

Early Consumer Evidence Summary

Two small online studies tested whether adults with recent difficulty interpreting routine laboratory results understood the VisitPrep concept, perceived value in it, and would choose a \$19 report over free alternatives or waiting for a clinician.

Bottom line: Participants generally understood and valued the concept, but demand for a stand-alone \$19 report was weak. The results directionally favor access through a portal, clinician, health system, employer, or health plan.

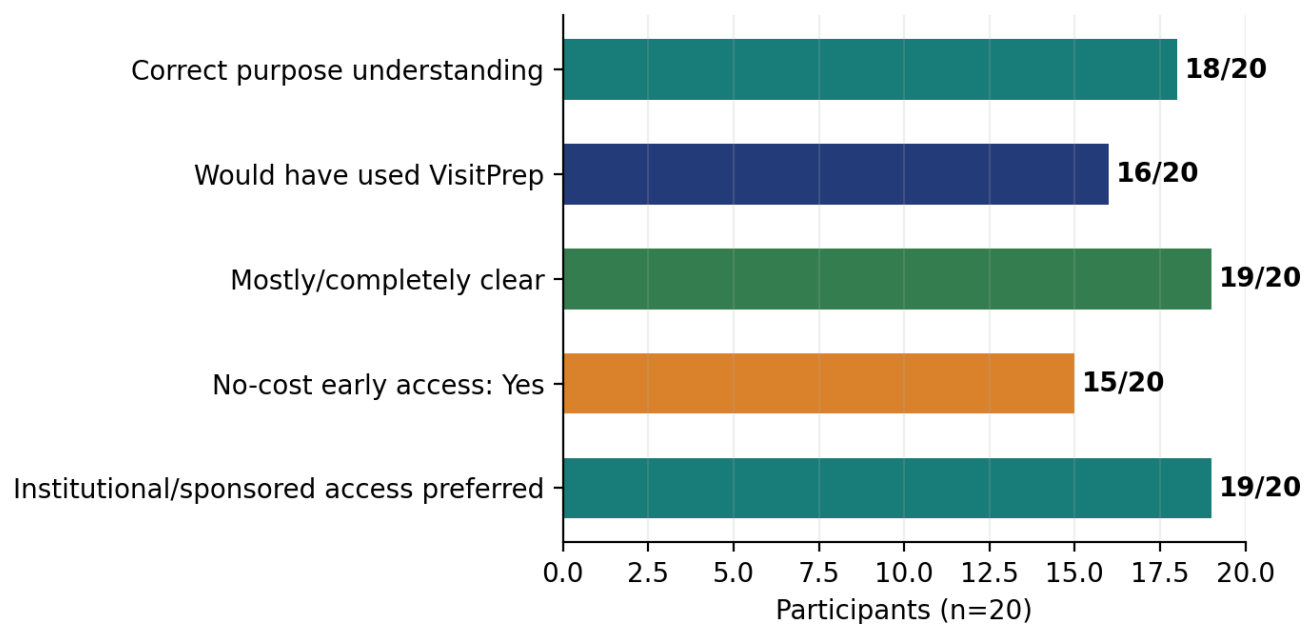
What was studied

Study	Design	Sample	Primary question
Stage 1: Value proposition	Two-arm online concept test using the same synthetic VisitPrep example	20 U.S. adults age 35+; 10 per arm	Does broader visit-preparation positioning add value beyond laboratory-results clarity?
Stage 2: \$19 economic choice	Online forced-choice pricing test after the synthetic example	30 U.S. adults age 35+	Would participants choose a \$19 report over free search/AI or waiting for a clinician?

Eligibility: Participants reported recent routine blood testing and difficulty understanding results or deciding what to do next. Healthcare professionals who interpret laboratory results were excluded.

Stage 1: Value proposition

Arm A: “Know what matters in your laboratory results.” **Arm B:** “Know what matters, what to do next, and what to ask your clinician.”

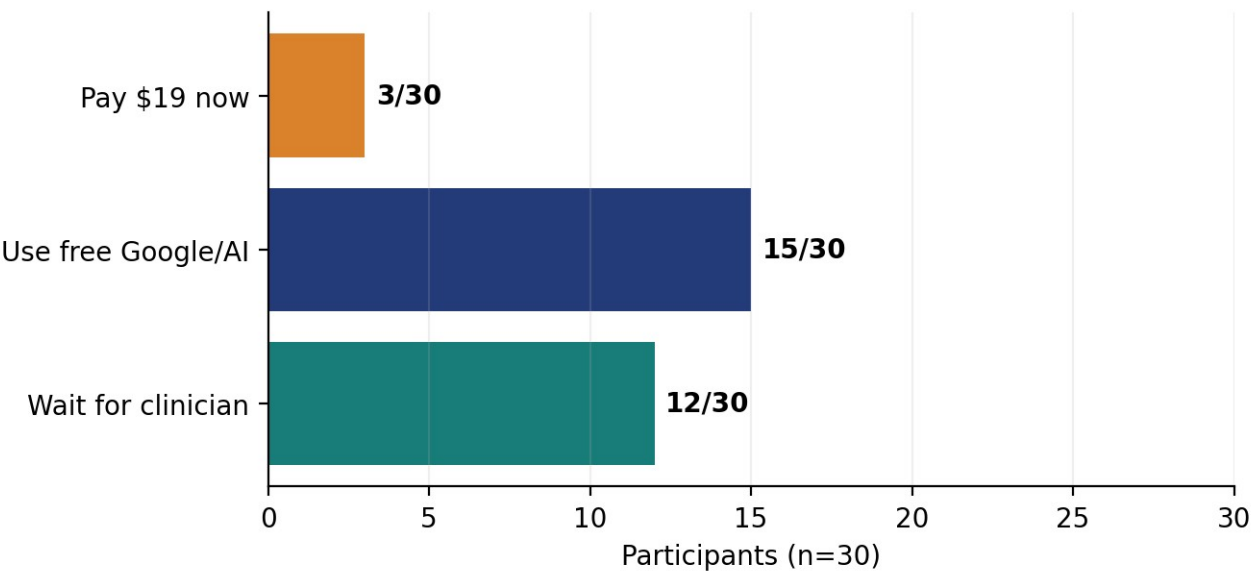


Measure	Arm A	Arm B	Combined
Correctly understood intended purpose	9/10	9/10	18/20
Mean usefulness (1–7)	5.3	5.8	5.55
Would have used VisitPrep	7/10	9/10	16/20
Mean trust if physicians created/reviewed rules (1–7)	5.0	5.9	5.45
Mostly or completely clear	10/10	9/10	19/20
No-cost early-access list: Yes	8/10	7/10	15/20
Institutional/sponsored access preferred	10/10	9/10	19/20

Interpretation. Arm B produced directionally higher usefulness, trust, and hypothetical use, but each arm included only 10 participants. The study cannot establish statistical superiority. The clearest signal was distribution preference: 19 of 20 chose access through an institution or sponsor, while one chose individual payment.

Stage 2: \$19 economic choice

After viewing the same synthetic example, participants chose what they would most likely do while waiting several days for clinician review.



Maximum stated price for one report	Participants
\$0	11/30
\$5	11/30
\$10	5/30
\$15	2/30
\$20	1/30

Key result. Only 3 of 30 selected “Pay \$19 now.” Two of those three later reported a maximum realistic price of \$15; only one participant’s stated price ceiling accommodated \$19. The median stated maximum price was \$5, and 22 of 30 valued a single report at \$5 or less.

Trust and payment conditions. The most commonly selected assurances were evidence of accuracy and reliability (16/30), privacy and security (14/30), transparent sources (14/30), clinician or health-system endorsement (13/30), and physician-created or reviewed rules (11/30).

Combined interpretation

- The patient problem was recognizable: participants understood what VisitPrep was intended to do and frequently said they would use it when available.
- The broader visit-preparation promise performed directionally better than laboratory-results clarity alone, but the sample was too small to declare a messaging winner.
- A stand-alone \$19 report showed limited appeal. Free search/AI and waiting for the clinician were the dominant alternatives.
- The findings support exploring embedded or sponsored distribution, while treating direct-to-consumer single-report sales as a secondary hypothesis rather than the lead model.

What these studies do not establish

- Clinical accuracy, safety, diagnostic performance, or improved health outcomes.
- Reduced anxiety, fewer portal messages, shorter appointments, better adherence, or lower cost.
- Actual purchasing behavior: all choices were hypothetical and no money or deposit was collected.
- Population-wide demand: both studies used small convenience samples screened for recent difficulty with laboratory results.
- Institutional willingness to pay or operational feasibility within a practice, portal, laboratory, or health system.

Recommended next evidence step

Conduct a small practice-based feasibility pilot or interviews with primary-care decision-makers. The next question is whether VisitPrep can improve patient preparation without increasing clinician workload, privacy exposure, or liability. That question cannot be answered by another general-consumer preference survey.

Methods and disclosure

Both studies were conducted through Lyssna in September 2026 using compensated research-panel participants. Each participant viewed fictional laboratory data; no personal health information was requested. Results are descriptive and exploratory. The studies were designed and funded by the HealthRadar founders. VisitPrep is a prototype and is not a diagnosis or substitute for medical care.