

Your Health, Your Plan

Transforming fragmented health data into a continuous, personalized story of well-being

Corporate Startup Lab

Agenda

Here's what we'll focus on today

2

Introducing YHYP - what
it is and why it matters

4

Business consideration

1

The problem we
set out to solve

3

Live walkthrough
of the platform

5

Roadmap & next
steps



The Challenge

The Reality of U.S. Healthcare Today



Patient Experience: "Nearly 1 in 4 U.S. health care dollars are wasted, yet patients still struggle to get basic care." - Towards Healthcare



Physician Burnout: "Physicians are drowning in tasks they were never trained for, and patients are left guessing about what they're supposed to do. " — Gabe



Primary Care Crisis: "U.S. primary care ranks last among high-income countries" — The Commonwealth Fund



The Tale of Two Members:

Personas



1

Michael Smith - Supported

60, Tech Executive

- Long-time Forefront customer
- Feels informed & in control
- Proactive health management
- Strong doctor-patient relationship
- Data integrated and actionable

2

Barbara - Struggling

55, Nonprofit Director

- New to concierge care
- Labs scattered across portals
- Isolated wearable data
- No roadmap, no clarity
- Early risks unseen

The Burden on Physicians

Personas



1

Dr. Johnson

48, Concierge MD

- Treats patients' scattered data across portals
- He spends more time searching and synthesizing rather than with the patient
- Constant worry of missing early risks
- He doesn't lack expertise; He lacks visibility

What he needs:

A **single, integrated health story** that focuses on what matters to each patient, so he can deliver proactive care.

Transform scattered data into actionable insights

What Patients Still Struggle With

	YHYP	particle	Suki	navina	+	+
Unified Health Story	✓	✓	✓	✓	✗	✓
Trends & Progress	✓	✓	✗	✗	✗	✓
Coordinated Care Guidance	✓	✗	✗	✗	✗	✗
Personalized Prevention	✓	✗	✗	✗	✗	✗
Patient Facing	✓	✗	✗	✗	✓	✓

1. Scattered Data & Scattered story

2. No sense of trends or progress

3. Conflicting advice from specialists

4. No personalized preventive plan

Today's tools solve pieces but **none** solve the whole human story.

Let's See YHYP in Action!



How We Are Building

The System Patients and Doctors Have Been Asking For

Inspired by Gabe and the Forefront team, YHYP is built around these radical ideas:

- ✓ One Integrated Health Story
- ✓ Makes the Invisible Visible
- ✓ A Personalized, Proactive Plan
- ✓ A Second Set of Eyes for Physicians



This isn't another health tool; it's the **foundation** of a new operating system for **proactive** care.

Key Benefits for Patients & Physicians

Physicians: Reclaim Time & Confidence



Unified timeline **eliminates hours** of manual chart review with instant patient history access



AI-driven summaries **accelerate** accurate documentation



"Second set of eyes" **spots** hidden risks for **earlier intervention**

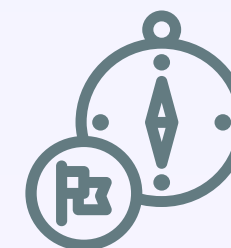
Patients: Clarity & Motivation



Understand your health status and changes with a **board level report**



Track tangible progress toward your health goals



Take control with personalized plans for long-term health

User Research Validation

“From a cardiovascular standpoint, these AI recommendations are appropriate. Doctors often **miss things** like ACE inhibitors or the DASH diet — having AI surface those and letting me click once to add them to the action plan would be a **real one-stop shop.**”

- Dr. Amir

“I **love** having vitals, labs, and wearable data all in one place. I'd pull this up with patients and walk through it visually during visits — **incredibly helpful for clinical decision-making.**”

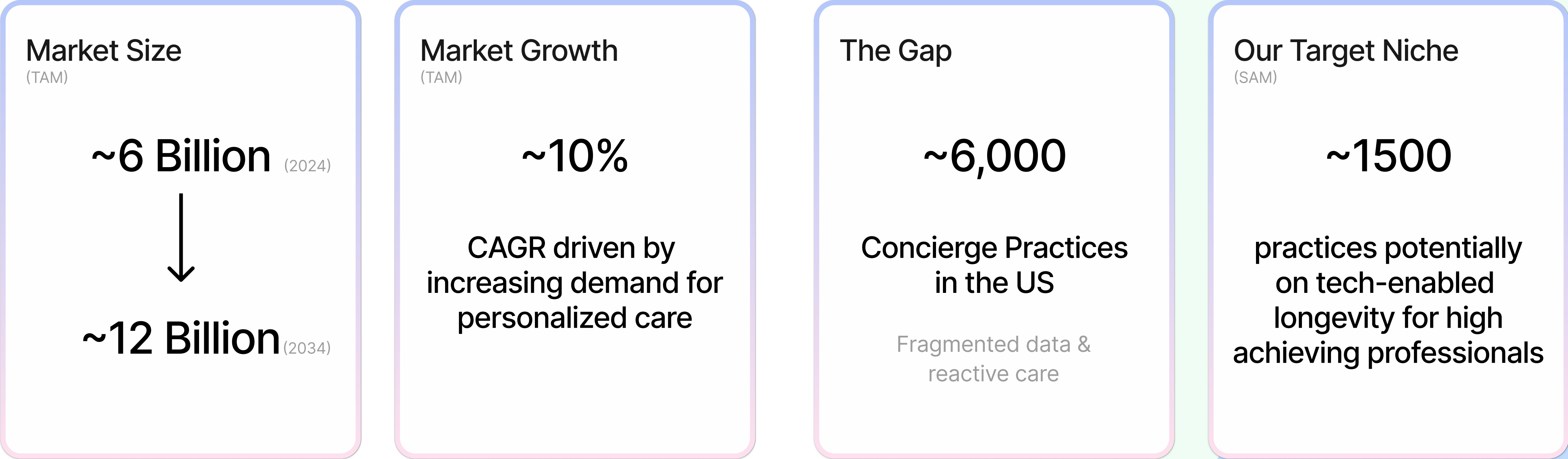
- Dr. Sheena

“The summary and report give me **instant** context and **catch patterns** I'd otherwise miss.”

- Patient S



Market Opportunity

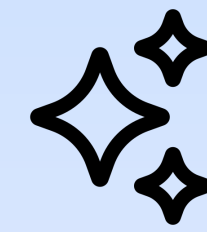


B2B SaaS Model

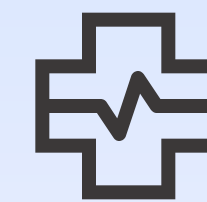
What is it, and for who?

YHYP will be offered as a service to **Concierge & Preventive Care Practices** (not directly to patients).

Practices pay a monthly fee for:



AI-enhanced clinical insights



Automated data aggregation (labs + wearables + history)



Physician dashboard + patient reporting tools

Pros and Cons of the B2B model

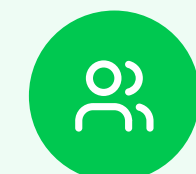


Pros



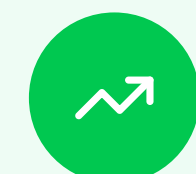
Predictable recurring revenue

Stable, long-term contracts ensure consistent cash flow



Direct customer relationships

Build strong partnerships with enterprise clients

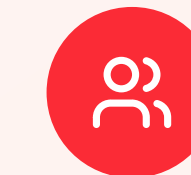


Lower upfront costs for users

Reduces barrier to entry for new customers



Cons



Small target market

Limited pool of qualified enterprise buyers



High acquisition effort

Long sales cycles and intensive support requirements



Slower growth

Enterprise deals take time to close and scale

YHYP GTM strategy

1

Get it to work in Forefront

(2-3 Months)

- HIPAA compliance for AI and data storage
- Standalone application that can be used locally by medical professional
- Bulletproof data extraction

2

Roll-out in 3-5 friendly concierge practices

(5-6 Months)

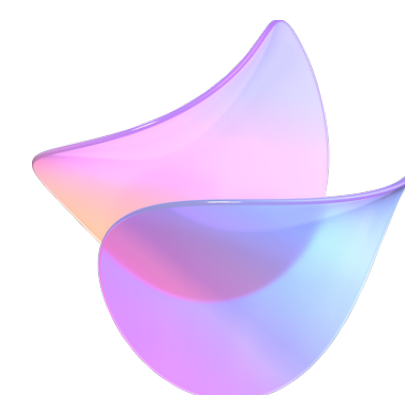
- Application is no longer local - physician and patient components 'talk' to each other
- Get API access to EMR (Athena) and wearables data, via existing products or integrations.

3

Launch

(8-9 Months)

- Accept/reject the AI suggestion (physician only)
- Patient accountability tracker ("nudging")
- The entire product experience is polished



Q & A



APPENDIX

Customer Discovery (Provider side)

Interviewers



Shubhaa Chawla

- Trained as a physician in India
- Worked for a year as a doctor before joining a healthcare startup.



Rebekah Hughey
Primary Care, Family Medicine;
Integrative Medicine

- Hospitalist Medicine (5 years)
- Highmark health Administration
- 10 years in primary care/family medicine
- Faculty at Duke (Academia)



Ryan Jones
Family Medicine

- Northern healthcare systems are more connected
- Used Epic. Moved to Florida and used the general primary care model.



Kirsten Lin
Family Medicine

- MD from pitt medical school,
- UPMC family medicine
- 12 years at harrison valley medical system.



Amir Shirmohammad
Family Medicine

- Trinity Family Physicians
- Doctor of Medicine from Tulane University
- Residency in Family Practice at Florida Hospital in Orlando.



Rex Chiu
Primary Care/Internal Medicine

- Residency then joined faculty at Stanford.
- Merged with Private Medical doing Direct Care Medicine and Concierge Medicine



Young-Hak Kim
Cardiology Department

- Director of Cardiology dep.
- Director for Department of Digital Innovation,
- Created EMR system of Asan Medical Center

Customer Discovery Findings

Workflow

- Physicians invest significant time in pre-visit chart review and post-visit tasking
- Manual chart review; key info often missed

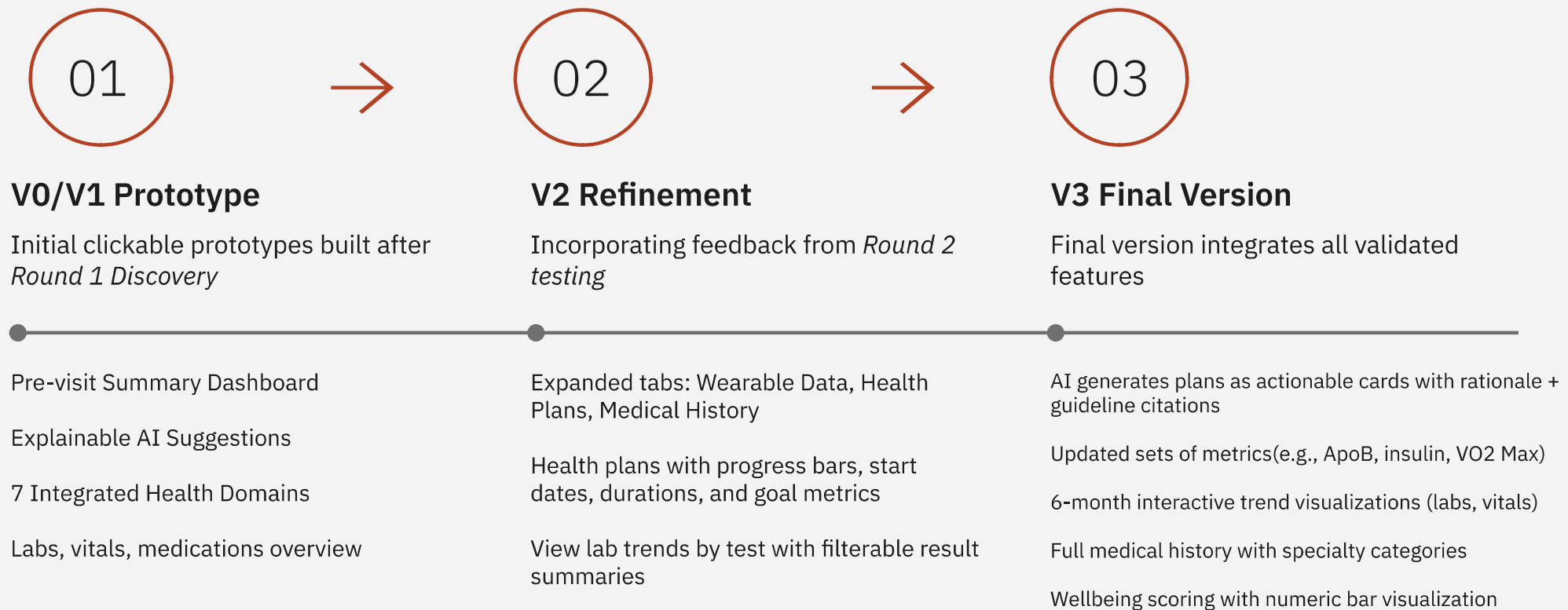
EHR

- Navigation is click-heavy; information is siloed across modules.
- External labs/reports data often lack smooth integration.
- Portals & wearables underused; no real-time data

Features

- Summarization of history with key highlights
- EHR/mobile integration
- AI scribe /note-taking assistant
- Longitudinal delta detection
- Repeat-issue tracking

Product Evolution



Second Feedback: Dr. Sheena

Category	Key Insight	Selected Quotes
Top Priorities on Overview Page	Wants vital signs + cardiometabolic markers (ApoB/LDL, insulin resistance) + renal function shown first.	<i>"Total cholesterol is pretty useless... ApoB or at least LDL would be ideal."</i>
Lab & Metrics Preferences	Highlight only clinically meaningful labs; provide clearer trends and better visuals.	<i>"Patients love seeing the graph... this little 6-month trend isn't very helpful."</i>
AI Recommendation Quality	Needs transparent reasoning and relevant, accurate suggestions.	<i>"If AI suggests an ACE or ARB, I want to know why." "If the recommendations don't make sense, I'll lose trust pretty quickly."</i>
Abnormal Findings Detection	AI should surface <i>all</i> non-ideal values and overdue screenings.	<i>"It should pull out everything that's not in the ideal range."</i>
Physical Activity Suggestions	Current suggestions are too generic; needs strength vs cardio differentiation.	<i>"This physical activity recommendation isn't helpful... it needs to be much more nuanced."</i>
Wearable Data	Strongly values integrated data, trend views, HRV, VO ₂ max.	<i>"Having all the wearable data in one place is awesome."</i>
Well-Being Scores	Not useful without transparency on source and validation.	<i>"If I don't know where this data comes from, it's not very helpful."</i>
Overall Product Impression	Very positive—enthusiastic if customizability and AI transparency improve.	<i>"This looks really good... I'm super excited to eventually use it."</i>

Second Feedback: Dr. Amir

Category	Key Insight	Selected Quotes
Overview Page & Graphs	Loves the health overview page and especially trend graphs; wants ability to overlay multiple metrics (e.g., LDL + fasting glucose + A1c + BMI) and compare directions over time.	<i>"Patients love graphs... I love how you have those graphs there." "I'd take LDL, fasting blood sugar, hemoglobin A1C, BMI, and put all of those on one graph... they just see everything going up and it's like, 'oh, wow, this is terrible.'"</i>
Vitals & Cardiovascular Panel	Wants more vitals included and plotted: heart rate, respiratory rate, pulse ox, alongside BP (even if on separate graphs).	<i>"When we look at the cardiovascular analysis... can you pull the heart rate up on there as well, and can you plot that?" "I would have the respiratory rate, the pulse ox, and the heart rate also plotted... I think we need to have those."</i>
AI Insights (Physician Dashboard)	Sees AI insights as valuable "safety net," especially for missed basics; not overwhelming, but should be customizable per-physician.	<i>"A good physician should know all this... but physicians are missing these things all the time." "I don't think it's overwhelming at all... very appropriate what you have on here."</i>
AI as Interactive Checklist & Action Bridge	Wants AI suggestions to behave like an interactive checklist that, when accepted, automatically populates the action plan and downstream records.	<i>"If the physician clicks on it, it automatically goes into their action plan." "You click ACE or ARB and say yes... it populates everywhere appropriately."</i>
Lab Results UX	Likes current layout but wants quicker navigation by date + test names listed horizontally; loves abnormal-only highlight; stresses correct reference ranges from each lab vendor.	<i>"When you have these closed... the name of the labs should all be written horizontally after the date." "I love what you guys did there on the far right, where only the ones that were abnormal were highlighted... that was good." "Reference ranges... can be different. You should use the lab company that drew the lab to input their reference ranges."</i>
Medications View	Appreciates current structure but wants: brand vs generic clearly labeled, prescribing physician, last refill & refills left, refill-from-here, and drag-and-drop / sort options, with PCP-managed meds prioritized.	<i>"You're gonna have to have a feature where it's going to show the name brand and the generic." "I would like to know who the prescribing physician was... I'm not going to refill their anoxaparin." "I want to know the date it was refilled... so I can click on the refill button from here."</i>
Wearables	Strongly likes wearable section; sees it as pattern/acute-supportive, not diagnostic, and is happy with it as-is.	<i>"I do really like [the wearable data]... pattern shows."</i>
Patient Report – Structure & Visuals	Loves the "Where you've been / Where you are / Where you're going" 3-column concept and graph-based labs for patients; supports color-coded risk bands.	<i>"I really loved the 'where have you been, where are you today, and where are you going.' Don't change that." "Patients... love plotting it on a graph and watching the trends go down or up." "I like the color... green and orange and obviously red if they're high."</i>
Risk & Guidelines / References	Wants explicit guideline references (e.g., ACC/AHA) and future workups suggested to the physician (but hidden from patients).	<i>"We have to have the references... which college is recommending that?" "I'd want future consideration workups... calcium score, stress test... visible to the physician, invisible to the patient."</i>
Action Plans & Follow-up	Very positive about AI-generated action plans that spell out concrete next steps, timing, and referrals with contact info.	<i>"This is the part that's really good... those are the action plans that I want on there." "It gives them an action plan for the long term... labs on this time, weight check on this time."</i>
Overall Assessment	Strongly supportive of the product direction; sees labs and meds as key areas to refine, and thinks wearables, overview, health plans, and AI reporting are "nailed."	<i>"I really like the first page, the overview." "Your labs is probably the area that you need to put in the most effort... but it deserves the time." "I think you nailed it with the wearables, for sure, and the health plan and the AI reporting."</i>

Pricing Strategy

Pricing Strategy

Competitor	Pricing	Notes
Navina	~\$399–\$599/physician/month	AI clinical summary tool
Suki	\$199–\$399/physician/month	Voice + documentation assistant; no patient app
Picnic Health	\$99–\$199/patient/year	Patient-facing, not clinician workflow
Tempus AI	Charges per-test + enterprise deals	Specialty oncology, not concierge
Health Gorilla and Particle Health	Enterprise deals	EHR data aggregator

Pricing Strategy

Vendor / Product	Approx Price / MD mo	Core Features	Lacking vs YHYP
Suki (AI scribe)	~\$299–\$399 / MD/mo	Ambient note generation, voice dictation, SOAP notes, EHR integration	Doesn't aggregate fragmented records, no patient-facing app, no longitudinal health + risk analytics
DeepScribe / Similar AI scribes	~\$300–\$500 / MD/mo	Real-time note generation, EHR export	Focused on new visit documentation; doesn't consolidate historical data, no member dashboard
Medical Billing / EHR SaaS tools	\$150–\$600 per provider/mo (depending on modules)	Billing, charting, standard EMR workflows	No AI summarization, no data aggregation, no patient-app or risk forecasting
Data Aggregators / Record Collectors	Often per-patient or per-record pricing (not public-facing)	Data normalization, record stitching	No clinical summaries, no physician workflow tool, no concierge-level workflow integration
YHYP (Proposed)	\$500 – \$1,800 / practice /mo + \$3 – \$12 / patient/mo	Full-stack: Data ingestion (EMR, labs, PDFs), AI summarization & risk flags, clinician dashboard, member app, lifestyle & wearable integration, white-label SaaS + analytics	—

Pricing Strategy

Plan	Core	Professional	Enterprise / White-Label
Ideal For	Solo MDs / Small Concierge Practices <200 patients	mid sized concierge practices (3–15 MDs) 200-1000 patients	Large practices, networks, health systems >1000 patients
Billing	Per practice + per patient	Per practice + per patient	Per practice + per patient + onboarding fee
Physician Fee	\$500 /concierge/ month	\$1,200 /concierge/ month	\$1,800 /concierge/month
Patient Fee	\$3 / patient / month	\$5 / patient / month	\$12 / patient / month
Setup / Onboarding	Low-touch, self-serve	Light onboarding (remote)	\$50 k–\$150 k one-time onboarding fee (custom deployment)

Pricing Strategy

Value tied to time saved by a concierge physician



Save 3-6 hours/week. Physician value per hour = \$300-\$500, then it would save more than \$2700/month or \$32.400/year

Value tied to patient retention



If Concierge practice can improve minimum 5% retention, a practice with 400 member gains :
20 patients x \$5000 per year = \$100.000/year



Paying \$38.400 per year for YHYP with value = \$132.400 means 3.45x ROI

Valued tied to differentiation which boost customer acquisition in the long run

B2B early access pricing :
\$500/practice/month
\$3/patient/month
12-month commitment
Onboarding support