How Does Your Customer Acquire Your Product (Steps #12, 13 & 18)

Class Twelve

Bill Aulet

Howard Anderson
Comment

• We are probably ahead of you on the material covered from what you are doing on your project.
• This is understood but you should be putting to work the earlier steps and catching up by meeting as a team and deciding what you beachhead market is and then doing a lot of secondary and even more importantly, primary target customer research.
• Our class today is not going to be as many steps but they are more subtle and very important.
• Keep up with your project and applying the steps if at all possible. Don’t fall too far behind.
## Review – To Date

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<th>Who is Your Customer?</th>
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Primary Customer Research

- Extremely important
- Keep records
- Continue to discuss
- Spiraling on your persona
- Continually enhancing your persona … and other foundational elements
- But keep moving for the sake of this class; it is important to go through the full process even if imperfect
### This Class

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- 8) Quantify the Value Proposition
- 10) Define Your Core
- 11) Chart Your Competitive Position
- 12) Determine the Customer’s Decision-Making Unit (DMU)
- 13) Map the Process to Acquire a Paying Customer
- 18) Map the Sales Process to Acquire a Customer
## In the Broader Context

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<td>17) Calculate the Lifetime Value of an Acquired Customer (LTV)</td>
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<td>18) Calculate the Cost of Customer Acquisition (COCA)</td>
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Step #12: Define the Decision Making Unit (DMU)

Step #12: Decision Making Unit (DMU)

Define the **DMU (Decision Making Unit)** for the target customer which is the people who will be involved when your product or service is acquired. Carefully define each party and the nature of power in the acquisition process (e.g., economic buyer, influencer, veto power, user, primary, secondary). See example provided.
15.390 New Enterprises

DMU Example

CUSTOMER: Facilities Manager

- Technical decision maker
- Pays bills
- Has problem
- Owns budget
- Makes it happen

CIO / IT organization

- Uptime
- IT knowledge
- No knowledge about power or water
- Overall perspective and priorities

Mechanical Contractor

- Builds
- May try to substitute for cheaper solution

Finance/Purchasing

- Veto
- Asks for competitors' bids

Internal Corp. Engineering

- Companywide
- Technical expertise
- Powerful in Retrofit

Engineering Firm

- Designs and recommends
- Powerful prescriber in new facility with uneducated customer

Most powerful prescriptors

Datacenter Manager

- Gets budget
- Decision maker
- Technical knowledge but not in water
- Business perspective

Green Initiative

- CEO
- Green Czar
- PR

Primary responsibility for power and cooling expense

Facilities manager 52%

IT organization 28%

Business lines 9%

Other 11%

Customer Influencer

Money Veto
DMU Example: Helios

**CUSTOMER: Ops Manager**
- Technical decision maker
- Pays bills
- Has problem
- Owns budget
- Makes it happen

**Regulatory bodies**
- Approval required
- Drive DMP length

**Vehicle Engineering**
- Evaluates feasibility of implementation
- Has final authority whether solution is fit for fleet-wide retrofit

**Most powerful prescriptors**

**Industry Associations**
- APTA
- UITP

**Drivers**
- Operate equipment
- Might complain if technology hinders use.

**Finance/Purchasing**
- Veto

**Legal**
- Oversees approval process
- Veto power
- Supports regulatory process

**Green Initiative**
- CEO
- Green Czar
- PR

**Business unit cost structure**
- 40% Capex
- 60% Opex

Multiple Stakeholders. Most with “blocking.” The champion will be the Operations Manager.
Step #13: Map the Process to Acquire a Paying Customer (a/k/a DMP)

Step #13: Decision Making Process (DMP)

Define the **DMP** *(Decision Making Process)* for your product in this market. Map out the various steps with the different players and note the roles and various approval/authority levels for each person. Be sure to understand and be realistic about the time frame involved for each step and give a reasonable (80% certainty) range. Be sure to account for the budgeting process if your product/service requires this. What does this analysis tell you?
Example of DMP

Description of the acquisition process

**New project**
- Contact CIO to get approval and gain access to internal company specialist
- Contact internal company specialist / green czar / Corporate Facilities Manager to influence Engineer
- Contact design engineer to work together in definition of water system, give specifications, and have them prescribe MWFS
- Contact general contractor and Purchasing to ensure purchase and proper installation

**Retrofit**
- Contact Facilities Manager and help him sell to Data Center Manager
- If necessary, contact CIO to get approval and gain access to Data Center Manager and internal company specialists
- Contact Facilities Manager / Data Center Manager/ Purchases to ensure purchase of our product and proper installation

<table>
<thead>
<tr>
<th>New project</th>
<th>Retrofit project</th>
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<tbody>
<tr>
<td><strong>Lead generation</strong></td>
<td><strong>Access to facility manager</strong></td>
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<td>1-2 months</td>
<td>4-6 months</td>
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Step #18: Map Sales Process

Step #18: Sales Map Process

Map out your **Sales Process** including channels. It is very important to understand your short, medium and long term sales strategy and vet this with experienced professionals in the industry. This is often overlooked and will have a huge impact on Cost of Customer Acquisition calculation in the next step.
Map of Sales Process Example

Short Term

- Direct Sales (100%) → All end customers w/ focus on strategic accounts in target market

*This would continue until Word of Mouth becomes significant and product is matured and proven. Then as move from demand creation to demand fulfillment …*

Medium Term

- Direct Sales (50%) → Largest customers
- Selected Regional Exclusive VARS (50%) → Medium and small accounts in target market

*This would eventually evolve to more of an online commerce as the product becomes the standard and the product line expands & new markets are tested – estimated in year 3*

Long Term

- Direct Sales (25%) → Top 50 accounts & new market
- Selected Regional Exclusive VARS (40%) → Accounts below Top 50 & non-core markets
- Thru Web Site & Direct Telemarketing (35%) → All customers in core market (with commission to VARS & Direct Sales)
Step #19: COCA

Introduction to Smart Scheduling

• Guest: Chris Moses (Founder & CEO)
## Market Segmentation

<table>
<thead>
<tr>
<th>End User</th>
<th>Application</th>
<th>Benefits</th>
<th>Lead Customers</th>
<th>Market Size</th>
<th>Competition</th>
<th>Platform</th>
<th>Needs</th>
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</thead>
<tbody>
<tr>
<td>Front office staff</td>
<td>Appt. Scheduling</td>
<td>Ease of use</td>
<td>Specialty/Chronic/Medicare/Medicaid clinics</td>
<td>178,000 practices</td>
<td>EMR vendors</td>
<td>Athena-health/Allscripts/eClinical Works/EPIC</td>
<td>Easy to use Affordable</td>
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<td>Improve no shows and overbooking</td>
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### Additional segments to consider:
- Acute vs. chronic clinics, centralized scheduling vs. ad hoc, primary care vs. specialty care
Scheduling Workflow at 4 clinical sites

**Clinic 1: Large Academic Medical Center (AMC) Pain Clinic (Specialty Clinic)**
- Front desk during visit schedules in IDX 9.5 weeks in advance
- Schedule apt. in varying slots (ex: 90 min proc., 45 min pat, 15 min F/U)
- Admin staff captures scheduling data at the end of each month
- 12,000 encounters/year
- Staff: 3 attendings, 3 fellows, nurse/MS, 8 admin (manager, front, and back)
- Overbooking problem
- No show trends: new pts., psychologists, lesser acuity, doctors with most patients.
- Other challenges: increase in calls, referrals, revenue, space

**Clinic 2: Large AMC, Pediatric Primary Care Center**
- 10-14 schedulers book 6-12 weeks in advance through EPIC
- Schedule apt. in fixed 15 minute slots (experimented with 10 and 20 min slots)
- Associate Director analyzes data (provider/informatician)
- 42,000 encounters/year
- Staff: 110 providers (attendings, residents, nurses), 4 admin at front desk, 10-14 schedulers
- 30% no show rate problem
- No show trends: first AM appt., transportation issues (2/3 by car & reliance on others), co-pays, missing work
- Other challenges: 65% Medicaid population, matching providers by languages, “overbooking aggressively”

**Clinic 3: Suburban, Private Pediatric Clinic**
- 1 admin books 12 weeks in advance through e-clinical works
- Schedule apt. in varying slots (ex: 30 min phys., 45 min teen girls, 15 min sick visits)
- Little analysis completed of scheduling data
- 6,000 encounters/year (10-15 patients/day/physician)
- Staff: 3 physicians, nurses/Pas, 2 admin (1 front, 1 practice manager)
- No show trends (non-issue): “I forgot”, soccer practice
- Challenges: coordination with other clinics, liability, space, tracking down labs & making phone calls
- Items of note: charge for no shows, fees for extra tasks, part of larger PPOC, PAs build flexibility

**Clinic 4: AMC Primary Care Clinic**
- 4 admin/schedulers book 3-8 months in advance through IDX (ecw for EMR)
- Schedule apt. in varying slots (ex: every provider has diff. times, residents have 30 min)
- Scheduling admin monitors 4000 complex pts. through excel
- 13,000 encounters/year (6000 patients/clinic)
- Staff: physicians, residents, nurses, 7 admin (manager, 2-3 front, 3 back)
- 30% no show rate problem
- No show trends: residents have highest, transportation concerns
- Other challenges: 40% Medicare population/30% MassHealth, tracking complex patients, language barriers

Note: Other conversations took place with AMC CIOs & Chief of Staff
Beachhead Market:
Primary Care Clinics with Web or Cloud-based EMR

First customers: athenahealth and Primary Care Clinic with Centralized Scheduling

Significance:
- athenahealth is an innovative, local cloud-based EMR vendor with 5% market share and willing to take risks to make Boston the healthcare IT capital of the world.
- Large (>10 physicians) primary care clinics need to improve practice operations, improve quality by focusing on care delivery and not on admin practices, and increase revenue

Size: 30,000 clinics currently use athenahealth billing software, rapidly growing segment also using EMR
Target Customer: athenahealth (35,000 clinics)

1. Is the target customer well funded & readily accessible to our sales force?
   • Yes, athenahealth is a public company growing each year whose management is willing to take risks and wants to develop an innovative healthcare IT ecosystem.

2. Do they have a compelling reason to buy?
   • Yes, athenahealth is willing to take risks to grow from 5% of market share. In addition, they earn a percentage of practice revenue, therefore if the practice becomes more efficient due to improved scheduling, athenahealth makes more money.

3. Can we today, with the help of partners, deliver a whole product?
   • Yes, by partnering with athenahealth and primary care clinics, we can utilize their live data to develop an algorithm deploy software that potentially integrates with their system.

4. Is there entrenched competition that could block us?
   • No, there is no “entrenched” competition that focuses on intelligent scheduling. Competition is only from simple scheduling systems currently in use (e.g. legacy idx scheduling software) and academics practicing in this space (Mr. Cronin at MGH).

5. If we win this segment, can we leverage it to enter additional segments?
   • Yes, we can move from clinic scheduling into optimizing workflow, predicting referral completion, managing queues (move sick patients to the top), and tailoring resources to high-value or high-risk patients in other clinical settings and practices. In addition, this could be leveraged to other segments, such as dentistry, optometry, chiropractors.

6. Can we show results in an acceptable timeframe?
   • Yes, differences in practice revenue from a single day or averaged across a week can be compared to historical data. If more patients can be seen per clinic, revenue increases. Furthermore, cloud-based EMR vendors can quickly deploy software in thousands of practices if it works well in pilot clinics.
TAM Sizing for Beach Head Market

1.2 M US clinics (eventually but today let’s focus on those with web access & data)

135,000 with two targeted healthcare IT firms

Possible Additional Segmentation to get to a more closely defined Beach Head Market:
1. Geography
2. Size
3. Type of specialty
4. EMR provider

Beach Head Market

135,000 clinics x $3,600 per clinic/year

= $486M million/year for beachhead market
# Customer Profile Moving to Personas

<table>
<thead>
<tr>
<th>Ashley</th>
<th>Dr. Gilligan</th>
<th>Kevin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinic Admin</strong></td>
<td><strong>Clinic Director</strong></td>
<td><strong>VP BD, EMR vendor</strong></td>
</tr>
<tr>
<td>• 24-45 years old, female</td>
<td>• 40-68 years old</td>
<td>• 40-50 years old</td>
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<tr>
<td>• Part time nursing student</td>
<td>• Medical school training not supplemented with business education</td>
<td>• MBA, but undergrad CS major</td>
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<tr>
<td>• Keeps track of scheduling down in excel sheets for own knowledge</td>
<td>• Clinical director for 5 years</td>
<td>• Attracted to company with cool, entrepreneurial culture</td>
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<tr>
<td>• Worked at PCP clinic for 4 years</td>
<td>• Losing revenue</td>
<td>• Company is emerging, but not a leading vendor</td>
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<tr>
<td>• Proficient in Microsoft office software</td>
<td>• Needs more clinic space</td>
<td>• Company’s R&amp;D group is overwhelmed and can’t handle a major innovation project</td>
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<tr>
<td>• Spends 40% of her time scheduling, 10% postcards/mailings, 30% calls, 20% communication with providers</td>
<td>• Receiving intense pressure from administration</td>
<td>• CEO placing pressure to look externally for disruptive solutions</td>
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</table>
Use Case: Administrative Assistant for Large Primary Care Clinic

Clinic Profile:
- 16,000 encounters/year
- 15 physicians
- Embedded within Large Medical Center
- Cloud-based EMR
- 30% no show problem, some overbooking

- Ashley arrives at 7:30 AM and opens up cloud-based EMR system called cloud clinical system (CCS) which contains our back-end product
- Ashley reviews today’s automated schedule which has overbooking throughout the day
- Clinic opens at 8 AM and Ashley receives 5 phone calls right at 8:02 AM (right as clinic opens) with 2 requesting appointments
- She asks patients requesting appointments 3 quick questions and enters into CCS
- CCS computes answers to questions along with drawing up system data and places patients into scheduling template within CCS
- Clinic director stops by and tells her that Medical Center leaders awarded their clinic as a “Clinic to Watch” for improving revenue by 10% and improving patients and provider satisfaction by 6 and 14%, respectively
- Ashley reviews today’s appointments and found that only 1 person no-showed and only 1 providers had two patients arrive at the same time
Decision Making Unit

Cloud-Based EMR Vendor

CEO/COO
Influencer
Money
Veto

BD
Influencer
Money
Customer
Veto

Account Manager
Influencer

Legal
Veto

R&D
Influencer

Primary Care Clinic
(Embedded within Large Medical Center)

CIO
Organization*
Customer
Influencer
Money
Veto
Includes IS team

Internal Vendor Team*
Influencer
Veto

LMC Leadership
Influencer
Money

1° Care Clinic

Clinic Director
Money
Veto

Clinic Admin
Customer
Influencer

Provider (Secondary)
Influencer

Patient (Secondary)
Influencer

* Depends on size of clinic and vendor
Decision Making Process

Primary Care Clinic

Speak with Clinical staff
2-4 weeks

Access to data
1-4 month

Develop Algorithm
1-3 months

Work with IS/CIO team
2-4 months

Implement in Clinic
1-4 months

OR

Speak with CEO/COO/BD
3 months

Access to data & legal
4 month

Develop Algorithm
1-3 months

Work with R&D team
2-4 months

Plug into EMR
1-4 months

Cloud-Based EMR Vendor
High Level Product Spec

Smart Scheduling is a patent-pending software solution to optimize appointment scheduling

<table>
<thead>
<tr>
<th>Friday</th>
<th>Jul 13 2012</th>
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<tbody>
<tr>
<td>9 AM</td>
<td>Available</td>
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<tr>
<td>10 AM</td>
<td>Booked</td>
</tr>
<tr>
<td>11 AM</td>
<td>Booked</td>
</tr>
<tr>
<td>Noon</td>
<td>Available</td>
</tr>
<tr>
<td>1 PM</td>
<td>Booked</td>
</tr>
<tr>
<td>2 PM</td>
<td>Available</td>
</tr>
<tr>
<td>3 PM</td>
<td>Available</td>
</tr>
</tbody>
</table>

Smart Scheduling predictive algorithm

Smart Scheduling leverages clinical and scheduling data to predict the likelihood of a patient attending a given appointment slot.

Software interface

Our software seamlessly exchanges data with EMR software and provides an easy-to-use interface for admins to quickly understand if proposed appointment slots are good or bad for overbooking.
Quantified Value Proposition: When too few patients show

**Current process**

- 30 appointment slots
  - 21 show
    - Earned revenue ($100/appt)
  - 9 no-show
    - Lost revenue ($100/appt)
    - Reduced efficiency

Loss to no-show for day: -$900

$200 saved

**Process w/ Smart Scheduling**

- 30 appointment slots
  - 23 show
    - Earned revenue ($100/appt)
  - 9 no-show
    - No impact

Loss to no-show for day: -$700
Quantified Value Proposition: When too many patients show

**Current process**

- 30 appointment slots
  - 39 show
    - Earned revenue ($100/appt)
  - 0 no-show
    - Patients leave = Lost revenue

**Process w/ Smart Scheduling**

- 30 appointment slots
  - 30 show
    - Earned revenue ($100/appt)
  - 0 no-show
    - No impact

+$500 additional appt revenue
-$400 lost appt revenue
+ meet appt target
+ no burn-out
+ medical errors

Safety, happy patients, happy providers

+ safe medicine
Smart Scheduling “Core”

• Operationalizing data mining software in healthcare by accessing large private data sets

• Human “software” vs. algorithm:
  ▸ Technology a small part of the solution
  ▸ Ability to operationalize into clinic workflow is crucial

• Soft skills (people) – attracting people who can speak the language and relate to doctors, admins, nurses, IT people
Logical Flow of Course

- Logical Flow
- Scaling
- Presentation

BP+

- Financial Statements
- Investor Strategy & Pitch

Finance

- Go to Market
- Sales
- Marketing

Execution

- Where to Extract Rent
- Pricing

Biz Model

- Value Proposition
- Competitive Advantage
- Development Plans

Product

- Segment
- Direct Validation
- Competition

Market

- Team Composition
- Values
- Setting Expectations

People

- Generation
- Analysis
- Testing on Key Stakeholders

Idea

Plan to Capture Value

Plan to Create Value