environment⁴⁸

Technology

Changes in mobile application developments is allowing patients to get care faster than ever before. The Canadian digital health market is growing significantly with doctors and allied healthcare providers being able to effortlessly share medical knowledge across devices

⁴⁶ Retrieved from <http://www.healthcoalition.ca/wp-content/uploads/2017/10/Health-Accord-Report.pdf>

⁴⁷ Gonzales, E. 2018. *Home again: A growing elderly population will increase demand for industry services.* IBISWorld. IBISWorld Industry Report 62161CA.

⁴⁸ Anon, (2019). [online] Available at: <https://health.usnews.com/health-news/health-wellness/articles/2015/06/15/how-job-stress-might-be-killing-you-and-what-you-can-do-about-it> [Accessed 7 Apr. 2019].

to help treat their patients.⁴⁹ More businesses are using apps to connect healthcare service providers with customers right in their homes. Every healthcare service provider has a presence on the web with the facility for online bookings and follow ups⁵⁰. The ability to ask questions about illnesses now include email and live-chat on websites. Tele homecare is also gaining momentum. Major hospitals in the GTA region such as Mt. Sinai Hospital⁵¹ and St. Michael's Hospital⁵² have their own telemedicine division to serve the home bound patients. New technologies are increasing the variety and range of services that can be offered at the consumer's home with some recent innovations.⁵³ Some examples include improved digital health records access and information transfer between patients and caregivers, and more portable monitoring equipment. Planning to take advantage of these changes is necessary for growth.

Legal

With the state of the current social climate, including the increasing number of celebrity sexual abuse cases and the #MeToo outcry, it is more important than ever for service providers to receive "informed consent" for the services they are providing prior to commencing treatment.⁵⁴ This requirement for consent is legislated in the Health Care Consent Act (HCCA) of 1996, where the specific requirements for obtaining informed consent for treatment are listed.⁵⁵ This is especially true for house call services where service providers find themselves in a "your word against mine" situation.

Massage therapists, physiotherapists, chiropractors and acupuncturists are particularly vulnerable to this risk as their services inherently involve a high level of physical touch and clients in more vulnerable states (e.g. minimal dress for a massage). Common issues that massage therapists in particular have run into include failure to receive informed

⁴⁹ Report on Digital Health: Canadians embracing digital health <https://www.infoway-inforoute.ca/en/component/edocman/2815-infographic-report-on-digital-health-canadians-embracing-digital-health/view-document?Itemid=0>

⁵⁰ Providers are going digital to meet increased demand. Retrieved from Modern Healthcare Metrics 2018 <https://www.modernhealthcare.com/article/20181002/NEWS/181009974/providers-are-going-digital-to-meet-increased-demand>

⁵¹ Telemedicine at Mount Sinai. Retrieved from: <http://www.mountsinai.on.ca/care/psych/patient-programs/maternal-infant-perinatal-psychiatry/clinicians-caregivers/telemedicine/about-telemedicine-at-mount-sinai>

⁵² Support / Professional Services Telemedicine– Retrieved from <http://www.stmichaelshospital.com/programs/telemedicine/index.php>

⁵³ Gonzales, E. 2018. *Home again: A growing elderly population will increase demand for industry services.* IBISWorld. IBISWorld Industry Report 62161CA.

⁵⁴ Quinn Dillon, D. 2017. "PR Nightmare: Massage therapists face public and media relations problem." Massage Therapy Canada. Retrieved from: <https://www.massagetherapycanada.com/opinion/pr-nightmare-3486>

⁵⁵ College of Massage Therapists of Ontario (CMTO). 2000. "Consent for Treatment." CMTO. Retrieved from: <http://www.cmto.com/policies/practice/consent-for-treatment/>

consent and sexual abuse allegations.⁵⁶ As a result, receiving proper informed consent is important from both a patient safety perspective and a service provider legal protection perspective. (This risk is discussed in more depth in the research paper in Appendix IX).

⁵⁶ Quinn Dillon, D. 2017. *"PR Nightmare: Massage therapists face public and media relations problem."* Massage Therapy Canada. Retrieved from: <https://www.massagetherapycanada.com/opinion/pr-nightmare-3486>

Appendix II: Alternative 1 – Allied healthcare services segment

Below information is focused on the four allied healthcare services that MediSeen should target:

- **Physiotherapy**

Onboarding New Graduates

There are currently 5 universities in Ontario which provide master's degrees in physical therapy. Based on the data provided by the College of Physical Therapists (CoPT, Ontario) through the primary research, there are about 500 new graduates each year including about 100 immigrant students. All the graduates are required to work with a mentor for about 1,000 hours before getting themselves a license and starting their own practice. Mentorship is often provided by the alumni of the institutes, hospitals and other health organizations and private companies engaged in physical therapy. For people educated outside of Canada, Bridging Programs⁵⁷ at these universities offer customized classroom work, clinical placements and workshops aimed at helping candidates prepare for the Physiotherapy Competency Examination (PCE) and successfully transition into the Canadian workforce once licensed. Average fees for a 2-year master's course in Ontario is \$25,000.

Provisional Practice vs Independent Practice

Physios with a provisional certificate (physio residents) still waiting to give the clinical exam cannot practice on their own but can under the supervision of an independent practitioner. This practice supervisor should be approved by CoPT. Physiotherapy Residents can have more than one practice supervisor, but the supervisors may not supervise more than three Physiotherapy Residents at one time.

MediSeen can provide mentorship services to the new graduates from the experienced roster of Physios. They can also provide mentorship/practical experience to the Provisional practitioners to help them clear the final clinical exam. Once the provisional practitioners are registered with the college they can work independently with the help of MediSeen. MediSeen should continue to on-board new Physios as well as target their marketing and advertising.

Costs of setting up business

Apart from \$695 Licensing cost at the College of Physical Therapists (Ontario), a physical therapist requires equipment such as tables, exercise equipment and a place to rent. The rent depends on the location of the office. They also have the option to practice from home or do house calls. According to Clinical Supplies Canada⁵⁸, 50% spend \$15,000 or under, 40% spend \$15,000 to \$32,000 and only 10% spend more. Two of the most popular pieces of physiotherapy equipment are tables and electrotherapy equipment.

⁵⁷ <https://www.collegept.org/applicants/bridging-programs-and-universities-workshops>

⁵⁸ <http://blog.clinicalsuppliescanada.com/how-to-choose-physiotherapy-equipment>

	Cost Range	Time
Course Fees	\$25,000	2 Years
Mentorship	Included in Course	1,000 Hours
Licensing Costs	\$695	N/A
Setup Costs	\$2,000 - \$4,000 ⁵⁹	1-2 Weeks
Rent	\$1,000 - \$3,000	Every Month

*Demand and Supply*⁶⁰

Growth in the number of physiotherapists has been keeping pace with the sharp increase in demand for their services in Ontario. This growth, however, has been largely concentrated in the urban centres of the province leaving those on the outskirts underserved, according to a new report by The Conference Board of Canada⁶¹. According to the Canadian Institute of Health Information, there are currently around 3,400 physiotherapists in Ontario and 198 patients per physio⁶².

- **Dietetics and Nutrition**

Onboarding New Graduates

According to College of Dietitians (Ontario), there are 4,100 registered dietitians in Ontario. All registered dietitians complete an undergraduate degree in human nutrition and dietetics from a university program that has been accredited by the Partnership for Dietetic Education and Practice (PDEP). Currently, 4 universities provide an undergraduate degree in Ontario. In addition to holding a bachelor's degree from an accredited university program, dietitians must also obtain supervised practical experience. Some undergraduate programs include opportunities to complete the necessary practicum/ experiential components and others do not.

Integrated Programs⁶³: Integrated Programs are normally 5 years in length to accommodate both the academic and practicum training components. Placements for practical placements are organized either in rotation blocks throughout the program or are positioned at the end of the program when all the theoretical courses are completed.

Post Degree Program: In these programs, students apply directly to a master's practicum program directly through the university. Practical experience is incorporated into the curriculum,

⁵⁹ <https://smallbusiness.chron.com/much-cost-start-physical-therapy-business-25721.html>

⁶⁰ https://www.conferenceboard.ca/press/newsrelease/17-03-28/Shortage_of_Physiotherapists_Limits_Access_For_Some_Canadians.aspx?AspxAutoDetectCookieSupport=1

⁶¹ https://www.conferenceboard.ca/press/newsrelease/17-03-28/Shortage_of_Physiotherapists_Limits_Access_For_Some_Canadians.aspx

⁶² https://physiotherapy.ca/sites/default/files/site_documents/stratplanning/landscape_final_2017v2-en.pdf

⁶³ <https://www.dietitians.ca/Become-a-Dietitian/Education.aspx>

and the university organizes the placements. Specific organizations, such as hospitals or other care facilities, establish the number of placements they are able to offer, and students apply for these placements. Organizations including Ryerson, SickKids, UofT, Sunnybrook etc. provide Practicum in Ontario.

Costs of setting up business

The cost to start practicing as a dietitian is minimal. Dietitians are mostly working in private practice settings, as part of medical or multidisciplinary clinics, private consulting, or in business (e.g., project management)⁶⁴. There is no equipment cost. Most of them also provide home healthcare services either as independent practitioners or under contract from LHIN.

Demand and Supply

Although there are about 150 new graduates in Ontario each year, the overall supply of dietitians is low⁶⁵. However, MediSeen has a good roster of dietitians on its platform.

- **Massage Therapy**

There are 9 Colleges who provide Massage Therapy Courses. Through our primary research with the College of Massage Therapists (CoMT), we found that these programs include both Theoretical Knowledge and practical training. Students also get Hands-On training during their course which is considered as the mentorship. The courses are normally for 2 years or 3 Years. Mentorship is often the part of the course as graduates have to undergo OSCE for Licensing. To receive a license as a Registered Massage Therapist, two Certification examinations MCQ (Multiple Choice Questionnaire) and OSCE (Objectively Structured Clinical Evaluation)⁶⁶ are mandatory in Ontario. OSCE examination requires to demonstrate Massage Therapy skills in a clinical setting. It is a scenario-based examination. Each station has a simulated client with a different case history. A minimum scaled score of 70 is required on each component of the examination. Around 1,200 people including the immigrants give the examination and about 800 passes both the examinations⁶⁷. Fees for a 2-year course varies from \$16,000 to \$22,500. And the fees for the two Certification examinations is \$1,200. After clearing both the examinations they can work independently.

Costs of setting up business

Despite the Licensing cost of \$1200 at the College of Massage Therapists (Ontario), a Massage therapist requires equipment such as tables, sheets, towels and massage equipment like solutions gels, etc. and a place to rent. The rent depends on the location of the office. As per RMTAO (Registered Massage Therapist Association of Ontario) some Massage Therapists also practice Mobile Massage through their vehicles or do house calls. As per the information provided by the Association, setup costs for a new graduate is around \$2,000 to \$4,000 for all the equipment and

⁶⁴ <https://www.dietitians.ca/Dietitians-Views/Health-Care-System/Home-Care.aspx>

⁶⁵ <https://www.dietitians.ca/Downloads/Public/Compilation-of-Provincial-Workforce-Data-Jan2016.aspx>

⁶⁶ <https://www.cmta.com/becoming-an-rmt/certification-examinations/>

⁶⁷ <https://www.cmta.com/assets/2017-Exam-Stats.pdf>

supplies, for the place they can either go to an established Service Provider then they can pay around \$1,000 as rent for a single room. But if they need a separate place then they must pay the rent as per the location.

	Cost Range	Time
Course Fees	\$16,000 - \$22,500	2 Years
Mentorship	Included in course	Included in course
Licensing Costs	\$1,200	N/A
Setup Costs	\$2,000 - \$6,000	1 Month
Rent	\$1,000 - \$2,000	Every month

Yoga Therapists

- **Yoga Therapy**

Yoga Therapy Toronto offers a program to be a Certified Yoga Therapist. The program is designed for both Theoretical and practical perspective. The theory part mainly covers understanding the mind and healing from the Yoga perspective; also understanding the framework for health and illness including body and mind integration and study of major systems of the body. The duration of the course is around 1,000 hours which include 500+ hours of Training and education and 300+ hours of Mentorship⁶⁸. The classes are mainly scheduled for the weekend and the number of people who get enrolled in the course is 30. Since mentorship is already a part of the program thus they can start after completing the program. If they leave the program in between then the candidates are not allocated any hours and thus they may have to do the whole program again. The fees for the program is \$11,000 and the classes are mostly during the weekends.

Costs of Setting up the business

Cost of setting up the business is very small as yoga sessions are done at the person's house who made the appointment. Also, the supplies or any types of equipment are not required. Only the Yoga clothes and a mat is required which is not mandatory and inexpensive.

	Cost Range	Time
Course Fees	\$11,000	2 Years
Mentorship	Included in course	Included in course 300+ hours
Licensing Costs	N/A	N/A
Setup Costs	\$ 50 - \$ 100	N/A

⁶⁸ <http://www.yogatherapytoronto.com/Yoga%20Therapist%20Training>

Appendix III: Financial Model for Alternative 1

DCF Valuation of MediSeen if it implements Alternative 1:

Triage Level 3, 4 & 5	Total Population					
GTA	2,400,000					
Ontario ex-GTA	4,000,000	(since 2021)				
	2019 (Apr - Dec)	2020	2021	2022	2023	
Expected Total Consultations	1,800	24,000	80,000	132,000	192,000	(net of attrition)
Market share (%)	0.08%	1.00%	1.25%	2.06%	3.00%	
Expected New Consultations	1,350	16,650	42,000	39,000	45,000	
Expected Repeat Consultations	450	7,350	38,000	93,000	147,000	
Service Providers	20	240	800	1,320	1,920	
Tax	21.00%					
Discount Rate	25.00%					
Growth Rate	15.00%					
Revenues:						
Revenue from First transaction	54,000	666,000	1,680,000	1,560,000	1,800,000	
Revenue from Repeat transaction	5,400	88,200	456,000	1,116,000	1,764,000	
Total Revenue	59,400	754,200	2,136,000	2,676,000	3,564,000	
% Growth		1169.70%	183.21%	25.28%	33.18%	
Expenses:						
Salaries	121,500	330,000	504,000	648,000	858,000	
Marketing - Advertising & Promotions	150,000	200,000	250,000	250,000	300,000	
Utilities	56,250	100,000	200,000	250,000	300,000	
Total Expenses	327,750	630,000	954,000	1,148,000	1,458,000	
% of Revenue	551.77%	83.53%	44.66%	42.90%	40.91%	
EBITDA	- 268,350	124,200	1,182,000	1,528,000	2,106,000	
EBITDA Margin	-451.77%	16.47%	55.34%	57.10%	59.09%	
Taxes	-	26,082	248,220	320,880	442,260	
Net Income	- 268,355	98,118	933,781	1,207,121	1,663,741	
OCF	- 268,355	98,118	933,781	1,207,121	1,663,741	
Capital spending	- 50,000	- 100,000	- 175,000	- 200,000	- 250,000	
Net Working Capital	1,485	18,855	53,400	66,900	89,100	
Changes in WC	- 1,485	- 17,370	- 34,545	- 13,500	- 22,200	
FCF	- 319,840	- 19,252	724,236	993,621	1,391,541	13,915,406
Year	0	1	2	3	4	5
Discount factors	1	0.80	0.64	0.51	0.41	0.33
Terminal Value	- 319,840	- 15,401	463,511	508,734	569,975	4,559,800
Enterprise Value	5,766,779					

Monthly Cash Position of MediSeen if it implements Alternative 1:

Month	Beginning Cash	% of forecasted revenue	Expected Cash Inflow	% of forecasted expenses	Cash Expenses	Ending Cash
Apr-19	550,000	2%	1,188	30%	98,325	452,863
May-19	452,863	3%	1,782	20%	65,550	389,095
Jun-19	389,095	5%	2,970	15%	49,163	342,903
Jul-19	342,903	5%	2,970	10%	32,775	313,098
Aug-19	313,098	10%	5,940	5%	16,388	302,650
Sep-19	302,650	15%	8,910	5%	16,388	295,173
Oct-19	295,173	20%	11,880	5%	16,388	290,665
Nov-19	290,665	20%	11,880	5%	16,388	286,158
Dec-19	286,158	20%	11,880	5%	16,388	281,650
Jan-20	281,650	8.3%	62,850	8.3%	52,500	292,000
Feb-20	292,000	8.3%	62,850	8.3%	52,500	302,350
Mar-20	302,350	8.3%	62,850	8.3%	52,500	312,700
Apr-20	312,700	8.3%	62,850	8.3%	52,500	323,050
May-20	323,050	8.3%	62,850	8.3%	52,500	333,400
Jun-20	333,400	8.3%	62,850	8.3%	52,500	343,750
Jul-20	343,750	8.3%	62,850	8.3%	52,500	354,100
Aug-20	354,100	8.3%	62,850	8.3%	52,500	364,450
Sep-20	364,450	8.3%	62,850	8.3%	52,500	374,800
Oct-20	374,800	8.3%	62,850	8.3%	52,500	385,150
Nov-20	385,150	8.3%	62,850	8.3%	52,500	395,500
Dec-20	395,500	8.3%	62,850	8.3%	52,500	405,850

Assumptions:

1. MediSeen expands to rest of Ontario in FY2021
2. The new consultations are 75% of the change in total consultations
3. Number of Service Providers required are estimated based on every service provider completing 2 transactions per week
4. Discount rate of 25% is the rate of return required by Venture Capitalist Investors
5. Growth Rate is 15% based on the ability to scale this model into other big cities over time
6. First transaction commission is ~40% which translates to \$40 as the average hourly charge for each of the allied service providers is between \$100-\$120
7. Repeat transaction commission is ~12% which translates to \$12 as the average hourly charge for each of the allied service providers is between \$100-\$120
8. Salaries assume average of \$54,000 per employee annually for the three founders in FY2019, increasing to an average of \$66,000 for five employees in FY2020, \$72,000 for seven employees in FY2021, \$72,000 for nine employees in FY2022 and \$78,000 for twelve employees in FY2023
9. Marketing expenses are assumed to be \$150,000 for the 9 months left in FY2019 and increasing every year after that
10. Utilities expense is predominantly server cost and electricity. Office space is provided to the company for free as part of their fund raising in 2018
11. Capital expenditures represent the expenses on equipment. The expense is low as the only expense required is related to server and computing equipment
12. Working Capital is assumed to be 2.5% of the expected revenue
13. To calculate the net monthly change in cash for FY2019 (9 months from April to December), the forecasted revenues have been divided unequally as marketing plan needs to be implemented to generate the revenues. The forecasted expenses have been frontloaded for the same reason
14. To calculate the net monthly change in cash for FY2020, the annual forecasted revenues have been divided equally by 12 to get the cash inflow. The annual forecasted expenses have been divided equally by 12 to get the cash outflow

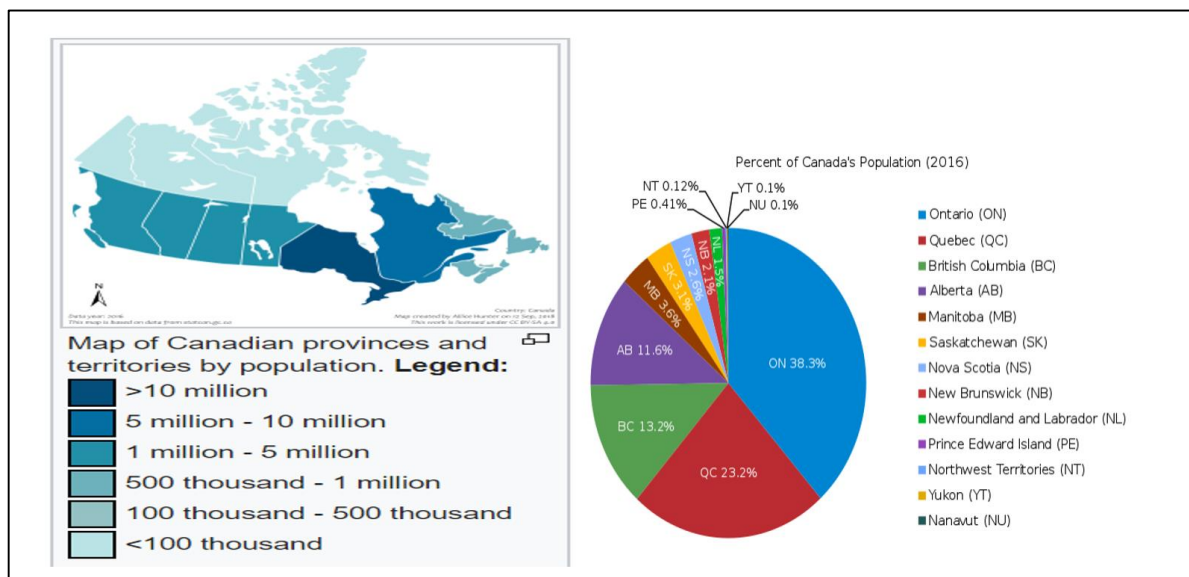
Appendix IV: Research on Market Sizing & Valuation of MediSeen

Research Objectives

- **Primary**
 - Determine the market potential of the customers categorized as Level 3, 4 or 5 under the Canadian Triage and Acuity Scale (CTAS) in Greater Toronto Area (GTA)
 - Identify the current scenario and future supply of healthcare service providers in GTA
 - Estimate the number of transactions MediSeen needs to achieve in GTA to break-even
 - Estimate the value of the company, MediSeen
 - Determine the time left before MediSeen burns the current cash
- **Methodology**
 - This research was conducted over a 50-day period during the academic year 2018-19.
 - Sources of information include
 - Public information available through Government reports about the Healthcare industry
 - Online research including third party references
 - One-on-one interviews with various healthcare service providers
 - Subscription-based information (Factiva, IBISWorld, etc.)
- **Insights**
 - GTA contributes to 45% of Ontario's population i.e. 6.4 Million people
 - Based on the total ED visits (first visit or follow-up) across triage levels 3,4, and 5, the total addressable market size in the GTA region is 2.4 Million annually
 - Around 830 new graduates (physicians, family doctors & surgeons) enter the health industry every year from the 4 major medical schools in GTA
 - Availability of providers based on location and in-need specialist is the conventional problem that MediSeen can aim to address
 - Based on EBITDA analysis, MediSeen needs to make 5,200 transactions per month (~173 transactions per day) i.e. capture 2.5% of the market share with 180-200 service providers on-board just to break-even
 - MediSeen valuation should be around \$2.5 million (based on capturing 5% of the potential market and scaling to other cities)
 - VC investors typically expect 2.5-3x return on the investment over period of 5 years. MediSeen needs to capture 5% of the market share and generate \$2.5 - 3 million annually to meet the expectations
 - With the current monthly cash burn of \$130,000, MediSeen has cash reserves to operate till November 2019

Detailed Analysis

Overview of the Canadian demographics and the Healthcare industry



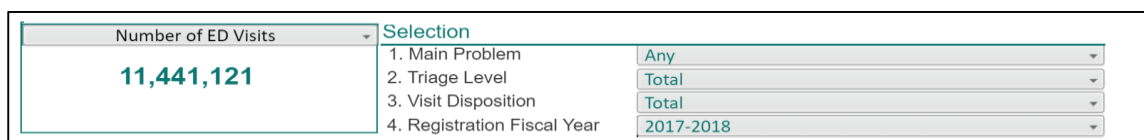
Total population in Canada in 2017 is estimated to be 36,708,083 (36.7 million), with Ontario (14.19 million) being the most populated province followed by Quebec.

The Greater Toronto Area (GTA) contributes to 45% of Ontario's population i.e. approximately 6.4 million people.

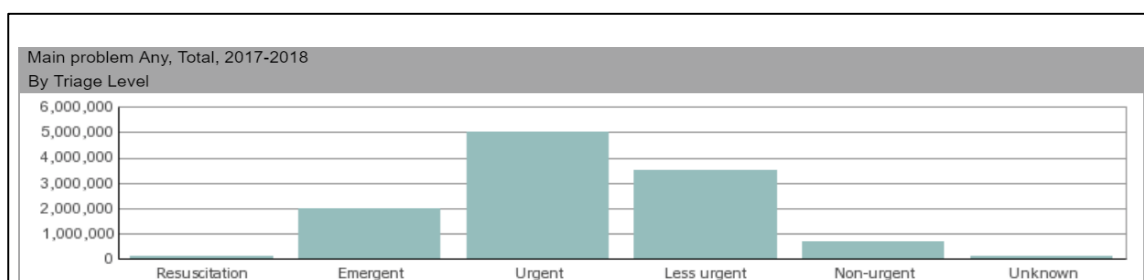
In 2018, the total expenditure on healthcare services in Canada is expected to reach \$253.5 billion, or \$6,839 per person. Elderly population (age greater than 65 years) in Canada accounts for 17.16% of the total population but accounts for about 34% of the total spend on healthcare.

Estimating the Market-size for MediSeen based on their current business model of targeting CTAS Level 3, 4 & 5 patients

The total ED visits across Canada accounts for 31.17% of the total population.



Ontario has the highest number of ED visits of all the provinces with 6,507,246 visits in FY 2017-18 which accounts for 56.88% of the total visits.



The most ED visits belong to Level 3 on CTAS with Level 3, 4 and 5 accounting for 80.67% (9,229,385) of the total ED visits across Canada. Extrapolating based on the above information, we can estimate that there are 5,249,396 visits under Level 3, 4 and 5 in Ontario.

GTA population accounts for 45% of the total population in Ontario. Based on this, we can estimate that there are 2.4 million visits in GTA in FY 2017-18 which effectively is the addressable market size for MediSeen.

Based on the current pricing of MediSeen, which is charging between \$20 and \$25 per visit, the total revenue that MediSeen can generate in GTA is between \$48 million and \$60 million.

Sensitivity Analysis

Potential Market capture	Potential Yearly Transactions	Potential Transactions per day	Potential required service providers	Potential Annual Revenue (million \$)
5%	120,000	329	383	2.4 - 3.0
2%	48,000	132	154	0.9 - 1.2
1%	24,000	66	77	0.5 - 0.6

The above table highlights the potential yearly transactions, per day transactions and potential annual revenue are calculated for market capture of 5%, 2%, and 1%. Based on the discussions with various service providers, they are willing to work through the MediSeen platform in addition to their current practice. So, the average number of house-calls they are willing to do in a week is approximately around 6, which is 12 hours of their weekly billable hours. Based on the above information, the number of service providers required to capture the market share are calculated as shown in the table.

Healthcare service providers in GTA

Are there enough health care professionals in GTA? Will they be there when the patient needs them most? The answer is not a simple yes or no as many factors contribute to the supply of health care professionals. Health human resources planning is quite complex. Many factors can affect how many healthcare providers and what mix will be available or needed in any given area. In turn, they may affect the types and levels of services available:

- Population demographics and socio-economic status, e.g. how many people live in the area (travel less than 30 mins), how old they are, and their annual income
- Population health needs and behaviours, e.g. how healthy people are and whether they smoke, exercise, or have chronic illnesses
- How health care services are organized and delivered
- How clinical knowledge, practice patterns, and technology evolve
- The geographic distribution and mix of health care providers in a given area
- The range of services that particular health care professionals provide
- Participation rates and employment arrangements for individual practitioners, e.g. proportion in clinical practice, full-time versus part-time
- Demographic characteristics of health care providers

- Education, migration, labor market, work environment, and related patterns
- Availability of various types of care, e.g. hospitals, diagnostic technology, and community services

Current Scenario

There are four major medical schools in the Greater Toronto Area (GTA):

- Degroote School of Medicine - 220 graduating (203 UG and 16 MD)
- Queen's School of Medicine - 100 graduating
- Schulich School of Medicine & Dentistry - 171 graduating (85 UG and 86 MD)
- University of Toronto - Faculty of Medicine - 330 graduating

In the GTA area, every year around 830 medical practitioners (physicians, family doctors & surgeons) graduate from the four major schools. In Ontario there are currently 220 doctors available for 100,000 patients.

Location

In Ontario and across the country, doctors are poorly represented in rural and remote areas, and this disparity between the health services available to urban and rural patients is larger. Only 8 percent of doctors provide health services to the 19 per cent of the population that's located in rural areas.

Distribution

Even though there is more aging population in Canada, there are 10 times as many residency positions in paediatrics as in geriatrics. In Ontario, only 70 percent of family physicians provide comprehensive primary care — that is, the front-line health care that Ontarians need most.

Future Supply

OHIC (Ontario Health innovation Council) outlined that the current model in the healthcare sector has been highly focused on short-term savings. Although this approach can be helpful in controlling healthcare budgets year to year, it misses an opportunity to leverage procurement for broader system benefits. The future of healthcare is likely to pivot to an approach that considers not only price but also other measures of value such as:

- Improved patient outcomes
- Increased quality of life

It is analysed by experts in the industry that simply doubling the number of medical providers is not the solution to the current problems associated with waiting times. The major challenge is not shortage of doctors but shortage of doctors willing to work as family physicians and who are more turning to being specialists or end up in hospitals earning a higher wage per hour and fixed working hours. The future supply of medical providers, unless strategically utilized on a location or need basis, is not going to positively impact the Canadian healthcare system, not would that help MediSeen.

Short-term Target for MediSeen in GTA to break-even

Based on the interviews with service providers, they are keen to work on the MediSeen platform but only in addition to their existing practices. This results in MediSeen requiring more service providers on the platform to capture the desired market share.

MediSeen, on average, is able to generate \$25 per transaction. MediSeen charges 25% commission from the service provider per booking through the platform. All kinds of service providers charge around \$100-\$120 per hour for their services.

MediSeen's expected monthly expenses are \$130,000 which is equivalent to \$1,560,000 annually. These expenses include salaries, facilities & infrastructure, technology & platform, advertising & promotions and other miscellaneous expenses. It will require 5,200 transactions for MediSeen in a month to earn enough revenues to cover their expenses and break-even on an EBITDA basis.

Based on the above calculations, MediSeen will have to capture 2.5% of the market share with 180-200 service providers on-board just to break-even on an EBITDA basis. Additionally, with increasing number of transactions, costs associated with managing the platform and the customer-base (both patients and service providers) will increase.

Company Valuation

MediSeen is currently a start-up and so, there is no readily available market value for the company. Additionally, as the company is still setting up operations, there are no meaningful cash-flows or historical cash-flows to analyse and utilize financial models such as Discounted Cash flow model. Additionally, this type of a business model is new to the healthcare industry and so, there is no precedent or comparable to base the valuation on as well.

However, interviews with a few Venture Capitalists (VC) and startup founders (unrelated to MediSeen), we were able to identify the metrics that the valuation for such companies is based on. The two main considerations for VCs are:

- Addressable market size
- Management team of the start-up

Given that VCs (seed-funding) are funding business ideas which have no proof-of-concept, their due-diligence and valuation is based on judgements about the future marketability of the start-up. The exit plan for most early-stage VCs is to setup operations, establish proof-of-concept and then sell to VCs who have the resources to help the company expand and scale.

Based on the market size of 2.4 million visits that we have established for GTA, MediSeen valuation should be around \$2.5 million. This is based on 5% of the total potential revenue that can be generated in this market along with potential to scale the model in other major cities in Canada.

Expectation of VC investors

Typical VC fund expects to return 20-25% CAGR to its investors at the end of the fund life. This entails a 2.5x - 3x return over a 5-year period. To achieve these valuations, MediSeen will have to

capture 5% of the market share, which is 120,000 transactions a year while managing expenses and generate a revenue of about \$2.4 million to \$3 million annually.

Determine the time left before MediSeen burns the current cash

MediSeen raised \$1.5 million at a valuation of \$10 million during 2018. Their current monthly cash burn is less than \$130,000 mentioned above (Short-term Target for MediSeen in GTA to break-even) as the wages of the executive team account for half of those but they are not yet taking a cash salary. Based on the current monthly expenses, the company has cash to survive till November 2019. If the executives begin to take salaries starting January 2019, then the company has cash till July 2019.

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Appendix V: Research on Target Customers

Research Objectives

- **Primary**
 - Explore how people feel regarding house calls as a concept
 - Identify the key issues faced by customers in scheduling/experiencing the house calls
 - Outline the opportunities that can be leveraged into MediSeen’s business model
 - Scrutinize the role of technology in the overall stakeholder chain
- **Methodology**
 - This research was conducted over a 30-day period during the academic year 2018-19, where potential customers of MediSeen were surveyed and researched in a variety of ways. Potential “customers” are defined as residents of Ontario who are eligible to use the various services on the MediSeen platform. These include all potential patients of physicians as well as clients of registered massage therapists, chiropractors, physiotherapists, etc.
 - Sources of information include:
 - Web based surveys
 - Online research including third party references
 - One-on-one interviews with general population in the GTA region
- **Insights**
 - Awareness regarding house call services is quite low – 78% of the respondents in the primary research were not aware of a service business model that does house calls. This needs to be addressed with marketing and promotions
 - Customers are quite comfortable (5.5/7.0) with allowing providers to come into their homes, which is an important indicator regarding the potential of the business model
 - Customers are equally willing to try house calls for the various categories of services (i.e. physicians, therapists, massage therapists, physiotherapists, etc.)
 - Customers are generally NOT willing to pay a premium for house call services – especially not for physician appointments. This creates a situation that may cap the upside of certain types of services, as well as the attractiveness for the service providers
 - Lack of proper training for house calls is a deteriorating factor making house calls experience bitter for customers. This has the potential to create big issues for MediSeen
 - Customers retention and repetition of transaction are challenging for MediSeen given the complex dynamics involved in maintaining the two-sided marketplace

Detailed Analysis

Primary Research - Survey Results

Around 70 customers, age ranging from 18 to 75, were surveyed with an approximately equal split between male and female. As could be expected and predicted, around 96% of the respondents had never experienced a house call for any particular medical service.

Satisfaction with Service

Of the 4% respondents who did house-calls with MediSeen, majority of them scheduled “Massage therapist” services and are very satisfied with the experience. One respondent stated that they enjoyed “being able to speak to the Registered Massage Therapist directly and make any scheduled changes the day of.” Another said that they “liked the convenience of having the service at home.” Interestingly, even though the quality of the service providers was not perceived great by this customer, the convenience factor stood as the more predominant motivator. They even said that the poor quality “would not deter from doing again.”

Awareness of Service

Approximately 78% of the respondents who have not experienced a house call before were also not even aware that the option or business model existed. This is mainly indicative of the fact that this is an entirely new industry that is trying to be re-emerged by companies like MediSeen and that the industries and companies are so new.

Safety Concerns

When asked about their comfort level of allowing a service provider to come directly into their home, the majority of the respondents were actually quite comfortable with this. On a scale of 7 the average response was 5.5 showing this comfort level to be quite high. From this it can safely be assumed that this would not prevent customers from using such a service as MediSeen’s in the market in Ontario.

Different Types of Services

Table 1 below depicts the openness of customers to schedule house calls across the various types of service providers that are offered on the MediSeen platform. The service providers were split into three categories of similar types of services in order to gauge the interest of potential customer for each of these services. These categories were: (1) medical services (i.e. physicians), (2) mental services (i.e. therapists, psychologists, psychiatrists) and (3) ancillary registered health & wellness services (i.e. massage therapists, acupuncturists, physiotherapists, chiropractors, dieticians, naturopaths, etc.). The weighted average scores are based on the 69 responses on a scale of 1 to 7, with 1 being not very open and 7 being very open.

Table 1: Openness of customers to use house calls for three different categories of services

Medical Provider	Weighted Average Score
Physician	5.5
Therapist / Psychologist / Psychiatrist	5.3
Massage Therapist, Acupuncturist, Physiotherapist, Chiropractor, Dietician, etc.	5.5

On a broad level, customers are very open (~78%) to trying house calls for any of the listed services. This was somewhat surprising to us as we had hypothesized that customers would be more willing to allow the ancillary services such as massages and physiotherapy versus doctors and psychiatrists, which are generally more sensitive and private appointments.

Paying a Premium for Services

Interestingly, there is little to no willingness to pay a premium fee for the convenience factor of a house call service. The average response on a scale of 1 to 7 was 3.5, with only 20% of respondents rating their willingness to pay a premium at 5 out of 7. This could be the result of two things. First, Canadians in general are used to health care being a government funded service and as a result do not view it as a service they should ever have to or be expected to pay for. Second, the way the question was asked it groups all of the possible services together as one again. The reason this could have had an impact on the responses is because customers may not be willing to pay a premium for a physician visit, but they may have been willing to pay a premium for a massage therapist. If this was the case, how would that customer answer this question?

In investigating this further we found that the service providers (i.e. physiotherapists, massage therapists, etc.) that we spoke to during our qualitative interviews all said that they charge a significant premium for house calls that they schedule on their own. This is an indication that customers are willing to pay this premium for these other types of services.

Customer Pain Points

Interestingly enough, the vast majority of respondents had no problem with needing to travel to their doctors, or service providers, office location to receive the care or service they needed. This is quite a large strategic issue for MediSeen if there is not an actual or perceived pain point in the customers mind that they are solving. That being said, we believe that regardless of whether they are unhappy with currently having to drive to the clinics that the vast majority of people would still find a house call more convenient.

For the customers that did have an issue with having to drive to a clinic or office, the common themes were the following:

- Long drive and commute times
- Parking frustrations
- Unusually long waiting times

Secondary Research

There is a general rise in the number of house calls made in Ontario over that past few years (see Figure 1 below). Apart from the fact that the population is aging and more palliative care is needed, these rising house calls confirm the willingness of customers to engage with this type of business model for getting treated at their own convenience.

Figure 1. Total number of palliative and non-palliative house calls.

Fiscal Year	# of House Calls			% Change in Total
	Assessments	Palliative	Total	
2011/12	216,408	51,909	268,317	
2012/13	216,822	59,227	276,049	2.9%
2013/14	240,900	69,960	310,860	12.6%
2014/15	261,345	80,978	342,323	10.1%
2015/16	273,754	91,357	365,111	6.7%

(Source: Ontario Ministry of Health & Long-Term Care)

However, for the customers, there are many obstacles that deteriorates the house call experience despite them willing to try.

Lack of Training

There is a chance that primary care physicians are not be trained in the various aspects of performing house calls since the service is not common practice at this time. This can make the experience a bitter one for customers who expect better service at home than a traditional clinic visit. The primary care practitioners do not have the appropriate training for house calls during their education which makes the house call experience inappropriate for the customers

Coping with Technology

Additionally, technology can be a deterrent for the elderly population to make a seamless home care treatment, especially to schedule it through an app or website. This was confirmed in one of our qualitative interviews with a surgeon who worked at Oakville Trafalgar Hospital. He said they were having an incredibly hard time getting elderly patients to sign up for an app that provided them with telemedicine follow up features of a new service that they were offering. He said it was a simple reality of dealing with elderly patients. For the rest of the age demographic, however, the app experience is a crucial make or break moment with MediSeen. A millennial who tried using the app to schedule a house call may not try second time if there are roadblocks that prevent him/her from experiencing a quality treatment that they expect.

Customer Retention

The concept of customer retention and repetition is two-fold:

- **More than a mere transaction:** The home environment provides that kind of insight and knowledge and enriching of the doctor and customer relationship that makes house calls a loyalty commitment when nurtured properly.
- **Consistency:** The challenge of providing timely, consistent, and quality treatment amidst the dynamic supply and demand of the service providers across various regions is a pressing metric for house calls.

Opportunities for the Future

New tools are needed to offer the “high-touch” house call approach to more customers in a viable, efficient model. A mere balance between providing a human touch and maintaining relationships with customers (enabled through technology) is a complex opportunity for MediSeen, given the dynamics involved in maintaining a two-sided marketplace. Technology may not be able to replace the human touch aspect but will be an add on that makes business more viable for MediSeen. For example, telemedicine may help specialists “see” more home-bound customers (i.e. “a customer with physical limitations that make journeying to a doctor’s office too taxing, or someone with “social frailties” such as psychiatric or cognitive issues that make it difficult to navigate a doctor’s office visit, particularly if unaccompanied”), by using paramedics or nurse practitioners to monitor, examine and test while remaining connected with family physicians or specialists to provide guidance and advice.

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Survey Questions

Sr. No.	Question
1	What is your age range?
2	What is your gender?
3	Were you aware that this service is available?
4	How comfortable would you be having a service provider come directly into your home? (1 being very uncomfortable and 7 being very comfortable)
5	In the case of a doctor/physician home visit (non-emergency), how open would you be to use someone other than your existing family doctor? (1 being very uncomfortable and 7 being very comfortable)
6	In the case of a doctor/physician home visit (non-emergency), how open would you be to trying "on demand house call health service"? (1 being not at all open and 7 being very open)
7	In the case of a therapist/psychologist/psychiatrist home visit (non-emergency), how open would you be to try "on demand house call health service"? (1 being not at all open and 7 being very open)
8	In the case of another physical service provider home visit (e.g. nurse, massage therapist, acupuncturist, physiotherapist, chiropractor, dietitian), how open would you be to try "on demand house call health service"? (1 being not at all open and 7 being very open)
9	How willing would you be to pay a premium for this service? (1 being not at all willing and 7 being very willing)
10	How convenient is it for you to travel to your doctor's office or to a walk-in clinic for an appointment (non-emergency)? (1 being very inconvenient and 7 being very convenient)
11	Why do or why don't you find it convenient for you to travel to your doctor's office or to a walk-in clinic for an appointment (non-emergency)?

Survey Results

Age	Gender	Question #3	Question #4	Question #5	Question #6	Question #7	Question #8	Question #9	Question #10
25-34	Male	Yes	6	5	7	5	7	5	
35-44	Male	No	6	6	6	4	3	3	
55-64	Male	No	7	5	5	7	7	5	
25-34	Female	Yes	6	5	7	6	7	2	
25-34	Male	Yes	4	4	4	4	4	1	
25-34	Male	No	4	2	4	4	4	2	
25-34	Male	No	6	6	6	6	6	6	
25-34	Male	No	3	3	5	4	4	1	
25-34	Male	No	7	7	7	7	7	5	
25-34	Male	No	5	5	5	6	6	5	
25-34	Male	No	7	7	7	7	7	1	
55-64	Male	No	6	6	6	2	6	4	
25-34	Male	No	6	6	7	6	6	6	
25-34	Male	No	6	6	6	5	6	5	
25-34	Male	No	4	5	5	4	5	4	
25-34	Male	Yes	3	3	4	3	6	1	
25-34	Female	No	4	3	5	7	5	4	
55-64	Female	No	5	5	7	4	5	5	
55-64	Female	No	7	5	7	6	7	6	
25-34	Male	No	6	5	6	6	5	2	
25-34	Female	No	4	4	5	5	5	4	
25-34	Male	No	6	6	6	6	6	4	
25-34	Male	Yes	4	3	3	5	5	3	
25-34	Female	No	7	5	5	5	6	4	
35-44	Male	No	4	3	2	2	4	1	
25-34	Male	Yes	5	3	4	5	5	5	
25-34	Male	No	4	4	5	5	5	2	
45-54	Female	No	7	4	7	7	7	2	
25-34	Male	No	4	3	3	5	5	2	
25-34	Male	Yes	7	5	5	7	7	4	
25-34	Male	Yes	6	5	6	6	7	6	
25-34	Male	Yes	3	4	6	6	4	2	
35-44	Male	No	4	2	4	5	7	6	
25-34	Male	No	6	5	6	6	6	5	
25-34	Female	No	6	4	7	6	5	3	
35-44	Male	No	7	6	7	7	7	6	
35-44	Male	No	6	4	5	7	7	3	
65-75	Female	No	6	6	6	7	7	5	
65-75	Female	Yes	7	7	7	7	7	5	
45-54	Female	No	5	5	7	7	7	4	
55-64	Female	Yes	6	5	5	4	5	3	
65-75	Female	Yes	6	6	5	5	5	1	
55-64	Female	No	1	1	1	1	1	1	
55-64	Female	No	7	4	7	7	7	2	
45-54	Female	Yes	7	2	5	7	7	2	
65-75	Female	No	6	5	6	7	7	2	
25-34	Female	No	5	6	7	7	7	5	
25-34	Male	No	6	6	5	5	5	3	
55-64	Male	No	7	6	7	7	7	4	
35-44	Female	No	4	4	3	3	2	1	
25-34	Female	No	4	4	4	4	4	5	
35-44	Male	No	6	4	5	7	7	3	
25-34	Female	No	6	6	7	7	6	7	
25-34	Female	No	4	3	4	5	6	2	
35-44	Female	No	4	3	6	4	4	3	
65-75	Female	Yes	4	3	4	4	4	5	
35-44	Female	No	6	6	6	6	6	4	
75+	Female	No	7	7	7	5	7	1	
55-64	Female	No	7	6	7	7	7	4	7
65-75	Male	No	7	5	5	7	7	4	5
25-34	Female	No	3	3	3	3	3	3	6
25-34	Male	No	5	2	3	5	5	2	5
55-64	Female	Yes	7	7	6	7	7	1	7
55-64	Female	No	7	6	7	4	5	4	2
25-34	Male	No	7	7	7	7	7	5	7
55-64	Female	No	6	5	5	5	5	4	7
35-44	Male	No	7	7	7	7	7	7	2
AVERAGE:			5.5	4.7	5.5	5.5	5.7	3.5	5.3

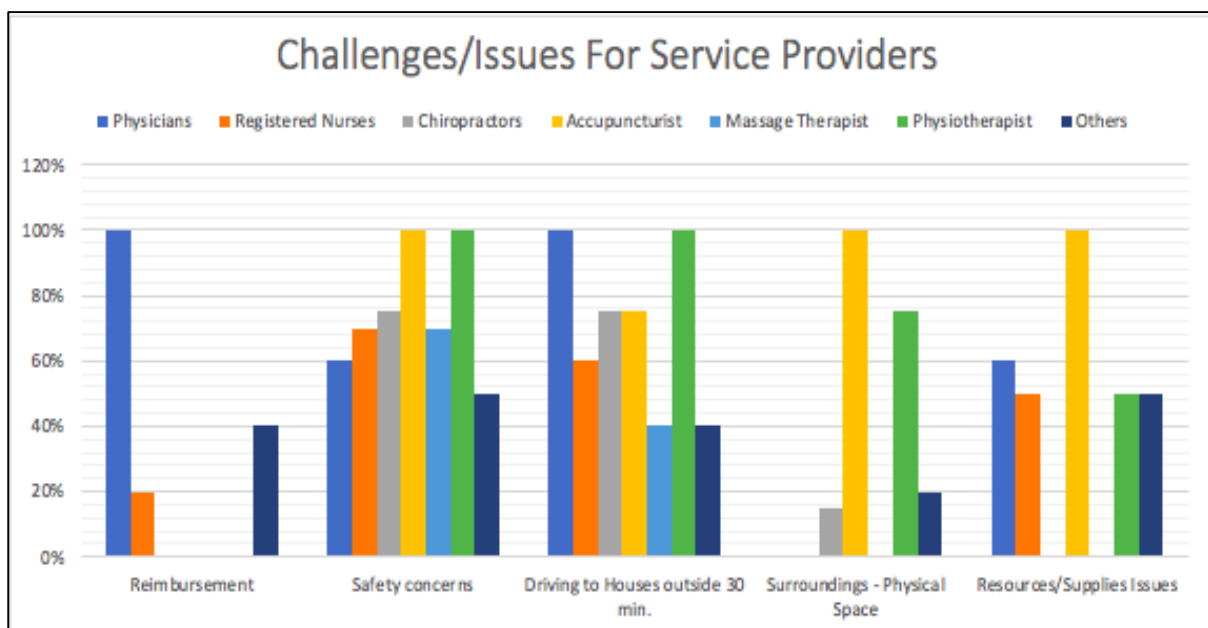
Why do or why don't you find it convenient for you to travel to your doctor's office or to a walk-in clinic for an appointment (non-emergency)?

Question #11
The commute is not bad but it's the wait times that are a big challenge.
It depends on the reason of the visit but I would definitely prefer on demand house call service as it will save long wait times at clinics and also will be less stressful on the body.
I live near a clinic so thats fine, but getting to the hospital and paying for parking is not great.
No issue because it's close to home.
Absolutely
Pain in the ass.
I rarely seek health care due to my overall good health and the inconvenience of seeing a family physician outside of buisness hours
Fine, unless I am quite sick.
Fine with commute, but do not enjoy waiting room at clinic
Its not a hassle
No problem commuting
To see medical specialists, I don't mind. To see my family doc for non emergency things, I do mind. Would also love to have someone come to our home in the case of an emergency type issue
Comfortable. I have the resources available to me - transportation, finance, time, clinic within 2km
It's fine, I don't mind it.
It can be frustrating considering parking rates, wait times, etc. but I trust my Doctor and make the trip for him.
It takes too long to wait around.
rather avoid if possible
Not so bad it's very close by
depends... on weather
Not an issue
Relatively comfortable
Indoctrined - indifferent. This is all I've ever known. It is expected.
Annoyed
It's generally inconvenient
It's close so not a huge issue.
Bad experience. Long wait time. Waste of productive time.
Good
Fine
Fine
Fine
Good
Good
Good
Good
Good
Good
Quite stressful especially if you have a full time job with a limited number of sick days
Convenient due to multiple walk in clinics near me
Good
Satisfied
Overall not too bothered, though can be irritated by traffic and parking.
Necessary
It is needed if not feeling well. But just hope that the wait is shorter
Comfortable
It's very convenient, close to home
It is very fatiguing.
Close proximity (within 10 min) and retired so easy to schedule.
distance a way from doctor's office and time of day for traffic purposes
Around the block from my office
Distance, time, convenient
Distance to office.
Going for a doctors appointment is normal practice and you would expect to travel to the doctors.
I am mobile without access issues
45 min drive

Appendix VI: Research on Service Providers

Research Objectives

- **Primary**
 - Determine the scope of the house-call business model in the healthcare space for different categories of service providers such as physicians, registered nurses, registered massage therapists, chiropractors, etc.
 - Analyse the value proposition for various health service providers in this business model
 - Identify the services suitable for MediSeen based on insights from the interviews with service providers
- **Methodology**
 - This research was conducted over a 50-day period during the academic year 2018-19
 - Sources of information include
 - Public information available through Government reports about the Healthcare industry
 - Online research including third party references
 - One-on-one interviews with various healthcare service providers
 - Subscription-based information (Factiva, IBISWorld, etc.)
- **Insights**
 - Based on our research from interviewing various Service Providers we found some common Challenges faced by the Service Providers:



Challenges Faced

- **Safety Concerns:** Physical safety is the common major concerns amongst the Service Providers as they are concerned for their safety while providing the services to strangers at homes
- **Driving to houses outside 30 minutes time range:** Travelling time is a significant concern for the service providers. All Service Providers feel that if they provide house-call services then they prefer that the appointments are within the 30 minutes of driving.
- **Resources / Supplies Issues:** Without the proper tools and equipment many service providers are not able to provide adequate services required by the customers during a house-call.
- **Physical Environment:** For some service providers, physical environment is an important issue as unsafe surroundings can lead to infection or injuries to the customers and service providers.

Detailed Analysis

MediSeen has several categories of service providers on the platform, such as Physicians, Registered Male Nurses, Dentists, Acupuncturist, Chiropractor, Registered Massage Therapists, and Yoga therapists. We spoke to a variety of service providers to understand their perspective towards this business model and in order to assess the scalability of MediSeen's business. We figured out that only some of these service providers would lead to the success of MediSeen. During the interviews, we learned that generally a clinic takes 40% of the fee and the practitioner gets the rest. The 40% to the clinic goes to (1) finding clients (advertising, etc.), (2) buying resources & supplies, and (3) doing laundry and other overhead costs. With a house call, the practitioner gets to take 100% of the fee but has to cover all these associated costs themselves. They have to rely heavily on consent forms.

Physicians

We spoke to around 10 physicians, including general practitioners, childcare specialists, cardiologists, and other specialists. Most physicians working at hospitals are on contract, so they can do house calls after completing their shift at the Hospital. Willingness to do house calls depends on how they would be reimbursed for this type of service and the distance to drive. However, we identified that physicians would not be able to benefit financially as house calls do not pay them for the time and money spent travelling in between appointments. Moreover, physicians earn well by working long hours at hospitals / clinics and do not find substantial benefits for spending extra time on home visits. Many of the physicians prefer telemedicine for non-emergency cases, such as Pink eye, Hives, Sore throat, Migraines, Diarrhoea, Fever, etc.

Some specialists are responsible for complex treatments which are difficult to service in a non-hospital environment. Additionally, specialists such as cardiologists can do Telemedicine by putting a device on the patient's body to monitor heart rate fluctuations and have a teleconference if necessary. This reduces the need for a house call, and they can save a large amount of time and money, while still helping the patients by leveraging technological advancements. Physicians believe that quality of care suffers on a house call model because there is little to no patient medical history. Also, mobile applications generally work for younger tech-savvy population as opposed to the elderly people who are more in need of house visits. At Oakville Hospital, for example, the management is trying to push for tele-health follow-up services in which the patients need to download a mobile application and register. But they have faced difficulties as majority of elderly people are not comfortable using smartphones.

The physicians also believe that trying to get people to pay a premium for health care may go against the Canada Health Act, according to which care should be equal and accessible. A patient would use MediSeen when they cannot or are not willing to travel to a clinic / hospital. Hence, they feel that MediSeen needs to provide the same service as a walk-in clinic. If there is a lag on service then it doesn't replace the walk-in clinic.

Family doctors

Due to shortage, family doctor's practices are easy to fill in Ontario and the doctors get penalized by OHIP if their patients switch doctors. Some doctors have policies that patients would get de-rostered if they visit another doctor too many times. FHP (family health practice) - paid per patient (based on the age of a patient, condition, gender, etc.) - is a more lucrative and most doctors are signed up on it. There are some family doctors who charge fee-for-service - "one problem per visit". Most family doctors offer evening and same day emergency service. Our research shows that doctors prefer to open up their own clinic but if they are not getting enough patients they join a walk-in clinic to build a patient list. In GTA, MediSeen's platform may work for patients due to unavailability of family doctors but it will be very difficult to convince family doctors to list themselves on the platform.

Registered Nurses

Based on our research and interviews, we figured out that registered nurses can only perform basic activities such as blood tests, wound care, suggesting assessments and next steps for patients' conditions, etc., and help patients avoid unnecessary travel time. Their main motivation behind being part of this model is an additional source of income and an added fact that these services can help offset the overhead costs incurred by patients at clinics/diagnostic labs. However, there are challenges associated with this segment of service providers, in terms of safety and the need to carry medical supplies while traveling for home visits. Additionally, they also see technical challenges on carrying equipment to homes. Although some of the nurses believe that face-time with a patient helped in better understanding their health conditions, as compared to consulting remotely (or telemedicine), nurses, in general, are not authorized to do prescriptions for patients, and it is uncertain that many hospitals would allow nurses to do private visits.

Dentists

We interviewed five dentists. Dentists look at MediSeen as a source of additional income. Dentists on an average have 8-9 patient visits every day. While they mentioned that home visits would be hard given the time crunch, another issue that we identified was common among this segment of service providers is that dental treatments involve the usage of a relatively larger set of pieces of equipment, which are difficult to carry around while traveling. Additionally, of the dentists that are currently leveraging this business model, we see a disintermediary risk with the dentists directly contacting patients. Equipment leads to additional overhead costs, which reduces the value proposition for dentists. Furthermore, dentists believe that dental treatments, such as RCT involve complex processes, which can be best performed only in a clinic.

Surgeons

We interviewed 4 surgeons at two of the top hospitals in the GTA - Toronto General and Mount Sinai. Surgeons do not find this model useful since surgeries are not something that could be

done in a non-hospital environment. The complexities involved in the treatment are risk-prone, and cannot be catered to at a patient's home. Moreover, surgeries involve larger teams which also include assistants and caretakers at the hospitals. The current model in a 1-1 liaising platform, hence surgeons believe that this model would not work in their favour, irrespective of the extra income, and the ease of appointment booking that comes with the entire package.

Chiropractor

We did personal treatment with a chiropractor and interviewed the others. Chiropractors treat approximately 25 patients per week. One of the major drawbacks that Chiropractors felt about the MediSeen platform was the lack of customer background check. This leads to concern for safety risks and less confidence among these service providers while visiting new patients. The segment strongly believes that this is a useful model, and the type of treatments involved can be practiced at a person's home. We saw that there were timely follow-ups and punctuality for the scheduled appointments on the MediSeen platform for the existing chiropractors. Income plays an important factor for them to do the house calls and serves as their primary motivation factor. Like other Service Providers, appointments from far places and travelling time is challenging.

Physiotherapist

Using the MediSeen application we booked appointments with Physiotherapists. Like other bookings it was a smooth experience with the appointment with respect to the follow-ups and service. During the conversation, the service provider mentioned that she prefers to take house-calls only before or after clinic hours on some specific days to the nearby location (20 to 30 minutes), a range which is the similar in preference to other physiotherapists. Physiotherapist approximately manage 35 appointments per week. They mentioned that they do not engage with the MediSeen platform too often but believe that this model can sometimes be a great way to help a client that can't make it into the clinic. In their experience, appointments are generally requested by patients who cannot make it into the clinic. For example, someone who has just been injured or had a surgery will requires a few house calls before they can make it into the clinic for the full service. According to them, it is difficult to lug around all the equipment, exercise gear, lotions, etc. This depends on patients' progress in the treatment. A client in the early phase of recovery requires less equipment and a house call can be more effective. Later in the recovery, access to a full gym is quite beneficial. MediSeen platform is a great business development opportunity for someone who hasn't built up their full roster of patients yet.

Acupuncturist

We interviewed four acupuncturists and found that they rarely do house calls and if they do any they prefer to do only for people who are referred by previous patients. Acupuncturist treat about 30 patients a week. Also, they prefer to work in their clinics as opposed to house-calls with personal safety being a primary concern. Safety in terms of environment was also a concern for the acupuncturists. They mentioned that the room should have lots of open space and lighting as their work requires usage of needles. They are also concerned about the biohazard containers which they have to carry for disposal of needles. These needles can be harmful to the pets or patients as they can injure and spread infections. Like other Service Providers, acupuncturists prefer to drive to the nearby place (20 to 30 minutes).

Massage therapists

We interviewed four massage therapists and experienced two MediSeen appointments. They believe MediSeen platform is useful to attract more business. Massage therapies do not involve the use of large equipment; hence they do not have to incur extra costs or effort to carry equipment. We learned that most massage appointments happen during the weekend, due to time crunch amongst the working population. The therapists mentioned that they have a lot of time during the week when they would not mind traveling for house calls, irrespective of the distance. On an average, they have 1-2 appointments on a weekday and 6-7 on a weekend.

Yoga therapists

Yoga Therapists feel that MediSeen provides a source of additional income. They do not have to carry large equipment which makes it easier to do house-calls for them. They usually deal with customers interested in practicing yoga for health issues, which is covered by OHIP. They also see the possibility of making extra money through group sessions (with a group of 4 or more people). Most of them are freelancers and deal directly with customers. Thus, there is a huge risk of bypassing MediSeen to earn extra income. Yoga Therapists on an average have 8-10 appointments on a day.

Registered dieticians

We did an in-person appointment with a dietician on MediSeen's platform and interviewed two other registered dieticians. This segment finds the business model useful in connecting with new clients, and as an opportunity to make extra money outside of their daily practice. Currently, there are a lot of dieticians on the platform resulting in lower appointment requests through the platform. With more Canadians turning towards healthy diets, the segment believes that there is a huge opportunity to leverage out of such a platform.

Perspectives from Medical School students at York University and Queen's University

The government limits the total number of patients that a Family Health Practice can have on their roster. They get paid per rosters size (i.e. \$X for 1,000 patients, \$Y for 500, etc.). According to these students, house-call concept may work well for patients that need to be seen regularly. For example, the government may offer a bonus for seeing diabetic patients once every ~37 days in order to ensure health.

Interview with various service providers

Interview #1 - MediSeen Appointment:

Type of service provider: Registered Dietician

Location: Oakville

Q&A:

- *How long have you been using the MediSeen app?*
6 months
- *How are you finding it?*

I have been enjoying it and finding it really useful and easy to connect with new clients. This allows me to make extra money outside of my day job. I only offer times outside of my regular 9-5 job (i.e. 6-8 PM on weekdays, excluding Fridays and all day on Saturday and Sunday)

- *How often are you using it?*

I use it a couple times a week. Essentially whenever I get client requests through the app I try to accommodate. I believe there are a lot of dieticians on the platform (in Oakville alone there are 7 options available) so I do not get as many requests as I would like.

- *Do you have your own practice outside of the app?*

No, I work for a retirement community / facility as the in-house dietician helping seniors.

Interview #2 - MediSeen Appointment:

Type of service provider: Registered Yoga Therapist

Location: North York

Q&A:

- *How long have you been using the MediSeen app?*

5 months

- *How are you finding it?*

It is a great way to get access to new clients. I typically start my work day at 7am, and usually get appointments on MediSeen during the earlier parts of the day

- *How often are you using it?*

I get about 5 appointments a week on the app, and I try to make it for most of the appointments. The flexibility of the platform allows me to interact directly with customers and modify the timings based on mutual convenience, when required

- *Do you have your own practice outside of the app?*

Yes, I am a freelancer, and run my own yoga session business. I also do group sessions

- *Do you get to do repeat visits?*

Well, most of my customers request a session for health reasons, such as curing a body part ache, or something like a breathing issue. In some cases, I teach some basic yoga skills and they practice by themselves going forward, while some customers request to follow-up visits. The latter in most cases are those who recently recovered from an injury

Interview #3 - MediSeen Appointment:

Type of service provider: Physiotherapist

Location: North York

Q&A:

- *How long have you been using the MediSeen app?*

6 months

- *How are you finding it?*

I usually have busy days at the clinic, but yes, the platform has been helping me in increasing my clientele, I see this also as a marketing channel for myself

- *How often are you using it?*

I typically do House Calls on Wednesday (on some specific hours, specially before 10-11 am or after 6 pm), on Thursday (only after 6 pm), and on Saturday (only after 5 pm). All the other days, I am at my private practice from 9 am to 5 pm on Markham. But, I did only 7 appointments in total in the last 6 months on MediSeen. I declined house calls through the MediSeen app that required me to drive for more than 30 minutes.

- *How many appointments do you do overall?*

I do an average of 40 appointments per week.

- *Do you see monetary benefits through MediSeen?*

I feel it is worth doing House Calls due to the premium that I charged to cover specially gas expenses. If the appointment is performed directly through me, I bill to the patient's insurance, but through MediSeen, they oversee the billing process. So, you can directly reach out to me bypassing MediSeen, you would save some money as well!

Interview #4 - MediSeen Appointment:

Profession = Chiropractor

Date = January 24, 2019 (09:00 AM)

Q&A:

- *How long have you been using the MediSeen app?*

I have been using it for about 5 months now.

- *How are you finding it? Any issues?*

I like it. I like the fact that there is customer background check as well. Security not a major issue. Resources is not a challenge for me. I can easily carry the foldable bed and other equipment. It is convenient when I can drive nearby to an appointment or when it is on my way home.

- *How often are you using it?*

I get almost 4-5 additional customers a week.

- *Do you have your own practice outside of the app?*

Yes, I work in a clinic and get 15-20 customers a week. My main motivation to use MediSeen is to earn extra money and have new clients. I also do follow up visit sometimes.

Other qualitative interviews:

Qualitative Interview #1 - Toronto General Hospital

Profession = Registered Nurse

Location = Toronto General

Q&A:

- *Have you ever made a house call?*

No. But have heard of some people doing it. I do not have time.

- *What are the key issues you find with house calls?*

Travelling is a key issue. If there was some way to reimburse it.

- *Does anyone of the denturists do house calls?*

No. I don't think so.

- *What is your opinion on the model?*

There are LHINs and Community Care providing services to patients. Research about them.

Qualitative Interview #2 - Mt. Sinai

Profession = Medical Student (General Physician)

Location = Mt. Sinai

Q&A:

- *Have you ever made a house call?*

No. But have heard of some people doing it.

- *What are the key issues you find with house calls?*

House calls do not pay as much. Also, there is a security concern as well. I would go to someone's house if I have a driver.

- *Does anyone of your colleagues do house calls?*

Not that I know of Dr. Samir Sinha, Geriatrics is a major proponent of house calls. Talk to him.

- *What is your opinion on the model?*

Lot of things have to change for it to work. Read PubMed articles to know more.

Qualitative Interview #3 - Mt. Sinai

Profession = Dentist

Location = Mt. Sinai Hospital

Q&A:

- *Have you ever made a house call?*

No. But have heard of some people doing it. Dentists always prefer to be in clinics. Have heard of people doing it

- *What are the key issues you find with house calls?*

I have sufficient patients. House calls take time. Resources is a major problem. Safety a big concern.

- *Does anyone of your colleagues do house calls?*

No dentists or denturists that I know of. Not something for which a patient is bedridden or can't come to the clinic.

- *What is your opinion on the model?*

I see 7-9 patients a day. Most doctors won't prefer going places. Dental treatments, such as RCT involve complex processes, which can be best performed only in a clinic. Won't work.

Qualitative Interview #4 - Mt. Sinai

Profession = General Physician

Location = Mt. Sinai

Date = January 09, 2019

Q&A:

- *Have you ever made a house call?*

No. But have heard of some people doing it.

- *What are the key issues you find with house calls?*

Time, travel, traffic, reimbursements.

- *Does anyone of your colleagues do house calls?*

Not that I know of.

- *What is your opinion on the model?*

I do not find substantial benefits for spending extra time on home visits. Could use telemedicine for follow ups. Patient load is same and compensation unchanged. I would prefer to go to someone living near my home. Also avoid peak downtown or highway traffic.

Qualitative Interview #5 - Mt. Sinai

Profession = Assistant/Nurse/Trainee

Location = Mt. Sinai

Date = January 09, 2019

Q&A:

- *Have you ever made a house call?*

No. But have heard of some people doing it.

- *What are the key issues you find with house calls?*

Not time effective.

- *Have you considered telemedicine?*

Yes. In fact, Mt. Sinai is working on its own telemedicine service for old people. Check it out.

- *What is your opinion on the model?*

I do not find substantial benefits from house calls. Telemedicine is good but could have some technical difficulties.

Qualitative Interview #6

Type of service provider: Surgeon

Location: Oakville Trafalgar Hospital

Q&A:

- *What is your opinion on house calls in healthcare?*

Well, surgeons have a tight schedule each day, and do not find time to travel for house calls.

- *Have you ever done a house call?*

No, I haven't. Also, I think that the Quality of care suffers, because there is little to no patient medical history.

- *What do you think about an having an app that caters to house calls?*

Apps generally work for younger tech savvy people as opposed to older people - at Oakville Hospital they are trying to push for telemedicine follow up service... they need to download an app and register... and they are having difficulty with this as a lot of elderly people don't have smartphones.

Qualitative Interview #7

Type of service provider: Medical Student, Queen's University

- *Have you ever heard of house calls?*

Yes, House call concept may work really well for patients that need to be seen regularly. For example, the government may offer a bonus for seeing diabetic patients once

- *Do hospitals allow doctors to work on house calls outside of their shifts? Are there regulations?*

No, it is similar to a corporate firm, where after work hours, an employee is free to work elsewhere. The problem is that doctors at hospitals already cater to many patients, so doing house calls may not be an option preferred by many.

Qualitative Interview #8

Type of service provider: General physician

Location: Toronto General Hospital

- *Have you ever done/heard of house calls in healthcare?*

Yes, I know some of my colleagues who follow it, but I have personally never done one

- *What is your opinion on this?*

If you look at family doctors, their practices are fairly easy to fill in Ontario. Family doctors get penalized if their patients go to other doctors, or ER, or walk-in clinic. Some doctors have policies that patients would get de-rostered after seeing another doctor too many times. In this case, a house call may not be a great option, because these doctors would rather choose to spend time at the clinic catering to repeat visits, rather than looking at acquiring new patients. Most family doctors offer evening and same day emergency service, even without using a dedicated platform. Taking about walk-in clinics, most doctors do a walk-in clinic in the evening to discourage patients from going elsewhere

- *Would you want to do a house call?*

I work at this hospital, and I can do house calls after my shift gets over. But it would depend on the overhead costs that I would have to incur in terms of travel and carrying equipment.

Qualitative Interview #9

Type of service provider: Rheumatologist

Location: Mount Sinai Hospital

- *Have you ever heard of house calls?*

Yes, I have. I did it once while I was a medical student

- *Would you do house calls, given an opportunity?*

Yes, I would, to some extent, but it depends on how much time I would have to spend, and the finances involved as well

- *What is your opinion on telemedicine?*

Makes sense for non-emergency calls. I would prefer doing Telemedicine rather than physical visits for non-emergency situation such as Pink eye, Hives, Sore throat, Migraines, Diarrhea, Fever, etc.

Qualitative Interview #10

Type of service provider: Cardiologist

Location: Mount Sinai Hospital

- *Have you ever heard of house calls?*

Yes, it is being practiced by multiple general physicians these days, but I don't see it as a good idea for specialists such as myself

- *What do you think about telemedicine as an alternative to house calls?*

I think having that facetime does play an important role. However, telemedicine does save a lot of time and effort in many cases. In my field of medicine, we can do Telemedicine by putting a device on the patient's body to measure the different levels on his or her body and have a teleconference if necessary.

Qualitative Interview #11 - Acupuncture Clinic

Profession = Acupuncturist

Location = Bodhi Tree Clinic, Keele and Steeles

- *Have you ever made a house call?*

Very few. But have heard of some people doing it. I believe a lot of senior people need it. Did one in downtown. Driving/Travel an issue. Usually, September to December is a busy season for me. People can book online in advance but still prefer calling the clinic.

- *What are the key issues you find with house calls?*

For acupuncturists, carrying resources is a problem. Also, the needles need to be sterilised. Need to carry biohazard containers. House environment could be an issue. As a female, I face some safety issues.

- *Does anyone of your colleagues do house calls?*

Not acupuncturists but a lot of massage therapists do. Patients who have Gynaecology and Pain management issues. They take new/referred clients on a word of mouth basis.

- *What is your opinion on the model?*

I see 30 patients per week (4 days work). Average billing is \$75 per patient. Average patient is of age 35 and above. My service is a very personal thing, so word of mouth referral is better than other sources. I think it will work better with massage therapists and chiro, physios. Doctors would also avoid it.

Appendix VII: Research on Competitors

Research Objectives

- **Primary**
 - Identify the different sources of competition in the House-Call industry
 - Identify the type of businesses that can potentially take away customers from MediSeen
 - Describe these businesses and how they operate to get customers
- **Methodology**
 - This research was conducted over a 50-day period during the academic year 2018-19.
 - Sources of information include
 - Public information available through Government reports about the Healthcare industry
 - Online research including third party references
 - One-on-one interviews with professionals from the competitors
 - Subscription-based information (Factiva, IBISWorld, etc.)
- **Insights**
 - Competition in the House-Call Industry comes mainly from three sources: Walk-in Clinics, Telemedicine, and Traditional House Calls
 - Telemedicine companies are adopting a B2B model, and are offering their solutions to healthcare agencies, hospitals, and private businesses in the form of subscription packages
 - The Ontario Government is incentivizing not only regular house-calls, but also telemedicine through Ontario Telemedicine Network (OTN)
 - Health care agencies, such as those focusing on elderly care, or mental health providers, such as psychologist practices, could potentially become partners of MediSeen, if the company adopts a B2B model

Detailed Analysis

Description of the main sources of competition on the House-Call industry: Walk-in Clinics, Telemedicine, and Traditional House Calls.

Walk-in Clinics

This is a model that provides many physicians the working environment they want: They can select the shifts they want, there are no long-term obligations, they do not take the pager home and there is no financial investment. They enjoy the advantages of working shift work but can select their shifts to suit their family needs. Walk-in clinics provide medical care for people who do not have a family doctor or have one and are unable to reach them.

In walk-in clinics, people can see a nurse or doctor, often without an appointment, and get advice, assessment and treatment for minor illnesses and injuries such as cuts, bruises, minor infections, sprains and skin complaints. The services provided include prescriptions and referrals.

Walk-in clinics are exclusively used when people are in a non-urgent situation, and the attention is fully covered with health-card (there is no fee for the service). Many walk-in clinics are owned by private businesses that provide physicians with physical and administrative infrastructure;

doctors are paid by OHIP on a fee-for-service basis and direct a percentage of their payments to the clinic, which employs reception and nursing staff as it considers necessary.

According to the Institute for Clinical Evaluative Sciences in Toronto, there are four main reasons patients go to walk-in clinics: 1) They don't have their own family doctor (about 800,000 Ontarians do not, according to the Ontario Medical Association); 2) they commute long distances between work and home and cannot get to their family practice within the hours that it's open; 3) they aren't able to get an appointment soon enough with their own doctor; 4) they choose to for reasons of convenience, frequently without calling their own family doctor first .

Telemedicine

Telemedicine services are being increasingly used in the past years, and are provided by both, the Government of Ontario, and by private companies. Some hospitals also offer this type of service for non-emergency situations.

The Ontario Telemedicine Network (OTN), is an independent, not-for-profit organization funded by the Government of Ontario. It uses telecommunications technology to provide clinical health care at a distance, and to improve access to medical services that often would not be available consistently in distant rural communities. OTN provides a secure, confidential and universal platform and tools, programs and services to remotely diagnose, monitor and treat patients. For more than a decade, OTN has increased access to health care across the province with one of the world's most extensive telemedicine networks. OTN's Telemedicine uses video conferencing and other electronic equipment, to allow people to access specialized care no matter where they are. A doctor can make the arrangements for people to see a specialist, and it's free to residents of Ontario.

Patient care through telemedicine is billable through OHIP. Physicians submit their bills for telemedicine consultations directly to OHIP, and there is no cost to patients for telemedicine services. The OTN Hub is free for health care practitioners, and they can decide what parts of the telemedicine hub are right for their practice.

Mt. Sinai Telemedicine Program for Homebound Elders

Based on our discussion with one of the service providers at Mt. Sinai Hospital, we came to know about the telemedicine service that they are currently working on. It aims to improve access to specialist services and maintain the continuity of care for frail and homebound individuals aged 65 years and older living in the Toronto Central LHIN region. This program is facilitated by a Geriatrics Clinical Nurse Specialist (CNS) based at Mount Sinai Hospital who uses secure telemedicine technology to support the provision of specialist consultations and follow-up assessments for individuals who would otherwise not be able to access this care due to an inability to travel to their specialist's office. The telemedicine CNS works closely with local primary care providers and specialists to identify and support patients who might benefit from this service.

Additionally, there are private companies that look directly for health care agencies or other companies, in a Business to Business model, in order to provide them with Software as a Service solutions through mobile apps or online platforms. By using these resources, the health care providers can perform their medical attention in a virtual way. Some of the companies that provide this type of services are:

Maple (GetMaple.ca): Online doctors, virtual health & prescriptions in Canada

Incorporated in 2015, Maple has been operating in Canada since late 2016. It was initially launched in the province of Ontario and now operates across Canada. Maple is a telemedicine platform which allows Canadians to see a doctor online 24 hours a day, 7 days a week. Patients have the option to securely text or video chat with a Canadian licensed doctor for diagnosis, treatment and digital prescriptions.

Using an app, the patients describe their symptoms, and one of their affiliated doctors will review the request and respond in minutes. The patient is connected to the doctor by text, video or audio chat in the Maple app. Finally, the patient gets a diagnosis or prescription as necessary during the consultation. According to its webpage, their affiliated doctors are physicians Canadian licensed, and practice family or emergency medicine. Their doctors can provide medical advice, prescriptions, medical notes, labs and referrals, but they cannot attend medical emergencies.

The treatable conditions that they can address are: Acute Care, such as urinary tract infections, pink eye, hives, sore throat, migraines, diarrhoea, fever, earache; Chronic care, such as high blood pressure, high cholesterol, allergies & asthma, stress management, obesity; Mental Health: Anxiety, Addiction, Depression, Mood changes, Trauma & loss; Women's/men's health: Birth control prescriptions, Erectile dysfunction, Sexually transmitted infections.

The business model of GetMapple.ca combines a Business to Customer model (with specific pricing for individuals), and a Business to Business Model (for Hospitals and Companies).

Pricing for Hospitals

Personalized pricing packages for hospitals. They provide them with the Software as a Service solution. The main advantages that they offer to hospitals by getting their services are:

- Physicians can treat patients remotely, and effortlessly communicate with care teams.
- Multi-way video conference
- EMR integration. They can act as their primary EMR or integrate directly with the existing systems, so hospitals can eliminate paper processes and streamline workflow.
- Collaborative communication
- Next-generation medical charting: Hospital team can easily follow a patient's journey over time, and measure progress through digital photos and files

Pricing for Businesses

Personalized pricing packages for Businesses. They offer instant 24/7 access to doctors for the companies' employees, right from their smartphone or computer. The main advantages that they offer are:

- People can talk to a doctor anytime, anywhere
- People can get prescriptions, lab tests and specialist referrals
- Their solution integrates and enhances existing HR solutions

The main benefit that GetMaple.ca offers to other companies that are willing to get their services is the reduce of absenteeism in the workplace. Some of the statistics that they published are:

- The average employee misses 8 days of work per year for health-related reasons
- The costs to employers on an average of \$2,000 per employee in direct wages alone
- 53% of Maple visits prevent a workplace absence
- 98% of employees rate Maple as 5 out of 5 stars
- 91% of employees using Maple have their medical issues fully resolved
- 50,000+ use their digital platform

Pricing for Individuals

- *Pay per visit:* From \$49 to \$99 (Weekdays, weekends, holidays, overnight)
- *Year-round care:* \$30 per month (personal membership), \$50 per month (family membership).
With a limited quantity of visits per year
- *Credit Packages:* Savings when contracting larger packages.
Includes: 24/7 coverage, 1:1 time with the doctor, Physician triage, Prescriptions and delivery, free storage of health records, digital consultation summaries, On-demand, live chat customer support.

They additionally offer:

- National provider network of locally-licensed physicians
- Integrated care team: Physicians, nursing staff, clerks, pharmacists, physiotherapists working together using the Maple platform
- Vetted physicians: They take care of the process of screening, recruitment, licensing, and training the physician group

OnCall Health (Telemedicine and Virtual Care)

OnCall Health was founded in 2015 with a vision of leveraging modern technology to enhance existing patient-provider relationships. They believe that telemedicine and online counselling will be a core aspect of every person's healthcare experience in the future. They specialize in incorporating virtual care into health providers practice, and the company has presence in Toronto and in the US. OnCall Health directly address health care enterprises / agencies to incorporate virtual care in their operations.

They provide their services to healthcare providers in a wide range of industries:

- *Mental Health:* OnCall Health provides solutions for Mental Health providers to achieve client engagement and distance counselling needs.
- *Primary Care:* OnCall Health enables health providers to start offering virtual visits to their patients. Virtual visits in primary care are growing rapidly, and physicians need telemedicine tools to keep up with increased competition from services offering on-demand access to primary care.
- *Home Healthcare:* Through virtual appointments, OnCall helps home healthcare organizations reduce overhead and keep their patients engaged, especially in rural areas and during the winter.

OnCall Health allows to host video appointments that are compliant with Canadian healthcare privacy laws and relevant college guidelines. Some of the features that its platform and app offer to the health providers and patients are:

- Secure Video Conferencing (up to 15 participants)

- Secure Instant Messaging
- Secure File Sharing
- Create and Share Self-Help Resources
- Appointment Requests
- Online Booking
- Advanced Scheduling
- Payment Processing
- Interactive Intake & Assessment Forms
- Option to Store Clinical Notes

Traditional House-Calls

Regular House Calls performed by family doctors in the past years have been increasing, especially because of Government investments to incentivize physicians’ interest to provide house calls, in order to improve access for patients who are defined as “home bound” (patients with physical limitations, or someone with “social frailties” such as psychiatric or cognitive issues).

According to the article “House calls on the rise in Ontario” published by Healthy Debate on August 2017, since year 2011, the number of house calls in Ontario has grown from less than 270,000 to more than 365,000 in 2016, citing numbers provided by the Ontario Ministry of Health and Long-Term Care.

Number of palliative and non-palliative house calls		
Fiscal Year	Total Assessments	% Change in Total
2011 – 2012	268,317	-
2012 – 2013	276,049	2.90%
2013 – 2014	310,860	12.60%
2014 – 2015	342,323	10.10%
2015 – 2016	365,111	6.70%

Source: Ontario Ministry of Health & Long-Term Care

The article also mentions that providing house calls is undergoing a revival, partly because of an aging population, but also, because evidence is building that it can save health care costs.

Additionally, there are companies like National Home Doctor or MD Home Call, that connect physicians with patients by calling to their contact centre to schedule house-calls. Their main purpose is to work as a complementary service to Family Practice. National Home Doctor offers after hour house-calls from 4.00 pm to 3.00 am on weekdays, and from 10.00 am to 3.00 am on Saturdays, Sundays, and Holidays. Their affiliated doctors are registered on the College of Physicians and Surgeons Ontario (CPSO), as required by the Canadian Medical Association and carry full medical indemnity insurance. They only treat non-emergency situations such as respiratory infections, migraines, gastro, ear infections, fevers, urinary tract infections, and injuries from falls.

The House-Calls are fully covered by the Provincial Health Insurance (e.g. OHIP), and according to their webpage, they have over 100 affiliated doctors. MD Home Call Inc. also offers assist in connecting doctors to anyone who may not be able to get into see their own family physician. The house-calls are 100% covered by OHIP, and the company operates in the GTA.

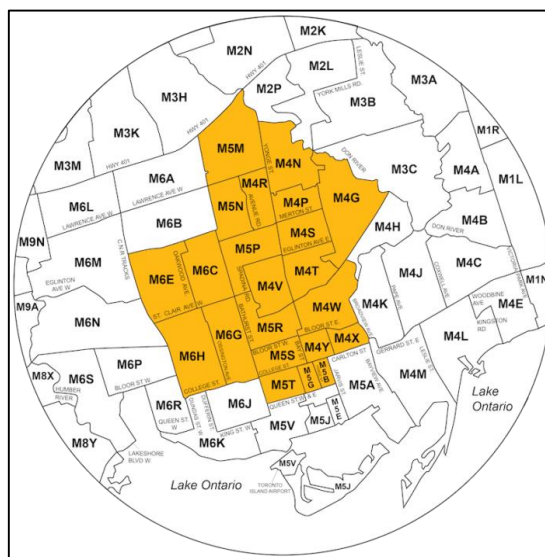
The visits can be scheduled by either calling to the call-centre, or by booking an appointment through their webpage. They offer to connect patients with a qualified physician, and schedule a house call on the same day they request a visit, even on weekends or holidays.

Both companies offer to physicians providing them with patient contact information (ensuring that they have a valid health card), a list of commonly used OHIP diagnostic codes, information on billing, best practices, equipment for a house call, and the ease of online shift requests.

TC-LHIN House Calls Program (Mount Sinai Health System)

The TC-LHIN House Calls Program is a primary health care program for homebound older adults. It provides comprehensive primary medical care, as well as occupational therapy, physiotherapy, social work services and connections to local home care and community supports for older adults living at home with physical, cognitive and social frailties who can no longer easily access office-based primary care services. This program is offered through a partnership between SPRINT Senior Care, VHA Home Healthcare and Sinai Health System’s Healthy Ageing and Geriatrics Program.

The House Calls team includes family physicians, a nurse practitioner, social worker, occupational therapists and physiotherapist, supported by administrative and CCAC coordinators. Patients in this program also have access to in-home support from a Sinai Health System Geriatrician, as well as geriatric psychiatrists and other specialists through telemedicine consultations. The TC-LHIN House Calls Program provides home-based primary care to older adults living in the defined catchment area below:



Finally, there are other professions linked to health-care, in which house calls are quite common. Among them we can mention:

- Physiotherapist
- Chiropractor
- Acupuncturist
- Personal Trainer
- Podiatrist
- Yoga instructor

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Appendix VIII: Research on Potential Risks to MediSeen

Research Objectives

- **Primary**
 - Identify the various risks that could potentially impact the growth prospects of the business and of the industry that it operates within
 - Identify the possible ways to mitigate the identified risks
- **Methodology**
 - This research was conducted over a 50-day period during the academic year 2018-19.
 - The methodology included primarily secondary research, with some primary research from other papers providing valuable inputs on the topic as well.
 - Sources of information include:
 - Online research of secondary research sources
 - Public information available through Government reports about the Healthcare industry
 - Qualitative one-on-one interviews with various healthcare service providers
- **Insights**
 - Informed consent required by service providers to ensure patient safety
 - Service providers can be subject to emotional and physical risk during house calls
 - Disintermediation risk is severe in MediSeen's case as patients prefer to have the same service provider and lead them to directly contacting for reduced charges
 - Reputation risk for MediSeen is high as the service providers are the face of the platform and any misdemeanour can become an issue
 - Patient data is a sensitive information which makes MediSeen liable for any misuse of the data obtained legally / illegally from their platform
 - MediSeen requires to raise capital to fund their growth beyond November 2019, any delay in raising the fund can hamper their growth prospects

Detailed Analysis

Service Provider Risk Analysis

Legal Risk for Providers

With the state of the current social climate, including the increasing number of celebrity sexual abuse cases and the #MeToo outcry, it is more important than ever for providers to receive informed consent for the services they are providing prior to commencing treatment (Quinn Dillon, 2018). This is important from both a patient safety perspective and a provider legal protection perspective.

This requirement for consent is legislated in the Health Care Consent Act (HCCA) of 1996, where the specific requirements for obtaining informed consent for treatment are listed (CMTO, 2000). Informed (and ongoing) consent involves discussing the following topics (COTO, 2009):

- What the proposed procedure specifically involves or includes;

- What both the benefits and the risks, limitations, and side-effects of the procedure are to the client;
- What the possible alternative treatment options, including the option for no treatment at all;
- The fact that the client has the right to withdraw consent at any point during the service

Included in this are the requirements for clients who are unable or incapable of providing consent, and how to handle this (CMTO, 2000). In general, “individuals are assumed to be capable to provide consent, unless they demonstrate otherwise to the practitioner” (CMTO, 2000).

Massage therapists, physiotherapists, chiropractors and acupuncturists are particularly vulnerable to this risk as their services inherently involve a high level of physical touch and clients in more vulnerable states (e.g. minimal dress for a massage). Common issues that massage therapists in particular have run into include failure to receive informed consent and sexual abuse allegations (Quinn Dillon, 2018). This can arise from “improper draping” of the blanket, inappropriate touching and/or uncomfortable and inappropriate conversations (Quinn Dillon, 2018). In these scenarios receiving obtained informed consent is especially important. The importance of this was confirmed by two physiotherapists during the qualitative interviews that were performed by our team.

In some cases, it is even necessary to receive this in the form of written consent in order to have proof. Even with this, however, the providers can still be placed in a situation where it is their word against the client’s word. In fact, in 2016, there were several massage therapists who were charged and arrested for “inappropriate or sexual touching” (Quinn Dillon, 2017).

While the number of actual complaints that have been registered in recent years are quite low, the impact of each complaint is extremely high (Quinn Dillon, 2017). Acknowledging the seriousness and gravity of these allegations, the media can tend to sensationalize the story before anyone is actually convicted of the charges (Quinn Dillon, 2017). The result is coverage that is extremely damaging to both the provider and the business they work for (Quinn Dillon, 2018).

From a MediSeen perspective this can create a situation where they are vulnerable to some serious reputational risk. If a scenario such as this were to occur in a client’s home, then the MediSeen brand would be undoubtedly dragged through the mud along with that of the offender or alleged offender. This could also have a significant impact on how the general public perceives the safety of house calls. As a result, it is incredibly important for MediSeen to screen, train and manage the providers they are connecting their clients with.

Emotional Risk for Providers

The providers on the MediSeen platform providing the house calls may be exposed to some emotional risk in the form of occupational stress or inappropriate patient interactions. From an occupational stress perspective, providing house calls adds additional challenges and stressors to the services that these providers offer. These stressors can include lack of control, having limited resources, time pressure, work overload, and lack of support from colleagues and supervisors (NIOSH, 2010). The providers can also face environmental stressors such as dangerous neighbourhoods, aggressive dogs, driving conditions, heavy traffic, etc. (NIOSH, 2010).

The patients themselves can become an emotional risk factor in certain cases as well. During our qualitative interviews, a physiotherapy clinic owner said she had to refuse one client future service after he repeatedly made sexually suggestive remarks to her physiotherapists. In another reported

scenario, a registered massage therapist (RMT) was alone in a room in a clinic with a client when her client exposed himself and made some sexually suggestive behavior. The RMT said after the incident that she was “traumatized” and that her “safety was at risk, and other massage therapists’ safety was at risk” (Dalton & Turnbull, 2018).

If MediSeen is to effectively attract and keep these service providers on the platform, then they will need to be able to help ensure that the house calls are not causing unnecessary emotional impacts. This could be achieved by offering training or resources on ways to ensure safety during house calls. The University of British Columbia (2015) has a number of guidelines for how providers can stay safe during house calls.

Physical Risk for Providers

Finally, the service providers and service professionals providing the house call services may be exposed to physical risks in the form of physical assaults, sexual assaults, or muggings if they end up in a dangerous neighbourhood or a dangerous home by themselves (NIOSH, 2010). This concern was confirmed as something the providers think about during our qualitative interviews as one of the physiotherapists said she feels weird and unsafe going into homes of people that have not been directly referred to her. There is also potential physical risk associated with the automobile travel that is a required piece of offering house calls (NIOSH, 2010).

Patient Risk Acknowledgement

We acknowledge the fact that these risks can go both ways and that the patients or clients using MediSeen as a platform could also be at risk for physical and emotional factors. Especially considering they are by themselves in their home with a service provider. We will not, however, go into detail on these risks as they are closely tied to the risks discussed above.

Disintermediation Risk

Disintermediation risk is the risk of removal of intermediaries between provider and the customer. MediSeen is acting as an intermediary by connecting service providers with customers. Since the service provider is in the healthcare space, they have a physical meeting with the customer. This situation creates a high risk for MediSeen as the provider and the customer can bypass MediSeen for future transactions.

We too experienced this request of skipping the intermediary. One of the team members booked an appointment with a physiotherapist for an injury. The female service provider that he had booked an appointment with charges \$130 for an hour through the MediSeen application. At the end of the appointment, she suggested the team member that he can directly contact her for future sessions and she is willing to reduce her charges by \$15 to \$115 per hour.

This anecdote highlights the severity of the risk as MediSeen has still not scaled their operations and has fairly limited transactions every week. Given that medical services cannot be provided without a physical meeting between the provider and the customer, there is no possible way for MediSeen to keep themselves valuable as an intermediary to ensure that future transactions on the application get processed through their platform.

The way other big companies such as Uber, Amazon, etc manage this risk is by either lack of communication or by avoiding repeat transaction between the same provider and customer. However, either one of those solutions are not valid to the healthcare space.

Quality of Service - Reputation Risk

MediSeen provides a platform to connect service providers to customers. This setup results in a lack of control for MediSeen on the quality of service that the individual service providers. Any misdemeanour by the service provider impacts the reputation of not only the service provider but also of MediSeen.

One of our team members used the application to book a physician visit. However, the service provider cancelled the booking few hours before the appointment citing unavailability of time as he had multiple unattended patients at his clinic as the reason. On another occasion, a Naturopath cancelled immediately post booking an appointment citing that he is unavailable at that particular time and the location was far away. MediSeen contacted the team member almost a week after the cancellations but within the healthcare space, even a day's delay can lead the customer to be unhappy. These experiences lead to frustration and based on our survey, more often than not, are directed at the platform such as MediSeen rather than at the service provider.

MediSeen also has to ensure that the platform has enough service providers for each region across various times during the day. Another issue that our team members faced while booking for appointments were either the lack of availability of the listed service providers or suitable timings. If customers are unable to consistently book appointments when they need, they will find alternatives to the MediSeen platform.

Other big companies which provide a platform to connect such as Amazon, Uber, AirBnB, Booking.com, Agoda, etc. face similar issues and manage these by having penalties, ratings, reviews and excellent customer service executives. MediSeen will have to invest significantly in ensuring a good customer experience. They will also have to take actions against the service providers who do not deliver the promised services.

Without these actions, MediSeen's branding and reputation will solely rely on the service providers and is a severe potential risk that can lead to a disengaged customer.

Data Risk

There are certain risks associated with the fact that MediSeen is holding data regarding specific patient medical information, whether that be the information that is input by the patients themselves or what is written by the physicians after an appointment. This information (i.e. medical records and digital health information) is widely considered by patients to be the most sensitive information (Griener, 2005).

The risks emerge from the fact that having this information digitally available makes it inherently at risk to hackers and other cyber-attacks. The fact that these incidents come lead to the information being taken, viewed or, worst of all, changed makes this a fairly serious risk for MediSeen to consider (Griener, 2005). More widely, this information can be extremely attractive to industries (e.g. insurance industry) which adds to the vulnerability of patients (Lucia Raposo, 2015).

Another risk involves the creation of two separate medical records (Lucia Raposo, 2015). For example, if a patient has their official Ontario health record history with their physician and then uses MediSeen for a number of non-urgent care appointments then the patient would now have two separate records. This could create “worrisome gaps” in the care of patients as there is risk of medication errors and gaps in communication (Ivanyi, 2015).

From a patient perspective, there has been a lot written about the fear they have about the risks of a data breach of their medical records. For example, patients fear consequences such as medical records leading to financial or personal dignity losses (Power, 2009). In 2012, a survey of Canadians found that 43% of patients would withhold information from their providers in order to protect their privacy (CMPA, 2013). Additionally, 90% of participants said they felt that it is the responsibility of the healthcare providers to monitor that their data is being protected (CMPA, 2013). This would put the onus on both the physicians and MediSeen to ensure that the health information is stored in a secure-manner.

Working Capital Risk

MediSeen is a start-up and requires sufficient capital to fund its growth. Based on the current rate of monthly expenses, MediSeen has cash to survive till November 2019 and need to raise capital to further their operations. The details are further elaborated in the Market Sizing & Finance Research.

MediSeen currently values itself at \$10 million which is estimated based on average of Discounted Cash-flow model and Revenue Multiple model. However, the management team will have to convince the new investors about the feasibility & scalability of the business model. Based on their calculations, they need to raise \$2.5 million which will aid their expansion plans till 2023.

This is a severe risk as VC funding is impacted by multiple industry factors. Macroeconomic factors such as GDP growth, interest rates, trade wars, etc. have an impact on the funds that the fund management companies can raise and consequently impacts the budding start-ups. The current scenario is marred by slowing GDP growth, rising interest rates in North America and tariff wars between US and China. These factors have resulted in ‘flight-to-quality’ which is the investments moving from risky assets to safe assets such as Treasury Bills and Bonds.

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Appendix IX: Research on Government Regulations

Research Objectives

- **Primary**
 - Identify the government regulations that affect house calls performed by service providers
 - Quantify the amounts per assessment, and the premiums charged by service providers when doing house calls through OHIP
- **Methodology**
 - This research was conducted over a 50-day period during the academic year 2018-19.
 - Sources of information include
 - Public information available through Government reports about the Healthcare industry
 - Online research
 - Subscription-based information (Factiva, IBISWorld, etc.)
- **Insights**
 - According to the Health Insurance Act, there are two types of House Calls that can be performed by Physicians: House Call assessment and Complex house call assessment
 - The amount charged per assessment is the same in both cases
 - In addition to the assessment, Physicians that perform House Calls have the right to bill Special Visit and Travel Premiums. These charges differ depending on the day of the week, and time of the day in which the house call was performed
 - Physicians that perform house calls are entitled to get an annual bonus payment at the end of the year, linked to the number of patients and encounters served which ranges from \$1,500 to \$8,000

Detailed Analysis

Physician Services performing House Calls under the Health Canada Act (Ministry of Health and Long-Term Care). The Health Insurance Act provide the legal foundation and framework for the Schedule of Benefits for Physician Services.

House call assessment and Complex house call assessment

A house call assessment is a primary care service rendered in a patient's home that satisfies, at a minimum, all the requirements of an intermediate assessment. It requires a history of the present complaint(s), inquiry concerning, and examination of the affected part(s), region(s), system(s), or mental or emotional disorder as needed to make a diagnosis, exclude disease, and/or assess function.

A complex house call assessment is a primary care service rendered in a patient's home to a patient that is considered either a frail elderly patient or a housebound patient. The service provided must satisfy, at a minimum, all the requirements of an intermediate assessment.

A frail elderly patient is defined as:

- 65 years or older with one or more of the following age-related illness(es), condition(s) or presentation(s):

- Complex medical management needs
- Polypharmacy
- Cognitive impairment (e.g. dementia or delirium)
- Age-related reduced mobility or falls
- Unexplained functional decline not otherwise specified
- resides in a home that includes:
 - The patient's home; or
 - Assisted living or retirement residence (but does not include a long-term care home).

A housebound patient is defined as:

- The person has difficulty in accessing office-based primary health care services because of medical, physical, cognitive, or psychosocial needs/conditions
- Transportation and other strategies to remedy the access difficulties have been considered but are not available or not appropriate in the person's circumstances
- The person's care and support requirements can be effectively and appropriately delivered at home

Payment Rules

A general healthcare practitioner gets paid for assessments and consultation based on the below information:

Billing for General Practitioner / Physicians in Ontario		
Code	Description	Amount
A003	General assessment	\$77.20
A004	General re-assessment	\$38.35
A005	Consultation	\$77.20
A911	Special family and general practice consultation	\$144.75

House call assessments and Complex house call assessments are only eligible for payment for the first person seen during a single visit to the same location. If the Physician see two patients at the same address – e.g. another family member, or another patient in the same apartment building, boarding home, group home or retirement home - the Physician can only bill the house call for one. The second is billed as an assessment, same as in the office.

Billing for house calls in Ontario		
Code	Description	Amount
A901	House call assessment	\$45.15
A900	Complex house call assessment	\$45.15

Source: Physician Services under the Health Insurance Act - Ministry of Health and Long-Term Care

In addition to the assessment, Physicians that perform House Calls have the right to bill Special Visit and Travel Premiums:

Special Visits to Patient's Home - First person seen			
Code	Daily Limit	Premium	Special Visit Time
B990	10	\$27.50	Weekdays Daytime (07:00-17:00)

B992	10	\$44.00	Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours
B994	10	\$66.00	Evenings (17:00-24:00) Monday through Friday
B993	20	\$82.50	Sat., Sun. and Holidays (07:00-24:00)
B996	No Limit	\$110.00	Nights (00:00-07:00)

Special Visits to Patient's Home - Travel Premium			
Code	Daily Limit	Premium	Special Visit Time
B960	2	\$36.40	Weekdays Daytime (07:00-17:00)
B961	2	\$36.40	Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours
B962	2	\$36.40	Evenings (17:00-24:00) Monday through Friday
B963	6	\$36.40	Sat., Sun. and Holidays (07:00-24:00)
B964	No Limit	\$36.40	Nights (00:00-07:00)

Source: Physician Services under the Health Insurance Act - Ministry of Health and Long-Term Care

Finally, a bonus payment per year is also contemplated:

Bonus level (per year)	A	B	C	D
	3 or more patients served	6 or more patients served	17 or more patients served	32 or more patients served
AND	12 or more encounters	24 or more encounters	68 or more encounters	128 or more encounters
Bonus Payment	\$1,500	\$3,000	\$5,000	\$8,000

Source: Ministry of Health and Long-Term Care

When a CCM, FHG or FHN physician provides more than 68 house calls per year to more than 17 patients (Level C), physicians will receive a 20% premium on the additional house call services if at least 75% of the house calls were provided to their enrolled and unenrolled homebound and frail elderly patients during the fiscal year. This will be made as an annual payment after year end.

Since it can be viewed from above tables that with a normal House-Call a General Physician/Family Physician in a single visit earns \$125.55 from the below calculation: \$45.15 (A901 - House-Call Assessment) + \$44 (B992 - Special Visit) + \$36.40 (B960 - Travel Expenses) = \$125.55 and for earning \$125.55, a physician may have to spend 2 hours or more on a single visit.

Whereas, during the same time, a physician can attend to more patients and earn more money at his clinic through a normal visit: \$77.20 (A005 - Consultation) + \$77.20 (A003 - General Assessment) = \$154.40

Monetarily, the MediSeen platform is not attractive to the Physicians.

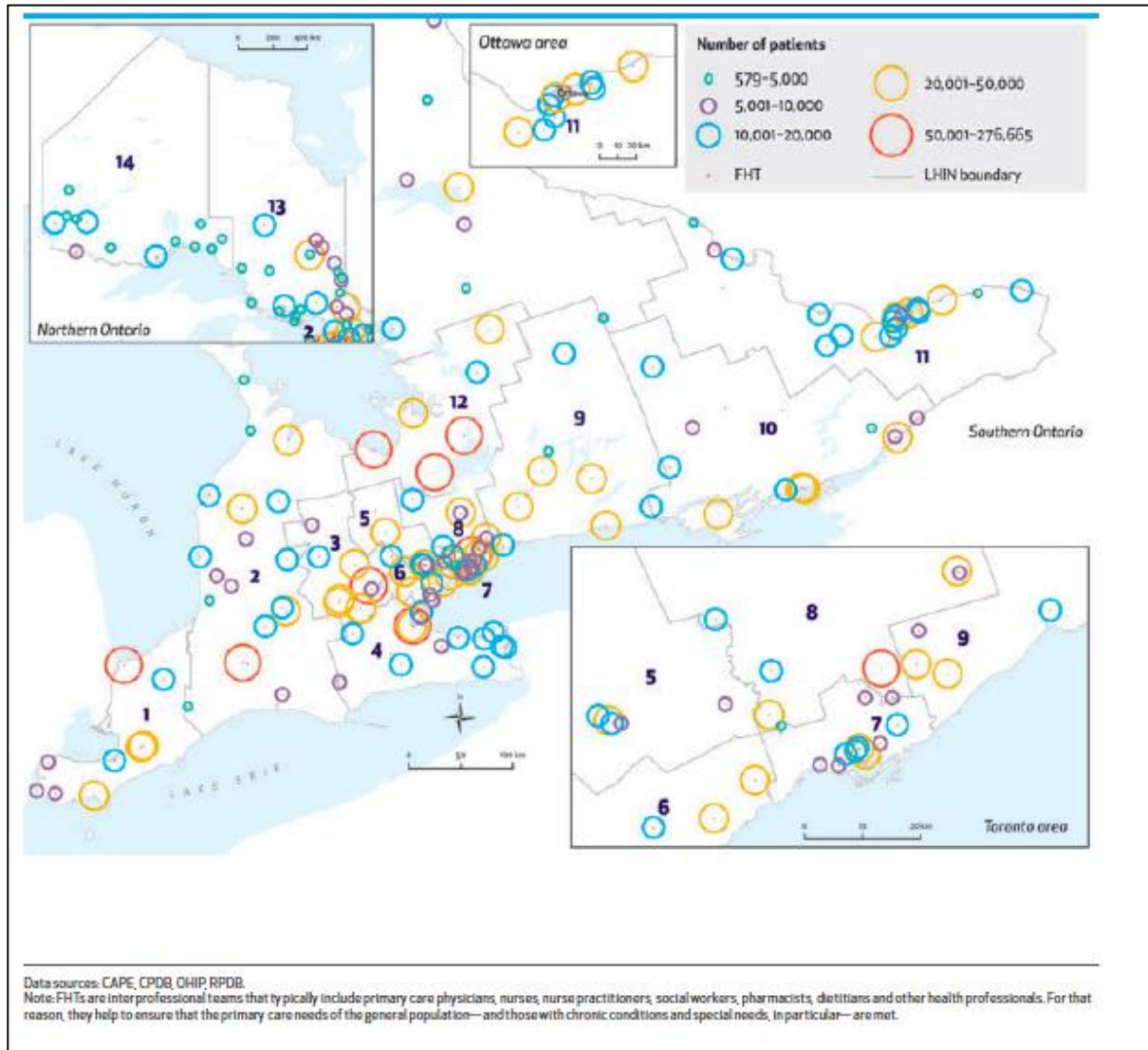
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Appendix X: Operational Plan

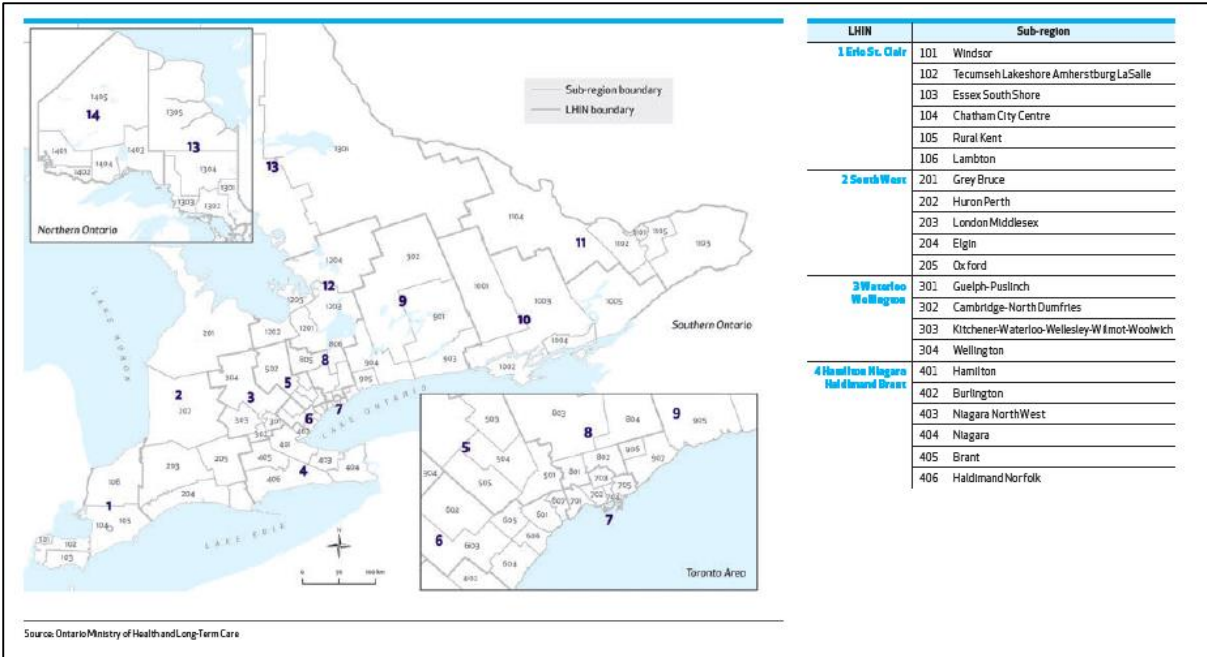
Targeted Regions

Distribution of Family Health Teams (FHTs) and number of patients in each FHT, by Local Health Integration Network (LHIN), in Ontario, March 31, 2016



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⁶⁹ Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16. (2019). Retrieved from <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/Geographic-Variation-in-Primary-Care>



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LHIN	Sub-region	LHIN	Sub-region	LHIN	Sub-region
5 Central West	501 North Etobicoke Malton West Woodbridge	9 Central East	901 Peterborough City and County	13 North East	1301 Nipissing-Temiskaming
	502 Dufferin		902 Haliburton County and City of Kawartha Lakes		1302 Sudbury-Maritoulin-Parry Sound
	503 Bolton-Caledon		903 Northumberland County		1303 Algoma
	504 Bramalea		904 Durham North East		1304 Cochrane
	505 Brampton		905 Durham West		1305 James and Hudson Bay Coasts
6 Mississauga Halton	601 East Mississauga		906 Scarborough North	14 North West	1401 District of Kenora
	602 Halton Hills		907 Scarborough South		1402 District of Rainy River
	603 Milton	10 South East	1001 Rural Hastings		1403 District of Thunder Bay
	604 Oakville		1002 Quinte		1404 City of Thunder Bay
	605 North West Mississauga		1003 Rural Frontenac, Lennox & Addington		1405 Northern
	606 South West Mississauga		1004 Kingston		
	607 South Etobicoke		1005 Leeds, Lanark & Granville		
7 Toronto Central	701 West Toronto	11 Champlain	1101 Central Ottawa		
	702 Mid-West Toronto		1102 Western Ottawa		
	703 North Toronto		1103 Eastern Champlain		
	704 Mid-East Toronto		1104 Western Champlain		
	705 East Toronto		1105 Eastern Ottawa		
8 Central	801 North York West	12 North Simcoe Muskoka	1201 Barrie and Area		
	802 North York Central		1202 South Georgian Bay		
	803 Western York Region		1203 Couchiching		
	804 Eastern York Region		1204 Muskoka		
	805 South Simcoe		1205 North Simcoe		
	806 Northern York Region				

⁷⁰ Geographic Variation in Primary Care Need, Service Use and Providers in Ontario, 2015/16. (2019). Retrieved from <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/Geographic-Variation-in-Primary-Care>

Physiotherapists in Hamilton

Name	Address	Phone
Charlton Physiotherapy	230 James St S, Hamilton, ON L8P 3B3	(289) 768-7396
Restorative Touch Physiotherapy	1119 Fennell Ave E #236, Hamilton, ON L8T 1S2	(905) 529-3278
Lifemark Physiotherapy Main East & Kenilworth	1440 Main St E #5, Hamilton, ON L8K 6M3	(905) 544-0053
Westmount Physiotherapy & Rehabilitation	723 Rymal Rd W, Hamilton, ON L9B 2W2	(905) 385-9687
Hamilton Physio & Rehab	200 James St S #207, Hamilton, ON L8P 3A9	(905) 529-0521

[Source: Internet search – Full list available per request]

Physiotherapists in Mississauga

Name	Address	Phone
Triangle Physiotherapy Mississauga	4188 Living Arts Dr, Mississauga, ON L5B 0H7	(905) 270-1400
Physiotherapy On Wheels	6295 Mississauga Rd, Mississauga, ON L5N 1A5	(905) 826-3030
Elite Physio	10 Falconer Dr Unit 2, Mississauga, ON L5N 3L8	(905) 997-8337
Square One Physiotherapy and Massage therapy	3885 Duke of York Blvd c210, Mississauga, ON L5B 0E4	(905) 232-2202
Focus Physiotherapy	2338 Hurontario St unit 211, Mississauga, ON L5B 1N1	(905) 275-5100
Etc.....		

[Source: Internet search – Full list available per request]

Physiotherapists in Downtown Toronto

Name	Address	Phone
Rebalance Sports Medicine Physiotherapy & Chiropractic	110 Yonge St #905, Toronto, ON M5C 1T4	(416) 777-9999
Foundation Physiotherapy & Wellness	383 Front St W, Toronto, ON M5V 3S8	(647) 350-5800
Ace Physiotherapy - Downtown Toronto	2 Carlton St #601, Toronto, ON M5B 1J3	(416) 900-6653
Cornerstone Physiotherapy	55 University Ave #1710, Toronto, ON M5J 2H7	(416) 363-1975
Matrix Physiotherapy Toronto	65 Queen St W #500, Toronto, ON M5H 2M5	(416) 901-8452
Etc.....		

[Source: Internet search – Full list available per request]

Dietitians in Hamilton

Name	Address	Phone
Jenny Snyder R.H.N. - Nourish Your Shine	17 Springside Dr, Hamilton, ON L9B 1M5	(905) 923-4948
Nicole Pin, Registered Dietitian	600 Brant St, Burlington, ON L7R 2G9	(647) 543-4809
Lisa Melo, Registered Dietitian	460 Brant St Suite 200, Burlington, ON L7R 4B6	(647) 862-4442
Elizabeth Gullaher, Registered Dietitian Counselling	330 - 2525 Old Bronte Rd, Oakville, ON L6M 4J2	(289) 291-0205
Dan Taylor RD	34 Norma Crescent, Ancaster, ON L9G 4V8	(905) 688-4427
Etc.....		

[Source: Internet search – Full list available per request]

Dietitians in Mississauga

Name	Address	Phone
Carole Kenny-Peters Nutrition Dietitian Consultant	1801 Lakeshore Rd W, Mississauga, ON L5J 1J6	(905) 279-2194
Registered Dietitian and Nutritionist - Thrive Nutrition Coaching	Main St S, Brampton, ON L6W 2E1	(647) 200-7172
Healthy You Naturally Wellness Centre	2760 Derry Rd W Unit 7, Mississauga, ON L5N 3N5	(905) 855-3000
Lean Body Studio - Mississauga	5200 Dixie road Unit 7, Mississauga, ON L4W 1E4	(416) 882-7752
Jamie Yermus, Registered Dietitian	3515 Lake Shore Blvd W, Etobicoke, ON M8W 1N5	(647) 248-1867
Etc.....		

[Source: Internet search – Full list available per request]

Dietitians in Downtown Toronto

Name	Address	Phone
Stefanie Senior Registered Dietitian	121 King St W Suite 1100, Toronto, ON M5H 3X7	(416) 879-4691
Ciara Foy Nutrition	100 King St W, Toronto, ON M5X 1C7	(416) 915-4116
Leslie Beck Nutrition Consulting	150 York St Suite 1500, Toronto, ON M5H 3S5	(416) 862-1553
Kyle Byron Nutrition	98 Richmond St E Suite 450, Toronto, ON M5C 1P1	(416) 459-9956
MyDiet Clinic	55 Queen St E #509, Toronto, ON M5C 1R6	(647) 955-0461
Etc.....		

[Source: Internet search – Full list available per request]

Registered Massage Therapists in Hamilton

Name	Address	Phone
Maria Murchie, Registered Massage Therapist	368 Main St W, Hamilton, ON L8P 1K2	(905) 308-1646
Matias Shiatsu & Registered Massage Therapy (Hamilton Location)	87 Wilson St, Hamilton, ON L8R 1C7	(289) 489-2048
Pamela Reimer, Registered Massage Therapist	715 Main St E #20, Hamilton, ON L8M 1K8	(905) 312-9260
Family Massage Therapy - ONE Wellness Group	491-493 Concession St, Hamilton, ON L9A 1C1	(905) 387-3092
Parkdale Massage Therapy	52 Parkdale Ave N, Hamilton, ON L8H 5W8	(905) 545-0660
Etc.....		

[Source: Internet search – Full list available per request]

Massage Therapists in Mississauga

Name	Address	Phone
Mississauga Massage Therapy Centre	50 Burnhamthorpe Rd W #338, Mississauga, ON L5B 3C2	(905) 897-8889
By The Lake Massage Therapy & Wellness Centre Inc.	110 Lakeshore Rd E, Mississauga, ON L5G 1E3	(905) 271-8878
Mississauga Therapeutic Massage	4263 Sherwoodtowne Blvd #303, Mississauga, ON L4Z 1Y5	(647) 278-6854
Serenity Massage And Wellness	15 Pearl, Mississauga, ON L5M 1X1	(905) 542-1200
Candlestick Massage Therapy	697 Candlestick Cir, Mississauga, ON L4Z 0B4	(905) 593-2287
Etc.....		

[Source: Internet search – Full list available per request]

Massage Therapists in Downtown Toronto

Name	Address	Phone
Aches Away Toronto Massage Therapy	2 Carlton St #707, Toronto, ON M5B 1J3	(416) 567-1679
Flex Massage Therapy	415 Yonge St #100, Toronto, ON M5B 2E7	(416) 542-1605
Step Up Massage & Rehab – Adelaide	218 Adelaide St W #200, Toronto, ON M5H 1W7	(416) 300-8020
Prime Health Massage Therapy	6 Adelaide St E, Toronto, ON M5C 1H6	(416) 365-1016
Atinama Massage Therapy	174 Spadina Ave #103, Toronto, ON M5T 2C2	(416) 214-9090

[Source: Internet search – Full list available per request]

Yoga Instructors in Hamilton

Name	Address	Phone
Evolve Massage Yoga Chiropractic	779 Upper Wentworth St, Hamilton, ON L9A 4V7	(905) 525- 1010
In Fine Feather Yoga	219 Ottawa St N, Hamilton, ON L8H 3Z4	(905) 906- 3936
De La Sol Yoga Studios	430 York Blvd, Hamilton, ON L8R 3K8	(905) 540- 3569
Breathing Space Yoga and Wellness	541 Main St E, Hamilton, ON L8M 1H9	(289) 680- 9642
Body Therapies Yoga Training	231 MacNab St S, Hamilton, ON L8P 3C9	(905) 525- 2426
Etc.....		

[Source: Internet search – Full list available per request]

Yoga Instructors in Mississauga

Name	Address	Phone
Parivartan Mississauga Hot Yoga Studio	350 Burnhamthorpe Rd E #5A, Mississauga, ON L5A 3S5	(905) 897- 8680
Illuminate Yoga		(416) 346- 6452
Mind to Body Yoga & Fitness	75 Watline Ave #137, Mississauga, ON L4Z 3E5	(905) 712- 9642
Hot Yoga and Pilates	1170 Burnhamthorpe Rd W Unit 28, Mississauga, ON L5C 4E6	(289) 521- 1468
Ray Yoga Studio, Mississauga	2550 Argentia Rd Unit 121, Mississauga, ON L5N 5R1	(647) 477- 5777

[Source: Internet search – Full list available per request]

Yoga Instructors in Downtown Toronto

Name	Address	Phone
Yoga Tree Bay Dundas	123 Dundas St W, Toronto, ON M5G 1C4	(416) 205-9642
Iam Yoga	680 Yonge St #2, Toronto, ON M4Y 1A6	(416) 920-9642
The Yoga Sanctuary	1 Wood St, Toronto, ON M4Y 2N4	(416) 928-3236
YYOGA	333 Queen St W #327, Toronto, ON M5V 2A4	(416) 792-2211
SAANA Yoga King West	577 Wellington St W, Toronto, ON M5V 1G3	(416) 361-3033
Etc.....		

[Source: Internet search – Full list available per request]

Colleges with programs for Registered Massage Therapists

List of Colleges	Location
Algonquin College of Applied Arts & Technology	Nepean
Bryan College of Applied Health and Business Sciences	North York
Canadian College of Massage and Hydrotherapy	Cambridge, Toronto
Canadian College of Health Science and Technology	Windsor
CDI College – Business Technology Healthcare	North York
Centennial College of Applied Arts and Technology	Scarborough
College of Traditional Chinese Medicine Canada	Toronto
Collège Boreal	Sudbury
D’Arcy Lane Institute	London
Durham College	Oshawa
Elegance College of Healthcare Services and Cosmetology	Cornwall
Fanshawe College	London
Georgian College	Barrie
Humber College of Applied Arts & Technology	Toronto
Institute of Complementary & Alternative Therapies	Toronto
International Academy of Massage Inc.	Ottawa
Kikkawa College	Toronto
Lambton College of Applied Arts & Technology	Sarnia
Medix School	Brampton, Kitchener, London, Scarborough, Toronto
Mohawk College of Applied Arts and Technology	Hamilton, Ontario
National Institute	Brampton
Northern College	Timmins
Ontario College of Health & Technology	Stoney Creek
Oxford College	Burlington, Mississauga, Peterborough, Toronto, Windsor
Pharma-Medical Science College of Canada	North York
Protégé School	Scarborough
Royal Canadian College of Massage Therapy	Toronto
Sir Sandford Fleming College of Applied Arts & Technology	Peterborough
Sutherland-Chan School	Toronto
Trillium College	Kingston, London, Oshawa, Ottawa, St. Catharines, Toronto
triOS College	Hamilton, London, Mississauga, Windsor
Westervelt College	London

Colleges with programs for Physiotherapists

University Name
McMaster University
Queen's University
University of Ottawa
University of Toronto
Western University

Colleges with programs for Dietitians

List Of Colleges
Undergraduate degrees: Fully Integrated (Academic Education and Practicum Training)
Université d'Ottawa
Brescia University College
University of Guelph
Ryerson University
Post Degree Practicum (Practicum Training Only)
Aramark Canada Ltd
Brescia University College
Grand River Hospital
Hamilton Health Sciences Corporation
London Health Sciences Centre
Northern Ontario School of Medicine
Ryerson University
Sunnybrook & Women's College Health Science Centre
The Hospital for Sick Children
Combined Masters Practicum Program (Masters Education and Practicum Training)
Brescia University College
Hospital for Sick Children
Ryerson University
University of Guelph
University of Toronto

Appendix XI: Marketing Plan

Customer profiling

Common Qualifying Dimensions:

- Range of service options to choose from
- Easy to book
- Ability to communicate with providers
- Reliability of service quality and service delivery
- Flexibility of advanced-scheduling

Customer Profile 1 - Passionate Health & Wellness Enthusiast

These are young, health conscious individuals who are excited to stay healthy and fit.

Determining Dimensions:

- Value high quality of service
- Expecting to receive advance knowledge regarding health & wellness
- Access to additional information and knowledge
- Offering packages of multiple services (e.g. dietitian coupled with a massage therapy)

Customer Related Characteristics:

A typical customer in this segment lives and breathes health and wellness, and always seeks new ways to become healthier. They allocate significant amount of time and energy to their health, being more conscious about what they eat. Typically, this segment comprises of very active male and females, generally a younger population (Gen Z or Gen Y), who actively seek new information and to expand their knowledge. They are willing to speak to knowledgeable professionals and look to make decisions quickly. People in this segment test out what works best for them. They are willing to use massages, physio, yoga as a regular practice, and a higher frequency of allied healthcare services can be achieved. While they are not overly tech savvy, they are comfortable with apps and mobile usage.

Customer Profile 2 - Casual Health & Wellness Explorer

Determining Dimensions:

- Ease of access (easy to sign up for, easy to use)
- Free availability of information
- No long-term commitments

Customer Related Characteristics:

This segment consists of people who cares about their health and wellness. They have a mentality to be healthy but they are less motivated or have less time. They are interested in new useful information, but don't actively seek it out. They are known to be stereotypical "New Years Resolutions" gym goers, who are less strict with their diet. They enjoy massages and physio, but use it as needed as opposed to in a regular practice

Customer Profile 3 - Young Overwhelmed Parents

Determining Dimensions:

- Values convenience
- Looks for credibility in terms of accreditation, registered professional, etc.

- Access to relevant information and knowledge

Customer Related Characteristics:

This segment typically young mothers with young families and stay-at-home mothers, who have little-to-no time for themselves. They find it difficult to leave the house with young children, and are willing to spend more money for convenience. They are actively searching for information on social media and online (do the most research of their lives during and after pregnancy. People in this segment are very willing to talk to and provide word-of-mouth recommendations to their friends. Similar to the Passionate Health & Wellness Enthusiasts, they are not overly tech savvy, but is comfortable with apps and mobile

Customer Profile 4 - Career-Focused Busy Professionals

Determining Dimensions:

- Punctuality and timely service extremely important
- Access to services that make them perform better at their jobs (e.g. less stressed, more energy, etc.)

Customer Related Characteristics:

For customers in this segment, time is the biggest issue. They tend to be working significantly longer than 9-5 and are generally sleep deprived and are consistently travelling. They possess high levels of disposable income earning huge salaries, but no time to spend it. They are willing to spend on convenience and luxury. Anything that saves them time is of utmost importance to them. They are more susceptible to unhealthy lifestyles because they are under a lot of stress, pressure to eat out a lot, but health and wellness is a secondary concern to them. They are not seeking out ways to become healthier at this time. They are also not overly tech savvy, but are comfortable with apps and mobile

Customer Profile 5 - Chronic Illness Sufferer

Determining Dimensions:

- Ease of use with preference to speak to customer service instead of using the app
- Need specific service offerings for their specific illness
- May need or prefer a recurring service option

Customer Related Characteristics:

This segment is not as comfortable with technology. It consists typically of baby boomers (45+), who have a chronic illness or injury. People in this segment need regular service to manage illness or symptoms and may have mobility issues that would prevent them from easily leaving the house. They would rather speak to someone in person as opposed to over an app or messenger. They have huge amounts of disposable income, and are willing to spend on luxury, comfort, and extra value. They hate Instagram, and generally only engage with Facebook and Google.

Customer Profile 6 - Lazy Introvert

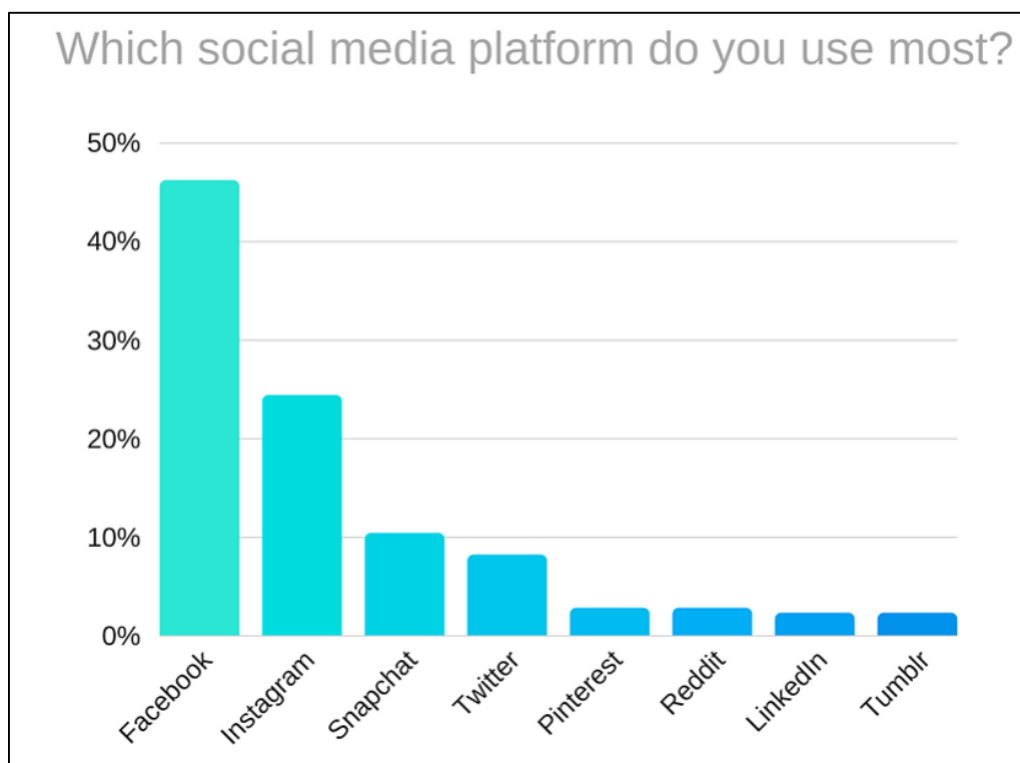
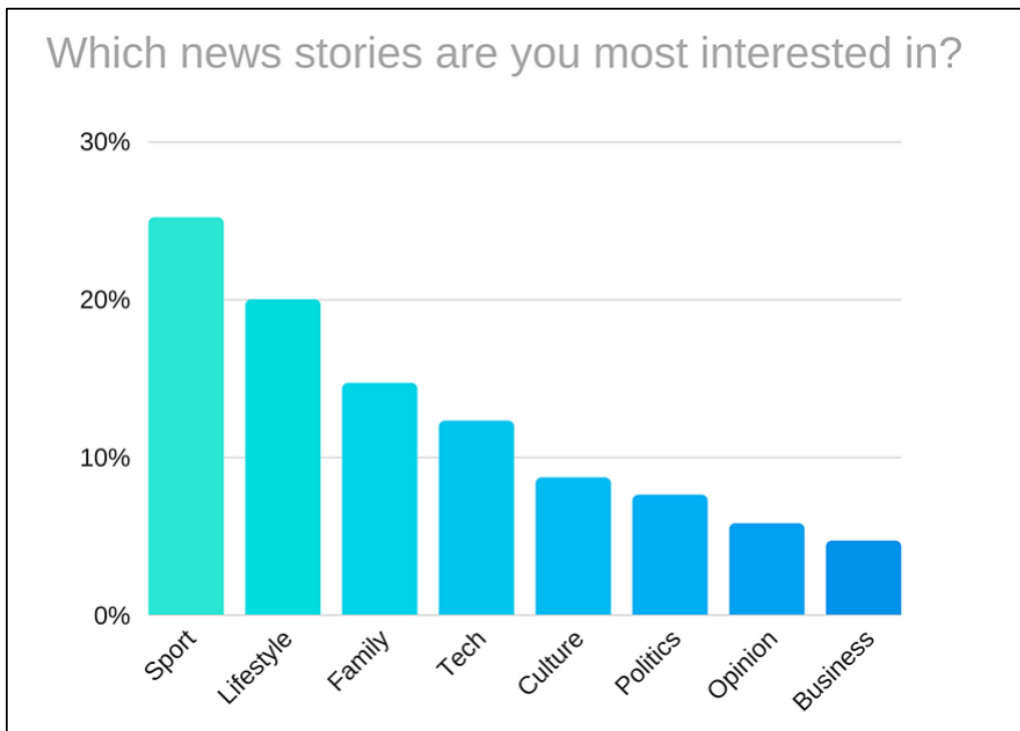
Determining Dimensions:

- Want to be able to do everything through the app - prefer no human interactions
- Interested in basic & introductory service offerings

Customer Related Characteristics:

People in this segment are known to be anti-social. They do not want to leave the house and they do not like going for appointments. They are difficult to build a connection with, and do not generally trust. They are less emotional, and more logical. They spend a lot of time at home, on the couch, are not very active, but like the idea of becoming healthier. Additionally, they are open to new information, but very slow to take any action.

Media habits of health-conscious consumers



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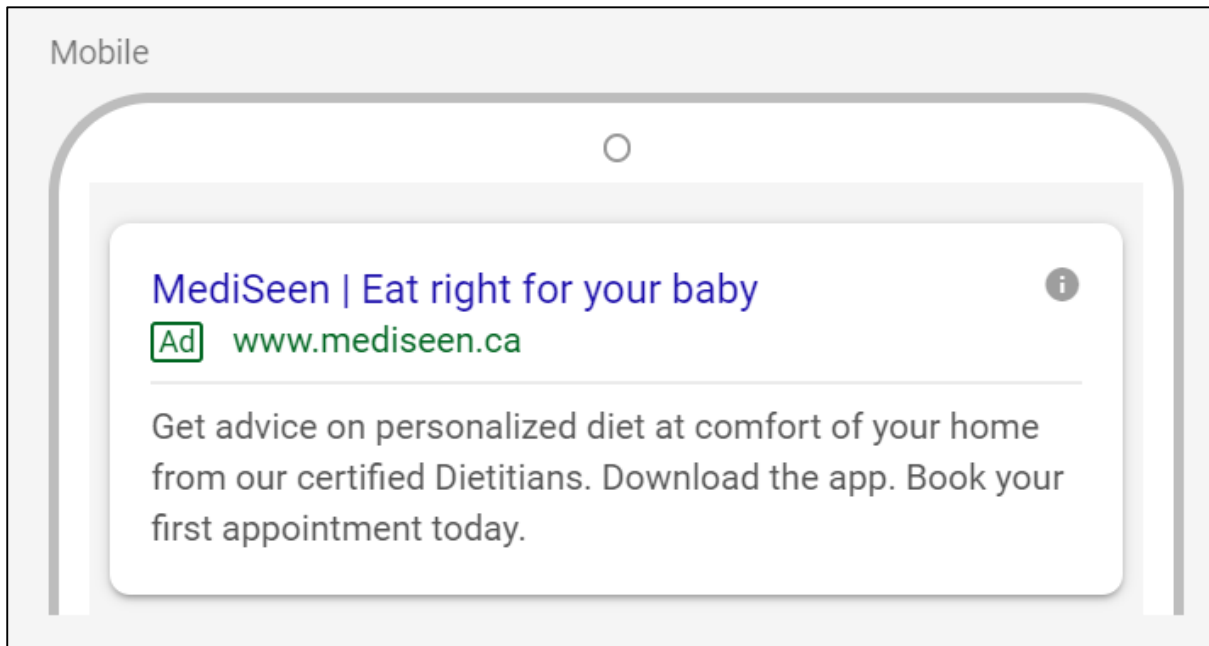
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Appendix XII: Marketing Budget

	May'19	Jun'19	Jul'19	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19
Overall Budget	\$ 30,000	\$ 22,500	\$ 15,000	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500
H&WE	\$ 12,000	\$ 9,000	\$ 6,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Budget - FB & IG	\$ 8,040	\$ 6,030	\$ 4,020	\$ 2,010	\$ 2,010	\$ 2,010	\$ 2,010	\$ 2,010
<i>CPC model</i>	\$ 6,030	\$ 4,523	\$ 3,015	\$ 1,508	\$ 1,508	\$ 1,508	\$ 1,508	\$ 1,508
Clicks	7,357	5,517	3,678	1,839	1,839	1,839	1,839	1,839
App downloads (20% conv)	1,471	1,103	736	368	368	368	368	368
<i>CPM model</i>	\$ 2,010	\$ 1,508	\$ 1,005	\$ 503	\$ 503	\$ 503	\$ 503	\$ 503
Views	271,350	203,513	135,675	67,838	67,838	67,838	67,838	67,838
App downloads (0.5% conv)	1,357	1,018	678	339	339	339	339	339
YOP	\$ 12,000	\$ 9,000	\$ 6,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Budget - FB & IG	\$ 6,000	\$ 4,500	\$ 3,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Budget - Google Ad	\$ 6,000	\$ 4,500	\$ 3,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
<i>CPC model</i>	\$ 10,020	\$ 7,515	\$ 5,010	\$ 2,505	\$ 2,505	\$ 2,505	\$ 2,505	\$ 2,505
Clicks	12,224	9,168	6,112	3,056	3,056	3,056	3,056	3,056
App downloads (20% conv)	2,445	1,834	1,222	611	611	611	611	611
<i>CPM model</i>	\$ 2,220	\$ 1,665	\$ 1,110	\$ 555	\$ 555	\$ 555	\$ 555	\$ 555
Views	299,700	224,775	149,850	74,925	74,925	74,925	74,925	74,925
App downloads (0.5% conv)	1,499	1,124	749	375	375	375	375	375
CFBP	\$ 6,000	\$ 4,500	\$ 3,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Budget - FB & IG	\$ 4,020	\$ 3,015	\$ 2,010	\$ 1,005	\$ 1,005	\$ 1,005	\$ 1,005	\$ 1,005
Budget - App Ads	\$ 1,980	\$ 1,485	\$ 990	\$ 495	\$ 495	\$ 495	\$ 495	\$ 495
<i>CPC model</i>	\$ 4,995	\$ 3,746	\$ 2,498	\$ 1,249	\$ 1,249	\$ 1,249	\$ 1,249	\$ 1,249
Clicks	6,094	4,570	3,047	1,523	1,523	1,523	1,523	1,523
App downloads (20% conv)	1,219	914	609	305	305	305	305	305
<i>CPM model</i>	\$ 1,005	\$ 754	\$ 503	\$ 251	\$ 251	\$ 251	\$ 251	\$ 251
Views	135,675	101,756	67,838	33,919	33,919	33,919	33,919	33,919
App downloads (0.5% conv)	678	509	339	170	170	170	170	170
Total App downloads	8,669	6,501	4,334	2,167	2,167	2,167	2,167	2,167
Retained downloads		2,601	2,731	2,119	1,286	1,036	961	938
Monthly downloads	8,669	9,102	7,065	4,287	3,453	3,203	3,128	3,106
New active monthly users(3%)	260	273	212	129	104	96	94	93
Aggregate active monthly users	260	533	745	874	977	1073	1167	1260