TheraBridge

EXECUTIVE SUMMARY

Himanish Goel, Richmond, Information Systems/VCU

Carlos David Jimenez Morales, Richmond, B.S Psychology, MS Product Innovation, Masters Certificate Healthcare Innovation

Lily Doshi, Richmond, Photography + Film Concentration Photo/VCU

Hannah Businger, Richmond, Communication Arts/VCU

Muskan Bansal, Richmond, Bioinformatics/

VCU- Center for the Study of Biological Complexity

PROJECT DESCRIPTION

There has always been a stigma around attending therapy and mental health in our society. The impacts of this stigma and societal pressures make seeking therapy a difficult experience for many patients. The COVID-19 pandemic and the use of teletherapy has increased discomfort for many patients who seek or wish to seek therapy. It has been observed that the current solutions to making teletherapy a more natural environment have yet to succeed. We are proposing highly customizable therapy boxes that licensed therapists will be able to order and send to their patients. In our boxes there will contain interactive elements for patients to use during their therapy sessions and with their patients own time; including, but not limited to: physical and interactive therapy tools;
template worksheets and diaries; access to specific videos and music; and technology that allow patients to have better interaction with their therapist. Our approach is to provide professionally vetted items that would be commonly available during an in-person therapy session directly to the patients home to provide ease and comfort to their virtual therapy sessions and create a bridge of comfort between therapists and patients.

VALUE PROPOSITION / SOLUTION

Our therapy box empowers licensed therapists to provide customizable products for their patients to use during teletherapy sessions and in the patient's free time. This will reduce the discomfort of very formal teletherapy meetings and enable therapists to provide a more in-person feeling to their therapy sessions unlike the current teletherapy solutions.

We are helping therapists provide more patient-directed therapy care by providing a customizable therapy box with items that are usually used in in-person therapy sessions to reduce the discomfort of formal teletherapy.

CONTEXT AND BACKGROUND

We have chosen to tackle the lack of personal connection within teletherapy that has been exacerbated by the Covid-19 pandemic. Due to quarantine regulations recommended by the CDC, individuals are having difficulty connecting with people in their everyday life. This is also affecting the realm of therapy, as sessions have been moved from in-person to online.

We began to understand the problem by focusing on the different problem spaces we all brought to the group. We noticed some similarities between some of the problems we
wanted to explore. We wanted to focus on mental health and the therapies that either lacked the adequate settings or resources to be effective. We began by benchmarking in order to understand what currently is solving the problem. On the collaborative tool “Miro Board” we began to understand the scope of the problem and where our solutions could differ. This allowed us to create a framework for the solution and begin prototyping essential features of the solution. From our research we learned about some of the pain points facing individuals who deliver these therapies and what they noticed from their patients. In one of our interviews with a VCU Clinical Therapy Mentor we learned of a few pain points from teletherapy sessions. One major pain point was the use of paperwork and templates for certain therapies. By not being in person they could not deliver these templates or worksheets. Other pain points included the use of technology and how difficult it was for some patients to participate in teletherapy sessions due to the lack of technology. According to the Health Affairs Organization Telemedicine coverage increased during the COVID-19 pandemic but there was lower use from users in disadvantaged areas. This led to the creation of our “How might we” statement:

**How might we empower licensed therapists to reduce the discomfort of very formal teletherapy meetings.**

After converging on our problem statement we used Miro Board for a brainstorming session on how we could solve this problem based on that and the research surrounding the topic.

This was important for our design choices. From what we learned so far the therapist might have access to the technology to do teletherapy but this does not provide the same effect as an in person visit. The pain point highlighted allowed us to think beyond what's already offered. The use of personalized bundles of boxes with supplemental products to bring amore personalized delivery to the session was in response to the pain points highlighted by the VCU Therapy Clinician as well as our own online research. This helped us lay out a framework for how we envision solving the problem. We found that there are competitors
in the space and where their solutions have room for innovation as well as benchmarked potential revenue models and develop a framework to understand the feasibility of the project.

**PROTOTYPE / MVP**

https://therabridge.webflow.io/

Linked above is the website where licensed therapists can sign up for the bundle curation service. This would be our minimum viable product to engage with Licensed Therapists. This solution would allow for the Licensed Therapists to pick and choose from professionally vetted templates, guides, resources and products for personalized therapy delivery. The bundles would be similar to subscription boxes but instead of having a subscription that you don't use the bundles would be curated as a treatment plan. This plan would be put together by the Licensed Therapist and the patients would be able to pay at one time or even pay over time through installment plans. We will explore these potential revenue models in the next step of our research.
MARKETS & SCALABILITY

The target purchaser for our product is licensed therapists and our target users will be their patients. Beyond the current pandemic state our solutions will continue to be relevant as virtual therapy has allowed for therapists to see more patients, especially patients in rural areas or who lack time to travel to in person therapy. According to the Substance Abuse and Mental Health Services, the United States is targeted to have a shortage of over 100,000 therapists, psychiatrists, and counselors by 2025 and from our interview with the VCU Clinical Mentor, virtual therapy is allowing for therapists to reach more patients then ever before.

According to IBIS World the Behavioral Therapy industry revenue was $9.8 billion with 68% of that revenue coming from Mental illness Treatment. This has been a 4.2% growth from 2015-2020. According to IBIS World, the impact of the economic difficulties from 2020 sparked a new uprise in behavioral health problems. The sources of revenue for this industry include Government funded treatment at 49.5%, private health insurance at 27.7%, patient out of pocket at 9.9% and other methods totaling at 12.9%. Another key insight within the behavioral health industry is that with more individuals taking preventative measures for their health, there will be an exponential demand for behavioral health care. Along with these trends Medicare and Medicaid funding is increasing along with coverage for behavioral health problems. Another driver for this industry is the increased awareness of mental health and therapy being presented to children in K-12 that are 17 or younger. This presents an opportunity for growth as the number of K-12 seeking therapy is set to increase. Another key insight from IBIS World's report is their forecast for continued growth within this industry which is expected to grow $10 billion from 2020 to 2025. One important statistic for this forecast is due to the Mental Health Parity and Addiction Equity Act which was set to allow 32 million people an equal access to behavioral health coverage which since the report has been finalized. This increase in awareness and access is a key driver for the reduction of stigma around mental health. With
less stigma and increased access to mental health coverage there is potential growth for this industry.

**CUSTOMER ACQUISITION**

Our customer acquisition would begin with word of mouth. Currently we have reached out to VCU Professional Clinicians in order to further understand the problem. After talking to a VCU Clinical Therapy Mentor they mentioned they would be happy to help us talk to more of their colleagues. We hope to use this opportunity to create a network of professionals from Educational Institutions in order to develop our solutions. Our first audience would be through the connections established at VCU and the Da Vinci Center. As we talk to more and word of mouth spreads we will begin testing the bundle solutions for feedback. We will use a website prototype we have developed to gather feedback and through search engine optimization grow our reach. This first stage would focus on Licensed Therapists. The next stages would focus on established businesses which would be Group Practices and the Insurance Marketplace. The plans those markets were
developed by benchmarking other industries and the methods they use to scale and grow companies. Some strategies that would align with our growth opportunities include Digital advertisement, Content Marketing, Design Service Sales, Showcasing Events, Partnerships, and developing the TheraBridge Platform.

COMPETITION

Current solutions for solving the problem include telehealth technology companies like TalkSpace, Sesh and join-real.com. Most of these tools are patient facing. Other Competitors offering solutions similar to that of TheraBridge include mytherabox.com, and CrateJoy.

Telehealth Technology Companies like TalkSpace, Sesh and join-real.com focus on the patient but lack the personalized experience created by in person therapy sessions. Although they offer solutions to therapists to become providers within their platforms they do not empower the therapists with the tools they need to personalize their practice. TheraBridge aims to solve this by providing Licensed Therapists with the tools and products they need to bring the personalized experience back into their practice.

Therapy box solutions currently exist but lack the proper curation and vetting of products they offer to the patients that use their solution. Our approach will professionally vet and validate therapy solutions such as templates, products and resources through scientific research supported by Licensed Professionals.

TEAM REFLECTION
Please share a bit about your experience of working within this team on this specific project. One approach might be to ask the following questions:

What worked well for us as a team?

Carlos: I think our team's diverse skills and backgrounds allowed our team to rely on each other's strengths. Our different experiences helped us understand the problem from many angles and share insights with each other. This allowed us to collaborate on not only understanding the problem but also developing the solution we have now.

Hannah: Like Carlos said, having people with such different backgrounds on our team aided how we were able to come up with solutions and solve the problem. Each of our skills were utilized effectively. There were so many good ideas generated that I wish we could include them all! This is a topic near and dear to my heart and seeing everyone work so hard with this idea was empowering.

Lily: I think what worked well for us was spending time discussing and bouncing ideas off of each other to push our ideas further and further. Like my teammates have already established we are a very diverse group which allowed for multiple perspectives on our problem space and how we curated our solution.

Muskan: One of our biggest strengths as a team was our diversity. As my teammates have iterated before me, our diverse backgrounds but similar interests allowed us to discuss a variety of problem spaces and potential solutions. One quality I would like to add that each team member has is that we were all very open to new ideas. This drove our conversation and allowed us to ideate and develop a potential solution and product with large scope for growth.

What did not work well for us as a team?

Carlos: Overall I don't think there was anything that did not work well for our team. I think we each did our best with the time and resources we had available.
Hannah: This was a tough feat to accomplish in the short amount of time, plus being online. It was tough to work around schedules and schoolwork, but I feel like everyone did their best and was supportive.

Lily: Like Hannah said, it was at times difficult to work around all the different schedules, but that was to be expected. I definitely believe that within the time period we came together to produce the best work we could and supported each other while doing so.

Muskan: Iterating my teammates: Time and Distance. Though this was a sprint, due to weather setbacks, our team was formed closer to the end of the first week and with distance, there was not a lot of time for set collaboration. Though our team was very open minded, this in turn did add weakness to our team as we were slow to set onto one direction and choose one niche to narrow our focus for this sprint. Our idea was very big, but with the short time, we couldn't cover all we wanted to accomplish.

What would I/we do differently next time? Consider this both for your own work and for the team work.

Hannah: Since this was my first Design Sprint, I really didn't know what to expect. Next time I would probably try my best to make sure my schedule was more open. I also think assigning a team leader to delegate and assign specific tasks to each team member would be helpful.

Lily: This was also my first Design Sprint and now that I've experienced what it feels like to cram so much into two weeks, I think forming a schedule to stay on track during the week would be beneficial for time management. Also clearly delegating specific tasks throughout the team in an early meeting during the week might be something to consider for the future.
Muskan: In the future, I would work to set in a niche earlier and delegate responsibilities better. I agree with my team members that we could have been better on time management and our final items are rushed. On a personal level, I feel that I took some additional responsibilities and was unable to complete my delegated tasks on time due to a personal circumstance. As a sprint is fast-paced, I should have considered my personal time before taking on certain roles and communicated as I felt that I left my teammates in a bad situation at the end.

IF APPLICABLE: INTELLECTUAL PROPERTY

Our current company name is TheraBridge. After a quick USPTO trademark search we found that the only use of the name is abandoned.

http://tmsearch.uspto.gov/bin/showfield?f=doc&state=4810:ak6ln3.2.1