

Assignment I (Phase-IV): Product Requirement Document

Problem Statement: Patients managing their care across Apollo and non-Apollo hospitals cannot view or consolidate all medical records in one place. Records are fragmented, leading to repeat tests, manual file-keeping, and lack of trust in Apollo as their single health platform. This causes frustration, inefficiency, and lower engagement.

Proposed Solutions:

A. Universal Health Vault:

One secure vault for all records. User capture the health records via camera/upload/email with OCR + medical NER to auto-tag person, test, date, lab, diagnosis and place it on a unified timeline.

Key Assumption: If ingestion is frictionless and auto-tagging is reliable, users will centralize records in one place.

B. Structured Summaries and Insights:

Convert documents into structured encounters and results; generate summaries, trends, and comparisons so patients and doctors get instant clarity.

Key Assumption: Actionable summaries reduce cognitive load and build trust and encourage user in uploaded external records.

C. Follow-up Orchestration:

Turn recommendations into plans with reminders, due dates, quick rebook/test-reorder and medicine top-ups.

Key Assumption: Timely nudges and one-tap actions increase adherence and repeat usage.

Product Requirements Document:

Objective:

- **User Objective:** Patients and caregivers need a single, consolidated view of all medical records (Apollo and non-Apollo). Currently Apollo's app only shows Apollo-related data, and users have to maintain the health records manually which is cumbersome. This fragmentation causes frustration and also sometime leading to repeat tests. The goal is to eliminate this gap and give users confidence that all their health history is captured in one place.
- **Business Objective:** By solving fragmented records, Apollo aims to increase user retention and engagement. When users can consolidate records in-app, Apollo becomes the trusted "source of truth" for health data. Fixing this issue will directly improve engagement and retention. A unified record vault also promotes cross-selling (e.g. labs, pharmacy) and multi-user adoption (one user brings dependents).

1. User Research:

Key Problems: User pain points are as follows:

- **Fragmented Health Records:** Users cannot view all medical records in one place; Apollo only shows its own data. Patients find it “cumbersome” to manually archive reports (e.g. saving PDFs or photos in folders), and non-Apollo doctors often force repeat tests because they “didn’t accept other lab results” and vice-versa.
- **Dependent/Family Management:** Caregivers struggle with disorganized family records. Without a unified vault, they find record maintenance with in the app to be scattered and revert to offline record-keeping.
- **Lack of Insights & Follow-Up:** Users lack clear summaries or reminders. After tests or visits, they get no consolidated trends, care plans, or prompts, so Apollo feels “transactional” rather than a holistic health companion.

Personas:

- Abhilash uses Apollo 24/7 for medicines, lab tests, and doctor visits for his family but finds the system fragmented. He struggles with misleading symptom-to-doctor mapping, overwhelming lab packages, and non-Apollo doctors rejecting Apollo reports - forcing costly retests. Wants a unified health record, better doctor guidance, and more trust-driven features.
- Hyndavi is a caregiver for elderly parents, relies on Apollo for medicines, lab tests, and consultations. Finds drug substitutes missing, lab packages confusing, and doctor selection unclear. Record management is “very painful,” as data is scattered; she tracks follow-ups manually. Wants plain-language comparisons, a bot for decision support, and family-shared profiles.
- Ananya is a health manager for her parents, uses Apollo for chronic medicines, labs, and quick consults. Appreciates logistics but says decision-making is guesswork, reports feel like “files in a folder,” and records from outside Apollo are managed “badly.” Wants explanations (“the why”), a holistic care timeline, and a family workspace.

Prioritization:

User Pain Points	Population	Intensity	Frequency
Holistic Health Records	Very High (applicable to all the users who visit multiple hospitals)	Severe Frustration	Recurring
Family/Dependent Care Management	High (for care-givers)	Frustrating	Recurring

Ineffective Identification of health issue	High	Frustrating	Episodic
Missing post check-up suggestions	Medium	Medium	Medium

Using PIF framework: Holistic Health Records ranked highest (very high population, severe recurring frustration). Dependent management scored high among caregivers. Based on strategic fit, the unified record solution was deemed a “Strong Fit” for Apollo’s goals.

2. Market Research:

- Total Addressable Market (TAM):**
 India digital health market: \$5.4B (2024), projected \$21B by 2030
 Apollo 24/7 registered users: ~50M (Apollo Active Users ~10M)
- Serviceable Addressable Market (SAM):**
 A: Apollo active users who visit non-Apollo providers: ~60% (6M users)
 B: Apollo active users who manage family members: ~50% (5M users)
 (A $\cap$ B): Apollo active users who visit non-Apollo providers managing family members: ~60% of A (~3.6M)
 (A $\cup$ B): Combined unique SAM: ~7.4M users
- Serviceable Obtainable Market (SOM) - Year 1:**
 Target 30% of SAM to upload external records: 2.4M users
 Estimated increased lifetime value: Rs. 1000-2000/- per user per annum from improved retention and cross-sell
 Potential annual revenue: Rs. 240 Cr – Rs. 480 Cr

Competitive Landscape:

Player	Value Proposition	Target Users	Gaps
Tata 1 Mg	Integrated consumer health app (online pharmacy, diagnostics, teleconsult) with digital health tools (medicine reminders, health records)	Patients ordering medicines and lab tests online	No ABHA/NDHM integration; lacks AI-driven summaries and longitudinal care; lower focus on structured follow-up/reminders

Practo	Holistic patient app for doctor appointments, lab tests, medicine orders, online consults, and health records	Patients seeking doctors/consultations and digital health records	Limited emphasis on patient-side PHR (records feature is basic); no AI summarization; lacks deep integration with Apollo's hospital network
Driefcase	ABDM-approved digital health locker app (personal health record storage)	Individuals/families wanting a unified medical record repository	No telemedicine or service integration; purely a vault (no direct care orchestration); lacks value-add (no AI insights, relies on user manual uploads)
MediBuddy	End-to-end health platform (teleconsults, medicine delivery, diagnostics, surgery care, insurance/TPA services)	General consumers and corporate health plan users	Complex user experience; reports of aggressive marketing; less focus on patient data analytics (no AI summaries)

Key differentiators for Apollo:

- **Integrated Ecosystem:** Unlike standalone health lockers, Apollo combines hospitals, pharmacies, diagnostics, and online consultation in one brand. This “one-stop” ecosystem can make record upload immediately useful (e.g. linking to Apollo labs/pharmacies).
- **Trust and Scale:** Apollo is a leading healthcare provider, serving millions of patients. By leveraging its network, Apollo can assure users and doctors of record authenticity.
- **Advanced Insights:** Most competitors offer basic upload/view functionality. Apollo's focus on auto-summarization, trends, and care orchestration can provide greater value.

3. Business Outcomes

Objective	Key Result 1	Key Result 2
Make Apollo the user's health home	Reduce D30 churn for unified-record users by 15%	Increase D90 retention for unified-record users by 20%
Increase engagement from record uploads	Increase weekly active days per uploading user by 25%	Lift cross-sell conversion among uploading users by 20%
Expand household penetration	Increase average profiles per SOM account by 25%	Increase accounts with 2+ profiles by 30%
Improve operational efficiency and trust	Improve the feedback rating amongst the users by 10%	Reduce support tickets related to ambiguity on doctor/lab tests selection by 30%
Monetize premium insights and services	Increase paid second-opinion/advanced-summary uptake among eligible users by 15%	Increase Average Revenue Per User for unified-record users by 50%

4. Metrics

These metrics will be tracked to measure success (user adoption, engagement) and guardrails (reliability, misuse):

- **Health Record Upload Completion Rate (Key Metric):** % of users who start an upload flow and successfully upload a record that appears correctly within 24h. This measures end-to-end success of ingestion (from user action to usable data).
- **New User Upload Activation (7-day):** % of new users who upload ≥ 1 external record within first week. This shows onboarding success and whether users discover the feature quickly.
- **Correct Profile Mapping Rate:** % of processed records correctly assigned to the intended profile (self vs dependents). Ensures family records don't get mixed up; critical for trust.
- **Structured Summary Extraction Rate:** % of uploaded records where OCR/NER extracted key data into structured form. Higher rates mean more records power timelines and alerts instead of just PDFs.
- **Summary Viewed Rate (24h):** % of users who view the generated health summary within 24h of a processed upload. Indicates whether users find and read the first "insight" quickly after uploading.
- **Chronic User Upload Frequency:** Uploads per chronic-tagged user (per 30 days, per doctor recommendation). Measures if chronic patients are keeping

records up-to-date (higher frequency means better adherence and more triggers for paid services).

Guardrails:

- **Processing Failure Rate:** % of uploads that fail OCR/ingestion (due to errors, timeouts, unsupported formats). Must be kept low to avoid user frustration.
- **Falsification Rate:** % of “processed” records flagged as non-medical (user using it as generic storage). Monitor and cap this. High rates indicate misuse of the feature.

5. Product/Solution Details

Universal Health Vault: A secure personal vault where users can consolidate records from any source. Users can capture a record via camera or upload files, or even have their medical emails parsed into the app. The system uses OCR + medical NER to auto-tag key fields (patient, date, test, lab, diagnosis) and integrate the document into a unified timeline. The records get auto tagged to the profiles with in the app. Optionally, users can link external accounts (via emerging APIs/ABDM consent) to pull in authenticated records (like “Account Aggregator” for health data). If ingestion is frictionless and auto-tagging is accurate, users will migrate all their scattered reports into this vault. Key features: photo capture with guidance, bulk import (e.g. from email or drive), clear status/progress indicators, and “Verified Source” badges for ABHA records.

Structured Summaries & Insights: Each record and health encounter is transformed into a chronological timeline view. The timeline shows tests, diagnoses, medications, etc., in order, with filters for lab vs prescription vs visit. The system generates clinical summaries and trends: for example, time-series charts of lab values (e.g. HbA1c, cholesterol), flagged anomalies, and side-by-side comparisons of related tests. Upon upload, an “Insight Card” highlights key findings (e.g. “Your last blood sugar was high on 5/1; it has trended up 10% over 3 months.”). Doctors and patients get instant clarity without reading PDFs. Actionable insights (e.g. “HbA1c > threshold”) may trigger alerts. This reduces cognitive load and builds trust in external records. Users can search their records by keyword (test name, condition) (NER enables it). All family member timelines are viewable, so a caregiver can see everyone’s summary.

Follow-up Orchestration: The platform turns identified care needs into action plans. After any record is processed (e.g. lab test or prescription), the app suggests next steps: schedule follow-ups, book repeat tests, or refill medications. A shared “Care Plan”

timeline is populated with reminders and to-dos (e.g. “Metformin refill due”, “Schedule endocrinologist visit in 6 months”). Users receive push/email reminders on due dates. The app provides one-tap actions: for example, a “Reorder Medication” button that sends the prescription to Apollo Pharmacy, or a “Book Test” button that pre-populates the lab order. The goal is that no action falls through the cracks – timely nudges and easy re-book/re-fill pathways ensure higher adherence and more repeat usage. The care plan integrates with the health timeline so both patient and their Apollo doctor see upcoming events and can adjust as needed.

Wireframes / Flows (Conceptual)

Universal Health Vault

Apollo Health — Home — Overview

Home
Upload
Records
Insights
Care Plan

Your Health, All in One Place

- Primary CTA: Upload New Record

KPIs

- Records
- Tests
- Insights
- Upcoming

Recent Records

Record 1 • tags • date

Record 2 • tags • date

Record 3 • tags • date

Record 4 • tags • date

Record 5 • tags • date

Record 6 • tags • date

Upload — Capture & Import

Home
Upload
Records
Insights
Care Plan

Take a Photo

- CTA: Open Camera

Upload Files

- CTA: Choose File

Import from Email

- CTA: Connect Email

Drag & Drop

- Dropzone

Structured Summaries and Insights

Medical Records — List & Filters

[Home](#)
[Upload](#)
[Records](#)
[Insights](#)
[Care Plan](#)

Global Search + Filters

- Search by name, type, tag | Filter

24 Total Records

12 Lab Tests

5 Reports

Records list

Record Title • source • date • tags • download

Record Title • source • date • tags • download

Record Title • source • date • tags • download

Record Title • source • date • tags • download

Record Title • source • date • tags • download

Record Title • source • date • tags • download

Record Title • source • date • tags • download

Health Insights — Trends & Status

[Home](#)
[Upload](#)
[Records](#)
[Insights](#)
[Care Plan](#)

Your Health Summary

- Improving • Stable • Needs Attention

Cholesterol

- Current value • Optimal range
- Last tested

Blood Pressure

- Current value • Status
- Last tested

Vitamin D

- Current value • Status

HbA1c

- Current value • Status

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Follow-up Orchestration

Care Plan — Tasks & Upcoming

Home

Upload

Records

Insights

Care Plan

Today's Tasks

Take Metformin • time / notes • checkbox

Blood Sugar Check • time / notes • checkbox

Cardiology Follow-up • time / notes • checkbox

Take Evening Medication • time / notes • checkbox

Upcoming Appointments

Quarterly Health Checkup

• Doctor • Date/Time • Location

• CTAs: Reminder | Reschedule

Eye Examination

• Doctor • Date/Time • Location

• CTAs: Reminder | Reschedule

Upcoming Appointments

Home

Upload

Records

Insights

Care Plan

Upcoming Appointments

Appointment Card 1

• Title • Doctor • Date/Time • Location

• CTAs: Set Reminder | Reschedule

Appointment Card 2

• Title • Doctor • Date/Time • Location

• CTAs: Set Reminder | Reschedule

Quick Actions

Refill Rx

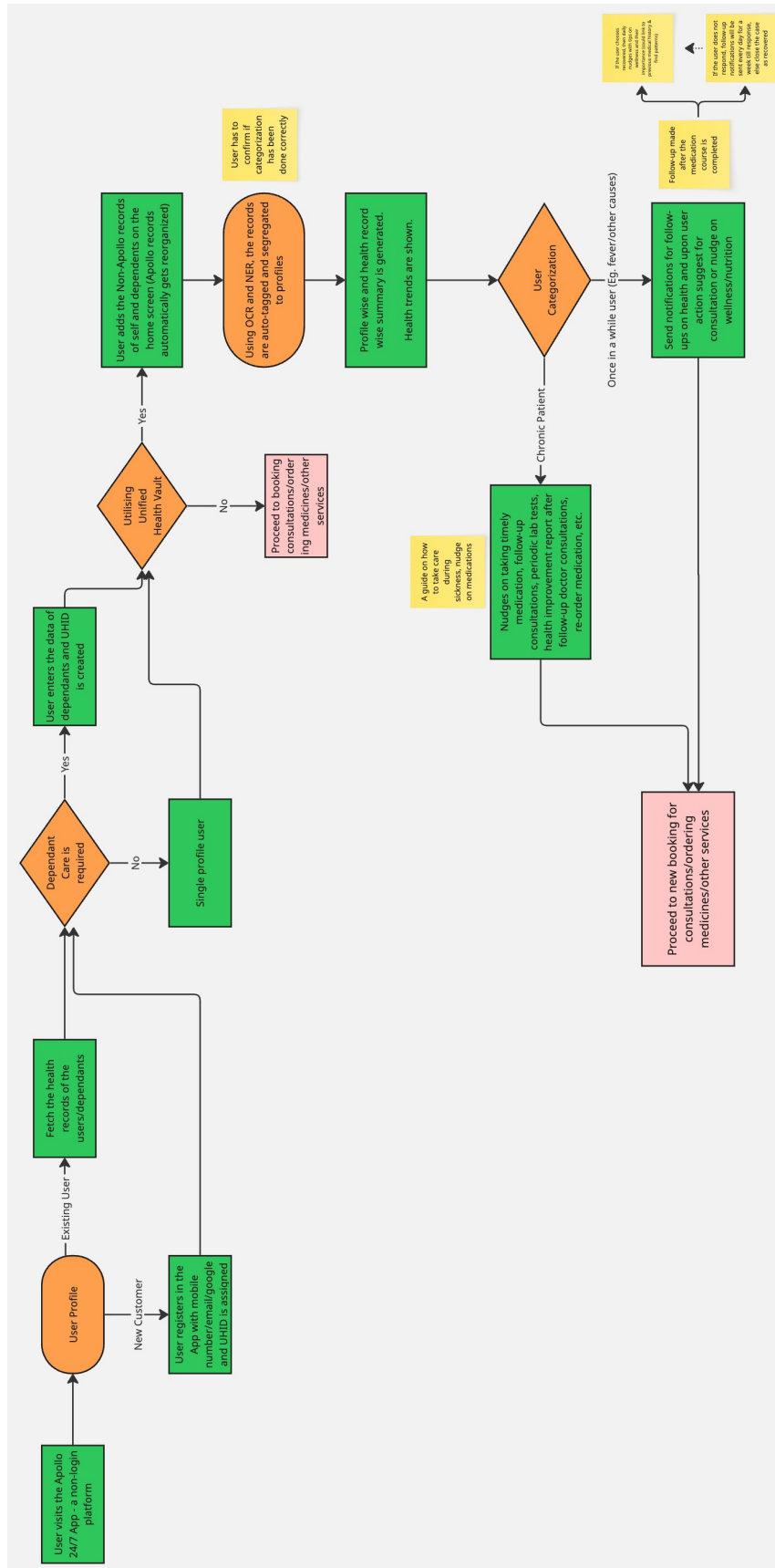
Book Test

Schedule

Reminders

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Flow:



Edge Cases and Error Handling

- **OCR/NLP Failures:** If a document is unreadable (blurred, non-standard format), the app prompts the user to retry or manually enter basic info. Partial matches (e.g. unrecognized value) are flagged for user correction.
- **Mis-mapping Profiles:** If the system guesses the wrong family member, the user can reassign. A conflict check prevents merging records into two profiles.
- **Duplicates:** The app detects duplicate reports (matching test name/date) and warns the user, offering to merge or ignore duplicates.
- **Privacy/Consent:** Users must explicitly consent to pull in records from external sources (ABHA/ABDM) and can revoke access at any time. Sensitive data (e.g. HIV status) can be redacted by user choice.
- **Non-medical Uploads:** To prevent abuse (using the vault as generic storage), the system flags “suspicious” uploads (e.g. receipts or non-medical images) and asks the user to confirm or delete.
- **Offline Support:** Uploads queue if offline; processing happens in background when connection returns.
- **Language/Format Variance:** The system supports English and major regional languages (OCR trained on common lab formats). Rare terms fall back to English or require manual input.
- **Security:** All records are encrypted at rest. Login required for access. Invalid authentication blocks viewing any records.

6. Timelines

Weeks 1–2: Finalize design specifications; build vault UI (profile selector, upload interface). Set up backend for file ingestion.

Weeks 3–4: Integrate OCR/NER engine; implement processing pipeline. Develop timeline data model and storage. Begin profile-mapping logic.

Weeks 5–6: Develop Timeline and Summary UI screens. Enable basic structured-data extraction and display. Build initial Care Plan and reminder engine (allow simple “add appointment”).

Weeks 7–8: Implement one-tap actions (booking flows, pharmacy reorder integration). QA testing, performance tuning. Beta rollout to pilot group (Apollo staff/families). Fix bugs and polish UI/UX.

Post-Launch (ongoing): Monitor metrics (processing errors, UX dropoffs) and iterate. Add advanced features (e.g. continuous synchronization with ABHA, deeper analytics) in subsequent sprints if needed.

7. Go-to-Market / Adoption Strategy

Objective: make Apollo the default place to store and understand all records.

90-day targets: 100k profiles, 35% upload activation in 7 days, 60% summary view post-upload, 25% repeat upload in 30 days.

Target Users:

Initially focus on chronic patients and caregivers who experience the most pain from fragmentation. Promote via Apollo hospitals (Apollo staff telling patients to try the Vault) and through Apollo 24/7 channels (in-app banners, email newsletters).

Positioning:

- One place for every record.
- Plain-English summary and trend arrows.
- Faster safer care, fewer repeat tests.

Launch-readiness gates:

Upload success $\geq 95\%$, profile mapping $\geq 97\%$, structured summary extraction success rate $\geq 70\%$, summary readability score $\geq 80\%$, support playbook live, legal and consent cleared.

Rollout plan:

- Weeks 0–2 pilot in 5 hospitals and Apollo staff families.
- Weeks 3–6 Hyderabad, Bengaluru, Chennai.
- Weeks 7–12 top 8 metros with clinic and pharmacy activation.
- Post week 12 national scale and caregiver-invite loops.

Channels:

- **In-hospital:** discharge desk QR, packet insert, counselor script.
- **Doctors:** OPD tent cards, iPad demo, add “Bring your Vault” to reminders.
- **Pharmacy and labs:** lab email footer “Auto-save to Vault”.
- **Owned:** home hero tile, records tab spotlight, post-consult banner.
- **Paid:** Meta and Google optimized to upload activation, not installs.
- **Community:** webinars, doctor influencers, employer and insurer days.

Growth loops:

- Summary share to caregiver or doctor creates new profiles.
- Follow-up appointments highlight “Keep reports synced”.
- Refill reminders open Vault timeline and prompt uploads.

Metrics to track weekly:

- **Acquisition:** profiles by channel, cost per activated upload.
- **Activation:** 7-day upload activation, summary viewed after upload, time to first upload.
- **Quality:** processing failure, mis-attachment, visible duplicate, deletions.
- **Engagement:** repeat upload in 30 days, caregiver invites per profile, summary shares.
- **Business:** repeat-test reduction, OPD revisit uplift, pharmacy reorder uplift.

First eight experiments:

- Discharge QR placement and script variants.
- Lite upload path vs full classification first.
- Summary preview in toast vs redirect page.
- Caregiver invite timing day-0 vs day-3.
- WhatsApp deep link vs standard push.
- Doctor video vs static creative in paid.
- Lab footer CTA wording.
- Auto-tagging confidence threshold before confirmation.

Ownership and 12-week cadence:

Responsible: Product Marketing Manager for GTM, App PM for in-app, Clinic Ops on-ground, Performance for paid, CRM for lifecycle.

Accountable: Product Director, City Ops Head.

Weeks 1-2 assets and placements, weeks 3-4 pilot, weeks 5-6 3 metros plus webinars, weeks 7-8 pharmacy and WhatsApp flows plus caregiver invite, weeks 9-10 top metros and case studies, weeks 11-12 national scale and optimization.

Key risks and guardrails:

- Mis-attachments mitigated by “Fix mapping” and concierge QA sample.
- Doctor adoption lag mitigated with Passport training and OPD visibility.
- Privacy concerns mitigated with clear consent and visible controls.

Onboarding & Education: Launch with a guided walkthrough that highlights the vault’s benefits. Use FAQs and videos to teach “How to use the Health Vault”. Explain data privacy to build trust.

Incentives: Offer a one-time benefit (e.g. discount coupon for Apollo pharmacy or a free health checkup) for first record upload, to encourage trial. Gamify early adoption (badges for completing vault setup, rewards for frequent uploads).

Doctor Engagement: Train Apollo doctors to mention the app’s record-vault feature during consults (“You can upload your old reports for our review”). Consider integrating a QR code in clinics that auto-opens the Vault upload.

Marketing Channels: Leverage Apollo’s social media and mobile app notifications to announce the feature (“Introducing My Health Vault”). Collaborate with patient advocacy groups. Highlight success stories (e.g. “How Mr. X avoided repeat blood tests by using Apollo Vault”).

Feedback Loop: Collect user feedback actively via in-app surveys (e.g. after uploading, “Did the summary help?”). Use analytics to refine UX.

8. Links / Dependencies

Technical: Integration with OCR/medical NER services (in-house or third-party). Email ingestion service (secure mail server for health reports). Apollo’s user identity/profile system to link multiple profiles. Database and APIs to store and serve records.

Third-Party: Potential partnerships or APIs with major labs/diagnostics (Thyrocare, Metropolis, etc.) and hospitals to pull data. Tapping into ABDM/NDHM for ABHA health records (account linking and consent framework). Apollo Pharmacy/order API for one-tap med refills.

Legal/Compliance: Ensure all features comply with data protection regulations (e.g. India’s Digital Personal Data Protection Act and HIPAA-like standards for health data). Coordinate with legal on user consent language for sensitive data.

9. Open Questions / Risk Areas

- **OCR/NER Accuracy:** How will we handle poor scans, handwriting, or uncommon test formats? Mis-recognition could mislead patients or doctors.
Mitigation: Build strong feedback loop (allow corrections), set a processing-failure threshold to improve models.
- **User Adoption:** Will users take the extra step to upload records? There is inertia.
Mitigation: Emphasize immediate benefits (insights, reminders) and consider rewards/incentives. Monitor New User Activation metric for early drop-offs.
- **Data Privacy & Trust:** Users may hesitate to upload sensitive records. How to reassure them?
Mitigation: Provide clear consent controls (e.g. what labs can access), show data encryption, and optionally “Certified by Apollo” badges.

- **Doctor/Provider Acceptance:** If external doctors don't trust user-uploaded reports, the value drops. We must explore endorsements or interoperability standards.
Mitigation: Pursue official integrations (ABHA verified records) and educate providers on using patient-shared data.
- **Scalability:** Large batch of uploads (millions of files) may strain OCR pipelines. Need to size infrastructure and possibly throttle.
- **Misuse:** Tracking falsification rate guards against people using the vault as generic cloud storage. Need clear policy and possibly upload type filters.
- **Scope Creep:** Risk of over-engineering. We must focus on core vault + basic summaries + essential follow-ups. Advanced features (AI assistant, gamification) are beyond initial 2-month scope.
- **Regulatory Delays:** ABDM/ABHA integration could be slow depending on government rollout. The MVP should not rely solely on it; treat it as future enhancement.
- **Fallback if Features Fail:** If upload processing fails often, users will get frustrated. We should have a fallback (e.g. manual specialist service, or offer physical scanning).

PART A: Identifying Success Metrics

Metric Type	Metric Name	Definition	Why it matters
Key Metric	Health Record Upload Completion rate (No. of Users completed the upload flow / No. of users initiated the upload flow)	Of users who started the upload flow, the percentage who completed an upload that is processed and viewable in the correct profile within 24 hours of initiation.	It measures end-to-end success from user intent to a usable record. Requiring “processed and viewable” prevents false positives where files upload but never show up correctly.
Secondary Metric	New User Upload Activation (7 days) (New users with an upload in 7 days / New registrations)	The share of newly registered users who complete at least one manual/non-Apollo record upload within their first 7 days.	Whether new users are discovering the upload feature quickly and getting to first value. Higher is better because early success usually leads to users coming back, seeing summaries and trends, and eventually booking care.
Secondary Metric	Correct Profile Mapping Rate (Correctly mapped records vs total uploaded records)	It measures how often a processed record ends up on the right person’s profile (self vs each dependent)	This metric helps prevent cross-profile errors that erode trust in family scenarios and can create wrong summary records.
Secondary Metric	Structured Summary Extraction Rate (Structured records with key information / Total records processed)	Share of successfully processed records where the summaries with key terms are extracted into structured form.	Converts files into data. Higher coverage means more records power summaries, search, trends, and alerts rather than sitting as PDFs.
Secondary Metric	Summary Viewed After Upload Rate (24 hrs)	Share of users who open the profile-level Summary screen within 24 hours after at least one of their uploads	Confirms that users reach the “first value” moment quickly after uploading. A higher rate shows the app is

	(Users who viewed health summary in first 24 hrs of processing / total users with record processing)	is successfully processed and viewable.	guiding users from storage to insight, which strengthens trust and repeat behaviour.
Secondary Metric	User Type Classification Accuracy (Occasional vs Chronic) (Correctly classified users / No. of users evaluated)	Share of evaluated users whose assigned type matches a reference label in the evaluation window. The classification is based on the available medical records and the summary generated.	Accurate recognition helps to trigger the right nudges (medication reminders, follow-ups, and refills for chronic users and with nudges on wellness/nutrition for occasional users). Higher accuracy improves conversion on linked services and protects user trust.
Secondary Metric	Chronic User Upload Frequency (As per doctor follow-up recommendation) (total uploads by chronic tagged users as per doctor follow-up recommendation / active chronic users in the same span)	Average intensity of record uploads among users classified as chronic within the last 30 days.	Shows whether chronic users are actively maintaining their records. Higher frequency and consistency correlate with better eligibility for timely nudges, more complete summaries, and higher downstream care conversions.
Guardrail Metric	Processing Failure Rate (Processing failed / Records submitted)	Share of uploaded files that end in a processing failure. (Counts OCR errors, parsing timeouts, unsupported formats, and system exceptions. Excludes user-cancelled uploads.)	Protects reliability. A rising failure rate means users did the work but got no value, driving frustration, complaints, and churn.
Guardrail Metric	Falsification Rate (Visible falsified records / Total)	Share of processed records that are falsified entries by the user (user uploads non-medical documents and use	Users upload irrelevant documents and misuse the intended feature. This will enable business to figure such

	records with processing success)	the feature as a storage space)	cases and design restrictions.
Guardrail Metric	Record Deletion Rate (7 days) (user deleted records within 7 days / Total records with processing success)	Share of processed records that are deleted by users within seven days of processing. Exclude auto-merges.	A sensitive signal of mistrust or wrong data. Spikes point to mis-attachments, poor parsing, or privacy concerns that require immediate quality fixes.

Part B: Anticipate Pitfalls and Mitigations

Assumption at risk	Failure mode	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation (practical)	Detection signal (metric)	Containment / rollback
If health record ingestion is frictionless and auto-tagging is reliable, users will centralize records in one place.	Uploads fail, stall, or get mis-attached to the wrong profile/doc type; duplicates surface; users abandon mid-flow.	High	Medium	Take the mapping and summary feedback from the user and if marked incorrect, provide a manual fix button. Send a feedback OCR and NER model. QA on 5-10% random samples daily to spot errors and tune the system.	Correct profile mapping rate	Pause bulk uploads; Enable manual tags for user if the confidence level in reading the record is below the threshold.
Actionable summaries reduce cognitive load and build trust and encourage user in	Users mistrust the summary; summary has gaps/inaccuracies; users jump back to reading actual records.	High	Medium	Run daily content QA on random 5-10% summaries generated	Feedback from the user (manual or behavioral)	Show original-by-default if confidence is low

uploading external records.						
Timely nudges and one-tap actions increase adherence and repeat usage.	Nudges feel spammy or mistimed; low click-through to action; opt-outs increase.	Medium	Medium	Assess the post behavior of nudges.	Nudge CTR	Pause personalised nudges and roll-back to static nudges.