Disàvis

LIFE FOR THE DISABLED.

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Table of Contents

Disability and Opportunities for Accessibility

A closer look at the state of disability and accommodations.

The opportunity itself

Accessibility is an underlying issue for many groups of people in American society and global society alike that can be viewed from many socioeconomic perspectives. However, one community that receives relatively little attention, in terms of the inherent needs or wants of the people themselves, is the disability community. As someone who is autistic myself, I understand the disability issues that face the autistic community and the disabled experience. However, my aim is to create solutions that can help as many disabled people as possible to contribute to broader society, not simply as the burdens that some people make us out to be.

The Symptoms

From personal experience, autistic people (whether they were diagnosed or self-identify as such due to personal reasons) indeed have special needs and must receive certain accommodations to best reflect our potential in many aspects of life. While the Americans with Disabilities Act and the Individuals with Disabilities Education Act have been helpful in the visibility of all segments and addressing some issues that face the disability community (The Hill), the systems that result from such legislation all-too-often generalize rather than specialize in meeting our basic needs in the realms of employment and education as in other fields of life. There is also the issue that, especially towards non-physiological disabilities, broader society may view people who are disabled in this manner as "faking it" despite the very real consequences that being disabled entail in the daily lives of those of us who are disabled, especially in adulthood. So, while there are existing social programs aimed at addressing our issues, they are often limited to childhood needs, but once we reach adulthood, we are unable to navigate through the public assistance system that many autistic and other disabled people need to survive. Furthermore, the idea of "reasonable accommodations" (e.g. certain accommodations aren't feasible because it causes a huge burden on the rest of society) is a barrier to the self-determination of disabled people due to the hindrances that we must face in obtaining accessible resources. Thus, autistic people, alongside the rest of the disabled populace, must make due rather than having the necessary social support systems in place to make our lives easier and to ensure our equity relative to the rest of society. This manifests itself in all aspects of the disabled existence such as: the classroom, the workplace, at home, in obtaining government documents, and the like.

Stimtastic: A Case Study

Companies like Stimtastic have figured out that there is a market for the needs of the disability community. Cynthia Kim, the founder of Stimtastic, saw the need for autistics like herself (and other disabled people who stim) to feel comfortable stimming. Stimming is described as any action utilized by a disabled person, such as someone who is autistic or has ADHD, done as a self-soothing mechanism to release energy, calm down, etc. with stimming toys used to commit the action itself. (Brain Diversity)

There was, and is still, also a need for stimming products that were also stylish that can act as one part jewelry and one part stim object. Cynthia Kim also makes it a point to emphasize their commitment to the autistic and disability communities through the promulgation of five tenets: affordability, representation, inclusion, giving back, and celebration. Stimtastic sells relatively cheap products while it's also known as a brand made for autistics by autistics that actively celebrates the autistic and disabled existences. At the same time, the fact that 10% of proceeds are given back to the autistic community, presumably through charitable donations, is further evidence of Stimtastic's commitment to the autistic community. While there is no doubt that other venues like Spreadshirts and Etsy allow for independent autistic sole proprietors to make a name for themselves and sell their own products, Stimtastic is likely, by far, the most effective company in branding itself as a company that prides itself as a brand that embraces the autistic identity through the creation of a social enterprise.

Stimtastic is also a proponent of neurodiversity, the mandate that the array of neurological attributes endemic to humanity and nature itself, including those often associated by society to psychopathologies like as autism or ADHD, should be embraced as natural variances rather than conditions to be treated. (About News) This flies in the face of the pervading logic which embraces the medical model's idea that disability simply an impairment to be treated or fixed. The idea of neurodiversity, however, embraces differences and claims that it is society, not the disabled person who belongs to society, that needs to put in the effort to accommodate disabled people. Part of Stimtastic's success is its strategic vision that embraces the self-determination of disabled people, a goal that even brands that cater to disabled people lack. Stimtastic recognizes the actual humanity of the disabled person and sells a product that will help them in doing other activities of daily life.

However, Stimtastic is just one example of a social enterprise that caters to the disability community, nevertheless, the options for disabled people are relatively limited in general and a huge opportunity exists in serving the needs of the disabled population both in the United States of America and worldwide. The U.S. Census Bureau states that about 19% of the total population, roughly one in five people, in the United States has a disability. With such a high percentage of the total populace being disabled, accessibility issues should be at the forefront of public policy instead of the afterthought that it's often treated as in conversations about social expenditures. We also face a massive amount of social stigma, even when our disabilities are viewed as "invisible", as is the case of many autistic individuals whilst the accommodations that we need are often perceived to be "excessive". However, this only highlights the need for the emergence of more companies and social enterprises like Stimtastic that work to normalize and humanize the experiences of the disabled populace and caters to our specific needs. (About Stimtastic)

The Disabled Experience

As someone who has had to deal with the follies of systems that manage disability accommodations, counseling, and other services offered by collegiate communities and the workplace by law and in other settings, I personally understand at least some of the issues facing disabled people in general. For instance, I was unable to receive accommodations for my multiple disabilities when I worked as a secretary because of an overall culture of disenfranchisement and disregard in the workplace which, despite being illegal, was upheld by my coworkers which forced me to hide my true experiences. At school, however, I have also faced multiple and differing challenges. While I was at Houston Community College, I could easily access my disability counselor who knew me very well and made every effort to accommodate me! I would have bi-weekly sessions, as necessary, and she would aid me through many issues, even those that didn't necessarily concern my disabilities. However, at the University of Houston, the systemic backlog and lack of staff has created a situation in which I have less access to such resources and, although I may not necessarily need the plethora of resources that I used to, I fear that if or when I do or that if another student may need such accommodations or an appointment quickly, that such services may not be accessible. This is a common experience among many college students, especially those in established, larger universities like the University of Houston. One of my colleagues who went to school at DePauw University, for instance, made the complaint that there were never enough staff, resources, etc. allocated for services like its version of the Center for Students with disAbilities or the Counseling and Psychological Services (CAPS) at the University of Houston. They complained that, at a time of crisis, they were sent home instead of being given access to emergency counseling services, a potential violation of the Americans of Disabilities Act! They also mentioned that the staff was, overall, indifferent to their experiences, lacking the necessary human touch that most people in crisis or seeking counseling need the most. Another colleague spoke to me about how, during a visit at one of the Smithsonian Museums, they had issues of accessibility as the slope of the incline used was so steep that their wheelchair flipped over! The disability experience, whether at work, school, or even leisure, should be considered and accommodated for the betterment of conditions for disabled people as well as the betterment of society in general to be kinder, less bureaucratic, and humanizing to our experiences as disabled people.

The Disabled Market

In terms of tapping the market that is the disability community, an entrepreneur only needs to see what advocates want but should probably focus on the needs of one segment of our community or on one overarching issue that faces the disability community. For instance, advocates focusing on challenges faced by those who have a physical handicap, or those individuals themselves, can be a resource for an entrepreneur who wants to find solutions to help make life easier and more accessible for these individuals. Another entrepreneur may focus on issues relating specifically to the autistic community and claim that autistic people have a hard time in college

classrooms because of the level of noise. Thus, the entrepreneur can find solutions that aid autistic people who face overstimulation in such situations to feel more comfort in the classroom. However, it is likely easiest for the entrepreneur to access commercially viable ideas that involve assistive technologies (albeit also the costliest), such as a new device that more easily allows disabled people to better communicate with others. But due to the existing saturation of that segment there will, of course, be inevitable competition as this is an established market in which the cost of entry would be high for those existing companies that specialize in that segment to maintain a competitive advantage. However, in the case of the needs of autistic people, the introduction of affordable tools to help us communicate or relax would also be a relatively easy endeavor once the voices of autistic people are considered by the entrepreneur as they must be open to the voices of actual autistic people. This rule also applies to other entrepreneurs who want to solve issues for other segments of the disability community or the disability community in general. However, it must be reiterated that due to the diversity of needs that face the disability community, entrepreneurs (and other problem solvers) will best be able to solve problems that focus on one need (e.g. stimming, communication, etc.) as the generalization and systemization of our needs is a major issue that we already face in our daily lives and during interactions with the powers that be. In doing so, the entrepreneur would be able to solve a specific problem that many disabled people experience and must be addressed. Thus, the easiest segment of the disabled populace for entrepreneurs to access would, again, be to focus on communicative technologies as this is a field that is already populated by various ideas and technologies (HTML tags, communicative aids, etc.) that make it easier for disabled people to communicate and receive information and, as mentioned before, is already a large market. This is also relevant for those of us who are also autistic, especially considering that autism is also compounded with sociocommunicative disabilities and many of us either have issues with social interaction, or even just speaking, that affect us at all stages of life. However, broad solutions for the disability community, in general, are also acceptable given the condition that such solutions focus on the individual rather than disabled people as a monotonous group. For instance, systems that allows disabled people to report instances of systemic ableism, access counselors using existing technologies, or to file for disability accommodations online rather than in-person, may be broader solutions for the needs of disabled people but, in settings such as large public universities or larger companies, such systems are feasible to create a truly inclusive environment for disabled students or workers. Finally, such solutions should be affordable as well as accessible as the costs associated with being disabled already create an undue financial burden for the individual. Considering the numerous variables involved in assessing solutions for accessibility issues, it is safe to say that there is an untapped market or disabled people and their families that, with the inclusion of relevant solutions, will buy products or services relevant to solving problems that either they, their loved ones, or both face with accessibility. Thus, there are numerous opportunities for entrepreneurs to create commercially viable solutions for the needs of disabled people, particularly for those of us who are autistic.

Disàvis

Life for the disabled.

What is Disàvis?

Disàvis is meant to be a living solution for the disability community. This concept would circumvent all aspects of life for people with disabilities or who are disabled through its ability to guide users who need it with everyday activities, planning, and the like. Disàvis would take form as more than just a lifestyle application, it would change the lives of its users, targeting disabled people of all walks of life. For instance, people with executive functioning disabilities would find solace in the Disàvis with its ability to schedule activities for such users. The same user would also have access to support services, such as alert features, detailed medical information available with doctor or patient consent, emergency and crisis services, and integration with services such as Siri, Cortana, Fitbit, and other useful applications and products that many people with disabilities and without already utilize. The totality of Disàvis would include: medical, psychological and psychiatric information and alert features, an on-call team of case workers, therapists, psychologists, doctors, nurses, etc., scheduling and appointment features, integration with public and private services (e.g. public health departments, schools, colleges, universities, workplaces, etc.) with the user having full control over their information for use with appropriating accommodations, and full integration with other technologies (e.g. Fitbit, iPhone, Android, Siri, Cortana, etc.). This application would integrate seamlessly with iPhone, Android, Windows, PC, Mac, and Linux with both mobile and general website components to ensure accessibility for the disabled user no matter where they are. Disàvis is much more than just a lifestyle application, it would enable disabled people to live their lives to the fullest until another, hopefully better, solution is created through the advent of new technologies.

The Service and Usage

Disàvis, as a service, will be available to users in the forms of a mobile application with a main internet component accessible through PC, Mac or Linux while the service itself would be hosted on a secure server with all information encrypted and inaccessible to the public, apart from obvious necessary medical, psychological, or psychiatric information to be shared with pertinent personnel in times of crisis or with specified institutions with the consent of each user. The reason why Disàvis would be more than a lifestyle application is because of the vast amount of resources this service would make available to users. Disàvis would include a variety of services handpicked for the intents and purposes of aiding the survival of disabled users. By far, the most important component of Disàvis would be the on-call, 24/7 medical, psychological, and psychiatric personnel that the Disàvis would allow its users to access at any time. These personnel, however, would theoretically be able to work from anywhere to answer any questions, write prescriptions, aid in a crisis, etc. to further help the needs of disabled users of Disàvis. However, a dedicated team of workers will also be necessary for the proper technical functioning of Disàvis and progressively create new functionalities, services, and the like for the benefit of its disabled users. Disàvis would, overall,

improve accessibility and care for its disabled users through an integrated network of dedicated medical, psychological, and psychiatric personnel, technical support, and public-private partnerships.

Despite the costs of maintaining and implementing such a service, Disàvis would ideally be paid for through Medicare, Medicaid, charitable foundations or private insurance at no-cost to the disabled user. As a service that would span ADA-compliant institutions, clinical facilities, and other such institutions, Disàvis would be able to fully integrate the array of services that an individual disabled person needs to function in broader society. But for the user experience, various technologies available to most people as a necessity would be utilized for Disàvis, meaning that at work, home, or anywhere else, the disabled user can contact the necessary services, assign appointments, report violations, etc. Thus, because of the range of integration that Disàvis would provide, the disabled user's life would change for the better as Disàvis would not only be a lifestyle app, it would improve accessibility for the user.

Disàvis and Accessibility

From speaking with other members of the disability community and considering my own experiences as a disabled person, I can safely say that a service like Disàvis would vastly improve our conditions as members of society. For instance, the importance of having the 24/7 on-call personnel was inspired by the account of a disabled friend who complained that during their undergraduate career, accessible counseling resources "were way understaffed" at their higher educational institution. (Facebook) I also suggested the creation of a monitoring service, in addition to the other features offered in Disàvis, to report instances of ableism or accessibility issues. For Disàvis, this would likely be in correspondence with institutions of higher learning, K-12 schools, supportive workplaces, etc. that would allow its employees or students a safe, accessible medium in which to report such instances. With 19% of the general population being disabled (or about 12.6% of non-institutionalized Americans in 2014) and an actual employment rate of 34.6%, a full-time employment rate of 21.6%, and a poverty rate of 28.1% among non-institutionalized disabled Americans, per the Disability Statistics resource of Cornell University, a service such as Disàvis would vastly improve opportunities amongst members of the disability community.

Disàvis Business Model

The profitability of Disàvis

An Overview

Disàvis will be initially funded as a public expenditure rather than a private enterprise. Many, if not most, disabled people already face undue financial burdens due to the financial costs of their disabilities and so paying for such an extensive system like Disàvis would likely cost hundreds of dollars a month for the individual otherwise. I believe that Disàvis, thus, could be paid for via Medicaid, Medicare, and private insurance (for those who can afford the associated costs). However, the goal would be to make the features associated with Disàvis, including the necessary 24/7 on-call staff, accessible to every disabled person who needs it whenever a situation occurs where such services are needed. Disàvis will likely involve a public-private partnership of firms that would like to engage in public service initiatives and goals who have the resources, such as staff in the fields of medicine, psychology, and psychiatry. Such partnerships will make the case of Disàvis as a public expenditure for state and local governments, as well as private businesses and universities alike, to subsidize and invest in to ensure the inclusivity of their respective disabled employees, students, etc. Thereby, Disàvis aims to be a full-fledged service that, with various partnerships with both public and private firms, will truly unite the disability community to demand our self-determination and drive us towards real integration and acknowledgement within and beyond the scope of societal boundaries!

Core Proposition

Disàvis will integrate all aspects and activities of daily life in a system that will allow disabled users to disseminate information in a manner that they can better comprehend. Disàvis aims to make life easier for disabled people by taking care of their educational, workplace, and other systematic accommodation documentation, providing an on-call 24/7 team of healthcare staff for any needs, and aiding with executive functioning tasks. These services will provide comfort and security for disabled people who, otherwise, must work to navigate through the system to ensure that their accommodations, care, scheduling, etc. are managed. With a system like Disàvis disabled people will be able to further enhance their self-determination and take care of their needs independently.

The Inspiration

A consistent problem in the United States is a lack of access to healthcare providers, for disabled and non-disabled people alike. *Doctor on Demand*, a mobile application that allows users to see a doctor via video checkup, claims that "The average wait time to see a physician is three weeks". The average time to go to the doctor and come back takes two to three hours. Also, "it takes an average of 25 days to see a psychiatrist or psychologist" and, additionally, "Nearly half of patients with mental health issues go without treatment." Services by *Doctor On Demand* are provided by "licensed physicians practicing within a group of independently owned professional practices collectively known as 'Doctor On Demand Professionals'".

Development and Maintenance Costs

FierceWireless states that "The industry norm for software maintenance is about 15 to 20 percent of the original development costs" meaning that, theoretically for Disàvis, a team of software engineer leads and web developers will be necessary to build and maintain this service. I would estimate that having such capacities as Disàvis would mean the service could easily need an initial investment of a million or more dollars to create the necessary website, app, and telecommunications system necessary for the proper functioning of Disàvis. I feel as if hiring three software engineers would be the best course of action to begin the app as integral members of the initial entrepreneurial team. Each member could oversee the website, the telehealth system, and the mobile application. The sheer scale of the impact that can be produced by this app, however, means that initial costs for the application alone should be upwards to about $1.5 million while the creation of the telehealth system and the associated website are further challenges. After initial development by the three software engineers, a maintenance staff of about 18 people (with 3 software engineer leads and 15 web developers) would be small enough to foster the necessary familial environment needed to foster emotional appeal towards the mission of Disàvis. However, as the Bureau of Labor Statistics states that the average annual pay of a software engineer is $100,690 and the average annual pay of a web developer is $64,970, this team would need a yearly allocation of $1,276,620. Due to this and the information from FierceWireless, I would estimate the cost of building the application, website, and telehealth system at around $5-10 million. This means that initial investments from angel investors and venture capitalist firms will be vital for the creation of such a system. However, partnerships with non-profits and other private groups may also help deter or share the costs of building Disàvis in possibly offering services in exchange for partial ownership or simply donating services for the sake of the mission behind Disàvis. For the on-call 24/7 healthcare services, contracts will be allocated to ensure that all customers will, if necessary, have quick and direct access to a healthcare provider, with more contracts necessary as demand increases, making Disàvis scalable. These contracts will go to a variety of healthcare providers who, using the built-in telehealth system that will be developed for Disàvis, will directly contact users in need via video conferencing, text, audio/phone call, and other such means. The services of policy analysts and a small legal team will be necessary for the creation of necessary partnerships for Disàvis. Thus, the hourly fees that must be paid to such counsel must also be considered and, in the long-term, it would be wise to have an in-house team of policymakers and legal staff once Disàvis has been scaled to critical mass. Of course, C-level staff will also be in place and will be paid to maintain the services of Disàvis. Such staff would include a chief executive officer, chief operating officer, chief financial officer and a head for each department: technical support and development, healthcare and public policy. Thus, Disàvis may be an expensive proposition but, with the help of non-profit, public sector and private sector partners, this system can receive the necessary funding.

The Business Model of Disàvis

I will state my theoretical business model for Disàvis through the business model canvas, one of three key principles of the lean start-up approach created by Alexander Osterwalder of the Harvard Business Review.

The key partners for Disàvis will be the lifeblood of its organizational structure. Health services, including: medicine, mental health, social work, etc., for Disàvis would be provided by independent clinics, independent contractors, and other practices that would work together as a collective (as is the case with *Doctor On Demand*). Working professional partners for Disàvis will include: doctors, nurses, nurse practitioners, counselors, social workers, psychologists and psychiatrists. On the operational side, workers for the Disàvis would include: policy analysts, computer engineers, software engineers, web developers, and other technical operational staff who would all work directly for Disàvis. Working professional partners will work within the scope of the individual contractors to whom they are employed but contractors would be obligated to pledge enough time and staff, at the beginning of the week, to ensure that customers of Disàvis will have access to any necessary staff per their patient needs. At Disàvis, higher level staff would work on an on-call basis as salaried employees while lower-level staff will work on a standard hourly basis and, at the proliferation of this business model, will be given an acceptable hourly wage.

Working professional staff for Disàvis will be utilizing an in-house telecommunications environment (also called a telehealth platform by MDLive) to get in contact with patients that will be developed by and maintained by technical operational staff such as computer engineers, software engineers and web developers.

This environment will require substantial capital and resources due to the complicated nature of telecommunications features needed to satisfy the underlying mission of Disàvis. Working staff for the development and upkeep of this environment will also be a necessity. Working professional partners would, then, be imperative for the actual provision of services, such as: crisis, diagnosis, therapy and counseling sessions, prescriptions, advice, scheduling, reporting, and other services in as efficient and accessible a manner as possible. Secured investments and loans will be the main sources of funding for Disàvis as a service while collaborations with non-profits and other groups or companies geared towards social enterprise could also aid in the allocation and acquisition of resources. However, at its onset, Disàvis could utilize its services as extensions to those provided by existing non-profits and not-for-profit companies to encourage healthy relationships between Disàvis and these organizations. Thus, contracted public policy professionals (specifically those who cater to healthcare policy) will also be necessary to manage these partnerships with both private and public firms and strategize the best means by which care to customers of Disàvis will be given.

The value of Disàvis will include its capabilities as a lifestyle online application (both mobile and on a PC or Mac) geared towards the disabled populace as this segment of the population has the most need for such services, in terms of accessibility and affordability. Disàvis will allow its users access to 24/7 on-call working professionals for any medical or mental health service necessary through the communicative means of: video, text or phone call (and others such as virtual reality when the technology is available) so long as the user has access to an internet connection. Theoretically, sessions should last for about fifteen minutes to an hour with no time limit for crisis or intake appointments and would include a virtual checkup depending on the reasons for an appointment. Disàvis will also aid in executive functioning through the means of: the accommodations process, scheduling, and formal exchanges of information. Disàvis will take care of accommodations in higher educational institutions and help in streamlining documentation among any necessary institutions. It will also take care of weekly or daily appointments dealing with scheduling and time management, with services dealing with the exchange of information (of course) done through the user's consent after an in-person, video, or phone call with sufficient counsel of a team member of Disàvis associated with the signing of a contract. Transmission of confidential information in the Disàvis environment will be HIPAA, FERPA and PHI-compliant.

Opportunities for quality relationships with customers will be fulfilled directly in the one-on-one sessions between working professional partners and the patient in need. Thus, a code of conduct must be read and signed by all working professional partners for Disàvis to maintain a positive environment and customer satisfaction through a positive experience as one of the competitive advantages of Disàvis as a service. Mandatory meetings among teams within the different independent agencies or independent contractors will be a requirement at least once a month to track progress, or a lack thereof, in the performance of our working professionals. The goal will be to maintain a staff that works towards the common goal of accessibility. While it may cost more to maintain such a staff, the returns of a company in the long-run with peer-to-peer relationships, loose hierarchy, and overall familial (albeit physically disconnected) atmosphere will likely yield positive results on our investments in both time and money.

Finally, the headquarters and data center(s) of Disàvis should be based in and around the Houston area, particularly in more suburban or near-rural areas of the Houston metro. This is to ensure access to the vast technology and healthcare resources and talent available in the Houston area (as the home of the Texas Medical Center) and the relatively low cost of starting and doing business in the Houston metro. For instance, the Greater Houston Partnership claims that "Houston is the nation's fifth-largest office market, with 194 million square feet of net rentable area" which is a great start for a startup such as Disàvis and a tax system conducive for low-cost enterprise. Thus, Disàvis will be in a strategic location in the Houston area outskirts for easy access to necessary technological, healthcare, and intellectual resources as well as for profitability and growth.
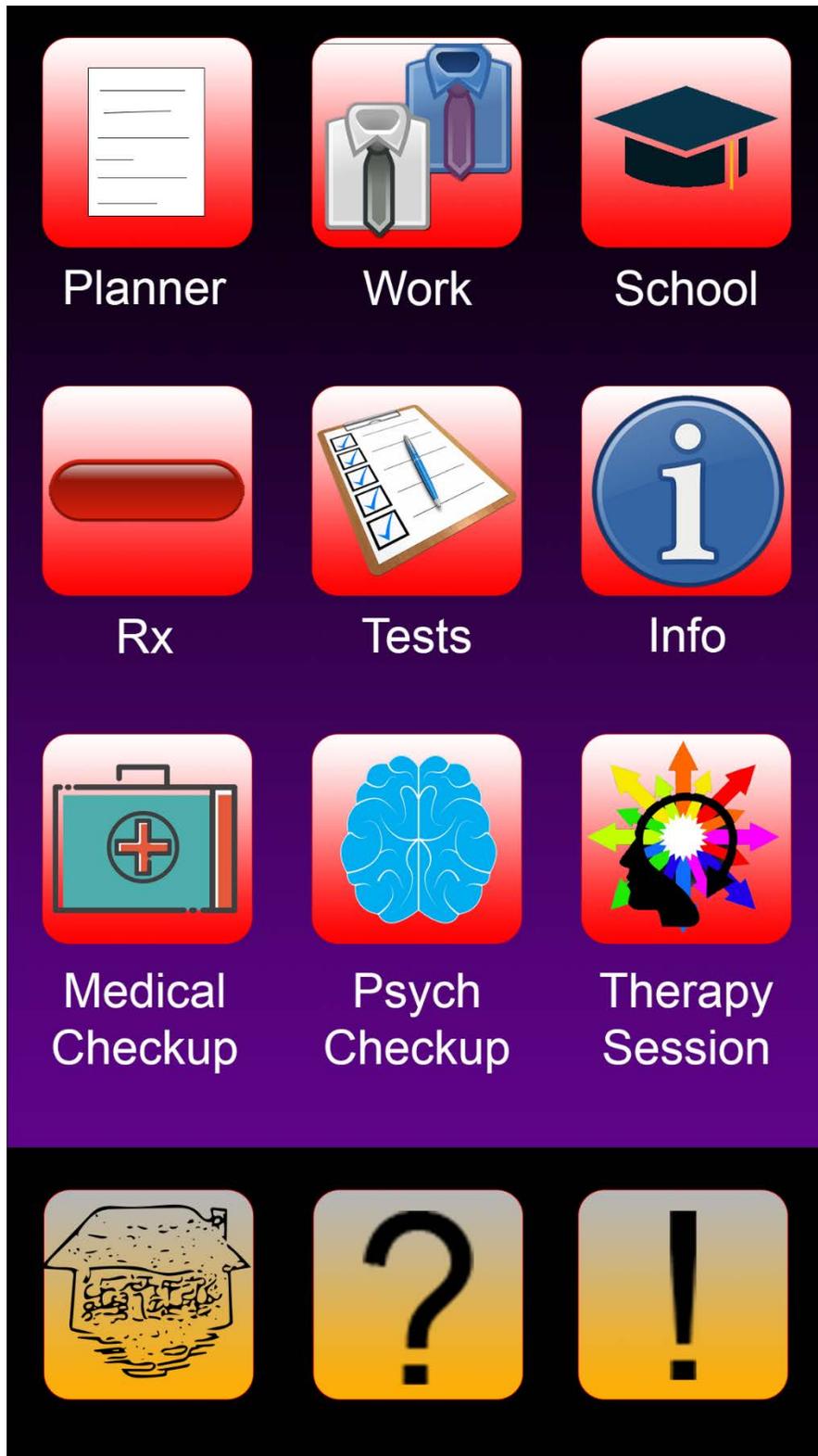
Disàvis Market Plan

Main competitors, such as *Doctor On Demand*, currently receive its customers through both online and television advertising and charge $45 for each appointment, as does another competitor *Virtuwell*. Another similar provider, *MDLive*, promises to be HIPAA and PHI-compliant and boasts itself as a low-cost alternative to expensive visits to a clinic, hospital, or emergency room with the opportunity to join group benefit packages and to take insurance policies that have agreed to fund its services. But since Disàvis is a lifestyle service for disabled users, users need it for more than just medical services, they need it for other activities of daily life. Disàvis will, thus, focus on ways to fund services ideally through private insurance, Medicaid, and Medicare or non-profit organizations whenever necessary. This would mean strategic partnerships with colleges and universities, school districts, all levels of government and various organizations and workplaces to improve accessibility to the services that Disàvis will provide to ensure that as many disabled people as possible have access to these potentially life-saving services. Such partnerships will be mediated through work with policy professionals and legal staff. The goal is for every single disabled user of Disàvis to access these services for free, with the help of private insurance, Medicaid, Medicare, and non-profit organizations, so that disabled users no longer need to deal with the issue of accessing modes of help with any medical, mental health, or executive functioning issues. In fact, potential low-income disabled users without health insurance or access to Medicare or Medicaid will be introduced to non-profit organizations who are willing to help and pay for these services (so long as a degree of financial need is demonstrated). Contracts and partnerships with school districts, technical schools, colleges and universities will make Disàvis accessible to disabled K12 and college students for free as well. Volume will be the key differentiation, and so having many staff members (which will be scaled as demand increases) will be necessary for the proper functioning of Disàvis as a service while anyone paying for this service will be charged per month rather than per hour to ensure further accessibility. Thus, the pricing costs of Disàvis could be lowered to that of the telehealth market to about $45 out of pocket for each appointment, providing more value to the consumer while priced competitively. For disabled users, however, Disàvis will always be free but to earn more funding for Disàvis, our services will open to the rest of the public once the infrastructure of Disàvis is set up and its disabled users are shown to be satisfied. Furthermore, as capabilities increase, more contracts are made, and higher demand comes in sight, so would the volume capacities of Disàvis increase and allow us to lower the out of pocket price even more. Most likely, the relatively new entry of Disàvis into the small telehealth market will allow us to have another competitive edge in that our services will depend upon state-of-the-art technology to create and host the website, applications, and telehealth platforms necessary for the functioning of Disàvis. Because of this, we will be able to offer new, higher quality and better services than other existing and similar platforms. At the same time, partnerships with other applications, product companies, and other for-profit entities will allow users who desire such functionality to synchronize

their virtual medical bracelets with Disàvis, integrate FitBit data into Disàvis, or other synchronizing functionalities that will enable the user to fully customize their experience with Disàvis. Thus, Disàvis will be truly scalable, beginning with exclusive services to disabled users by working with both public and private non-profit or government organizations, then expanding into the free market and offering even more services to the public as capacities increase.

The disabled populace will be the initial target market for Disàvis because of the dire need for disabled people, particularly low-income people, to have instant access to healthcare. As someone with multiple disabilities and mental health issues, I understand these concerns and the necessity for a service that offers 24/7 on-call access to healthcare professionals and systems that make the allocation of accommodations at school or work even easier. Because of this, the disabled market will be the first to receive these services from Disàvis as few resources are allocated for disabled people in adulthood because the focus tends to emphasize school-aged children with disabilities. Adults with disabilities will receive the help we need to function in daily life with the onset of Disàvis, with enough customizable features to personalize the individual's experience with Disàvis. As the average age of the United States becomes older and disability becomes less and less taboo, this segment of the market for Disàvis will only increase in size! Therefore, it makes sense for Disàvis to target this group as we are some of the most vulnerable members of the populace and a system like Disàvis could help us in our daily lives. When disabled people are satisfied with a system like Disàvis, it is a clear sign that the mission of Disàvis has been reached and its platform is scalable. (See Appendix A for a preview of the mobile application for Disàvis)

Appendix A

A preview of the mobile application for Disàvis with most of the features in-app shown.

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