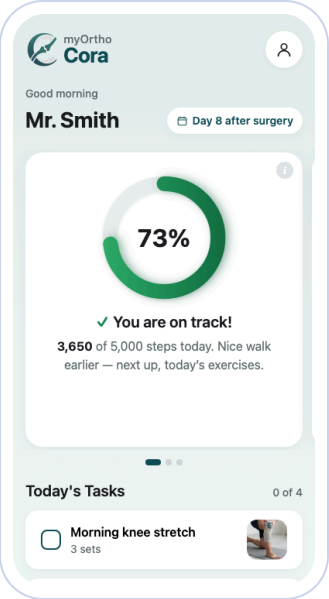
Product brief: Cora, an AI recovery companion

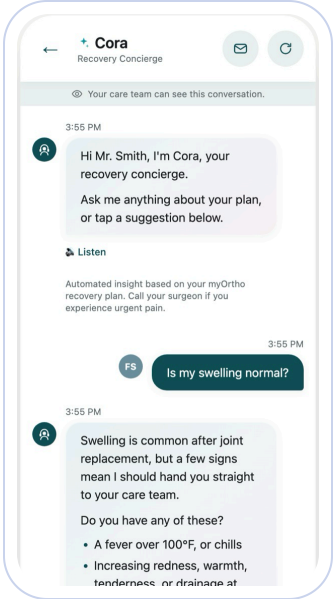
Concept prototype · Product and UX by Casey Drummond

Status: Prototype, tested with 7 people **Project:** August–October 2026 **Brief version:** 1.0, October 2026

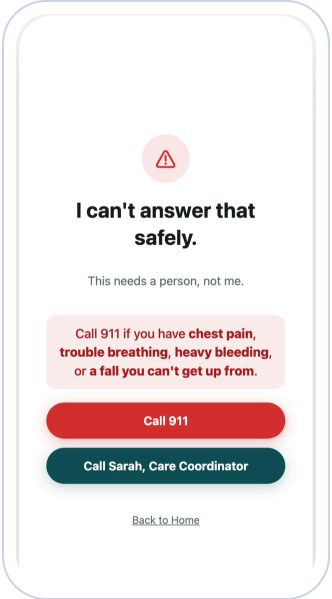
For demonstration only. This brief shows how I frame a product to align stakeholders and secure buy-in and funding. Cora is an independent concept I designed and built in a Maven AI design course. Names and data are fictional; it contains no employer confidential information and is not affiliated with any employer or vendor named here. All targets, estimates and rankings are hypotheses for discussion, not results.



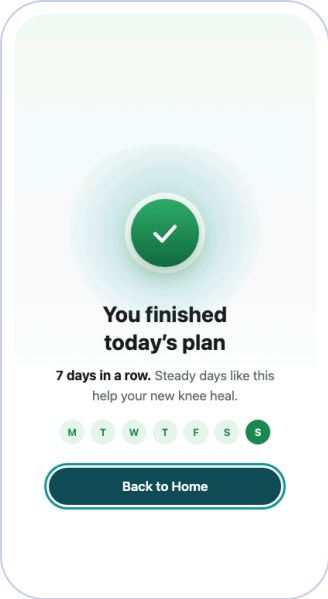
Home hub
Progress and today's plan



Ask Cora
Answers from the care plan



Safety screen
A named person, one tap away



Small wins
Progress without pressure

1. SUMMARY

Cora turns recovery at home from "read the handbook and guess who to call" into a calm daily routine. Patients see today's plan and progress, and ask a plain-language assistant that answers from their care plan, asks one question when unsure, and hands off to a named person when something sounds urgent.

> **The bet:** if a first-time, low-literacy patient finishes the task on the first try, most patients will too, and care teams hear about real problems sooner.

2. PROBLEM AND OPPORTUNITY

TODAY: SIX PLACES TO CALL

Patient
day 8
at home

- Surgeon's office
- Appointment center
- Physical therapy
- Pharmacy
- Nurse line
- Emergency room

"Is this normal? Who do I call?" Calls land in the wrong place, routine questions pile up, and real warning signs surface late.

→

WITH CORA: ONE PLACE TO START

- **Routine question** → answered from the care plan
- **Expected symptom** → one clarifying question
- **Needs a person** → message the care coordinator
- **Emergency** → Call 911 or Sarah, in one tap

3. USERS (PROTO-PERSONAS)

Three people shape Cora's design, and a surgeon champions it.



Robert Smith, 72

Patient · day 8 after knee replacement

> "Is this normal? Who do I call?"

GOAL

Recover at home without bothering anyone.

FRUSTRATION

A dense handbook and six numbers to call; worries he'll call the wrong one, or wait too long.

WHAT CORA DOES

Shows today's plan and progress, answers from his care plan, and connects him to Sarah in one tap.



Sarah

Care coordinator · orthopedic practice

> "I answer the same questions all day, and still hear about real problems late."

GOAL

Spend her time on the patients who truly need her.

FRUSTRATION

Repeat calls crowd out the urgent ones; problems reach her secondhand.

WHAT CORA DOES

Handles routine questions, routes urgent ones to her, and shows the conversation so she has context.



Linda Smith

Robert's daughter · caregiver, out of town

> "I just want to know Dad's on track."

GOAL

Support her dad from a distance.

FRUSTRATION

Updates are secondhand and late; she can't tell what's normal.

WHAT CORA DOES

A shared view of progress and the plan (future phase, with Robert's consent).



Stakeholder: Dr. Priya Patel, orthopedic surgeon

Not a daily user, but a key champion and decision-maker. Wants to know which patients are off track, without more inbox noise. Cora's care-team inbox (Phase 2) surfaces only those patients.

Proto-personas: illustrative composites based on research patterns and Cora testing, not individuals. Names match the prototype.

4. KEY FEATURES

Six features, each designed for a first-time, low-literacy user.

Home hub

Steps against the care team's goal, plus a "patients like you" comparison that explains itself.

Today's tasks

Four simple tasks (stretch, ice, walk, log pain) with one-tap check-off.

Small wins

A milestone when the day's plan is done ("7 days in a row"), without pressure.

Ask Cora

Plain-language answers from the care plan, with read-aloud and a "care team can see this" banner.

Ask one question first

For pain or swelling, Cora asks one clarifying question before escalating.

Safety screen

Emergencies open a screen the AI can't override: Call 911, or Sarah in one tap.

5. HOW CORA DECIDES WHAT TO DO

Every question follows one of three paths, so safety never depends on the AI guessing.

Patient asks a question
Typed or tapped, in their own words

→

Emergency phrase?
"I fell," "chest pain," "can't breathe"

→ **Safety screen, instantly**
Call 911 · Call Sarah. The AI can't override it.

Expected symptom?
Pain, swelling, stiffness

→ **One clarifying question**
Warning signs → safety screen. Expected → reassure and guide.

Everything else
Exercises, schedule, medications

→ **Answer from the care plan**
Cites its source; "I can't answer that safely" when unsure.

6. ALTERNATIVES AND MARKET LANDSCAPE

Patients have options today, but none combine plan-grounded answers with a safe handoff to a person.

OPTION	GROUNDED IN YOUR PLAN	SAFE HANDOFF TO A PERSON	AVAILABLE 24/7	EASY FOR LOW LITERACY	DAILY GUIDANCE
Printed handbook	✓	—	✓	—	◐
Calling the clinic	✓	✓	◐	◐	—
General AI chatbots and web search	—	—	✓	◐	—
Cora (as designed)	✓	✓	✓	✓	✓

✓ yes · ◐ partly · — no. Cora's edge: answers from the patient's own plan, a safety layer designed before the screens, and a named human always one tap away.

Post-surgical care platforms · based on public product information, October 2026

PLATFORM	PATIENT CHANNEL	CARE JOURNEYS & REMINDERS	SYMPTOM CHECK-INS	CARE-TEAM MESSAGING	EHR INTEGRATION	CONVERSATIONAL ANSWERS	NAMED-PERSON SAFETY HANDOFF
SeamlessMD	App · Web	✓	✓	?	✓ Epic	?	?
Twistle Health Catalyst	Text · Web	✓	✓	✓	✓ feeds	?	?
CareSense MedTrak	Text · Email · Calls	✓	✓	?	?	?	?
Cora as designed	App	✓	✓	✓	Planned	✓	✓

✓ confirmed in public sources · ? not confirmed publicly (may exist) · Planned = Phase 2. **Cora's opening:** conversational answers grounded in the care plan, plus a safety handoff to a named person.

Sources: vendor and health-system pages (seamless.md; healthcatalyst.com; Houston Methodist; Proliance Orthopedic Associates). Vendor-reported outcomes (for example, readmission reductions) are not independently verified, so they are not compared here.

7. VALUE

Cora creates value at three levels: the patient at home, the care team, and the practice.

For patients

Confidence at home, clear daily steps, faster answers.

For care teams

Fewer routine calls, earlier and better-routed urgent calls, and context when patients reach out.

For practices

Staff focus on patients who need them, plus potential Remote Therapeutic Monitoring billing (confirm with each billing team).

8. SUCCESS METRICS (HYPOTHESES TO VALIDATE)

Success means patients keep using Cora, safely. The usage funnel comes first, then quality targets.

1 · ACTIVATION
80%+
Complete setup and a first task on day 1

2 · NORTH STAR: WEEKLY ACTIVE USERS
60%+
Of enrolled patients complete at least one task on 5 of 7 days, weeks 1–6

3 · RETENTION, DAY 14
70%+
Still active two weeks after surgery

4 · RETENTION, DAY 30
50%+
Still active at the end of the first month

FIRST TRY
90%+
Task completion in usability testing

SPEED
<30 s
Time to an answer for routine questions

USABILITY
SUS 80+
System Usability Scale score

Safety precision

Every emergency phrase in the test set reaches the safety screen; expected symptoms don't over-escalate.

Routine calls per patient

Fewer than the handbook baseline in a pilot.

Trust

Patients can explain who sees their chat and when Cora hands them to a person.

9. WHAT TESTING SHOWED SO FAR

Early testing already changed the design.

7 A/B test

Seven people compared two versions of Cora. The version that tested best opens by default.

! What I got wrong

Escalating on "pain" would have ended nearly every chat with "call your clinic." Now Cora asks one clarifying question first.

! Real words break rules

"Fallen" missed a rule written for "fall," and "I can't get up" had no fall word. Triggers now match what patients say.

10. PRODUCT RISKS AND MITIGATIONS

The biggest risks are trust and safety, and each one has a design answer.

Unsafe or wrong answers → Grounded in the care plan; "I can't answer that safely" instead of guessing; a safety screen the AI can't override.

Alarm fatigue	→	One clarifying question before escalating; phrases tested against real patient wording.
Over-reliance on AI	→	A named person always one tap away; the chat is visible to the care team.
Low literacy and access	→	Large type, plain language, read-aloud, WCAG 2.2 AA, testing with older first-time users.
Privacy	→	A banner states who sees the chat; data limited to what the care plan needs.
Discouraging comparisons	→	"Patients like you" explains how it's calculated and notes that recovery varies.

11. EFFORT ESTIMATES (T-SHIRT SIZES)

Rough sizing to plan a pilot, on the team's T-shirt scale.

XS up to 3 days · S about 1 week · M 2–3 weeks · L 4–6 weeks · XL 2–3 months

TICKET	WORK ITEM	SIZE	WHAT DRIVES THE EFFORT
CORA-101	Read-aloud ("Listen")	XS	Built-in text-to-speech
CORA-102	Safety screen	S	Simple screen; tap-to-call; must never fail
CORA-103	Today's tasks	S	Checklist tied to the care plan
CORA-104	Small wins milestone	S	Streak logic and animation
CORA-105	Usage analytics (activation, weekly active, retention)	S	Event tracking and a simple dashboard
CORA-110	Home hub	M	Charts and the "patients like you" comparison
CORA-111	Clarifying-question and escalation rules	M	Rule set plus a test set of real patient phrases
CORA-112	Message the care team	M	Secure messaging and response expectations
CORA-113	Accessibility (WCAG 2.2 AA)	M	Audit, fixes and testing with older users
CORA-120	Wearable step sync	L	Apple HealthKit and Android Health Connect
CORA-121	Care-team inbox	L	Highlights patients who need attention
CORA-122	Clinical content review and safety validation	L	Clinician time, not engineering
CORA-123	Privacy and security readiness	L	Compliant hosting, audit logs, agreements
CORA-130	Ask Cora, grounded in the care plan	XL	Retrieval from the plan, citations, logging, evaluation
CORA-131	Care-plan import from the EHR	XL	Standards-based EHR integration and partner approval

Assumes a small team: 2 engineers, 1 designer, a part-time product lead and a part-time clinical lead. Rough pilot-ready estimate: about 4–6 months. To be validated with engineering. Ticket keys are illustrative.

12. LEGAL, REGULATORY AND FDA RISKS (RANKED)

Ranked by likelihood × impact, so the riskiest items get attention first.

#	RISK	LIKELIHOOD	IMPACT	SCORE	MITIGATION
1	**FDA classification.** Symptom guidance could make Cora regulated medical-device software.	Medium	High	6	Stay within patient education and the care team's own plan; no diagnosis; clinician-approved content; regulatory review before a pilot.
2	**Patient safety and liability** from a missed or wrong escalation.	Medium	High	6	Conservative triggers, a tested phrase set, clinical governance and an incident process.
3	**HIPAA privacy and security** when offered by a provider.	Medium	High	6	Business associate agreements, encryption, minimum necessary data, audit logs.
4	**Accessibility law** (ADA and WCAG 2.2 AA expectations).	Medium	Medium	4	Design and test to WCAG 2.2 AA from day one.
5	**State AI and health-data laws** (for example, disclosing AI use in patient communications).	Medium	Medium	4	Clear AI disclosure in the chat; consent and data rules per state.
6	**FTC Health Breach Notification Rule** if offered directly to consumers.	Low	High	3	Breach response plan; no data sharing without consent.
7	**Remote-monitoring billing compliance.**	Low	Medium	2	Confirm requirements with each practice's billing team.

Score = likelihood × impact (Low 1, Medium 2, High 3). A product risk view for discussion, not legal advice.

13. ROADMAP

Prove it, pilot it, then scale.

DONE

Phase 1 · Prototype and test

August–October 2026

Guardrail spec, prototype built with Claude Code, A/B test with 7 people.

NEXT

Phase 2 · Pilot

About 4–6 months

One practice; real care plans; a care-team inbox that highlights patients who need attention.

LATER

Phase 3 · Scale

6–12 months after the pilot

More procedures and languages, caregiver access, smartwatch prompts.

14. OPEN QUESTIONS

Questions to answer with partners before a pilot.

1. Which questions should Cora never answer, even with a care plan?
2. What response time can a care team actually promise?
3. How should caregivers be invited without compromising patient privacy?
4. What is the right weekly-use target for older patients in their first two weeks home?

SOURCES

Market landscape, from public vendor and health-system pages (accessed October 2026): SeamlessMD, seamless.md (EHR integration; MyChart Care Companion) · Health Catalyst, healthcatalyst.com (Twistle orthopedic and post-discharge success stories) · Houston Methodist CIO Quarterly and Proliance Orthopedic Associates (CareSense). Cora testing: author's A/B study with 7 participants, 2026. Regulatory topics reference public frameworks (FDA software as a medical device, HIPAA, FTC Health Breach Notification Rule, WCAG 2.2) at a general level; not legal advice.