



Weight loss, clear skin, and sick notes: the patient as customer in digital health

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Which one is the
prescription
pharmaceutical?



Front



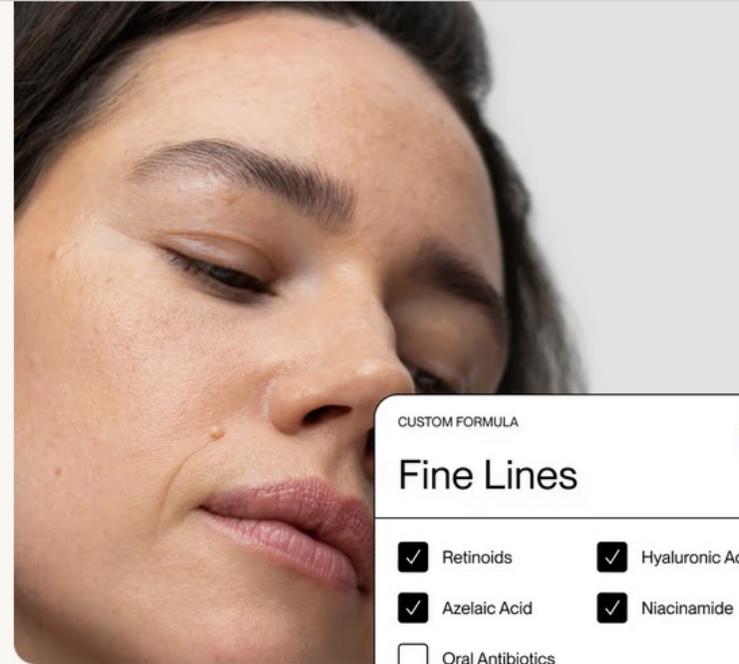
Back



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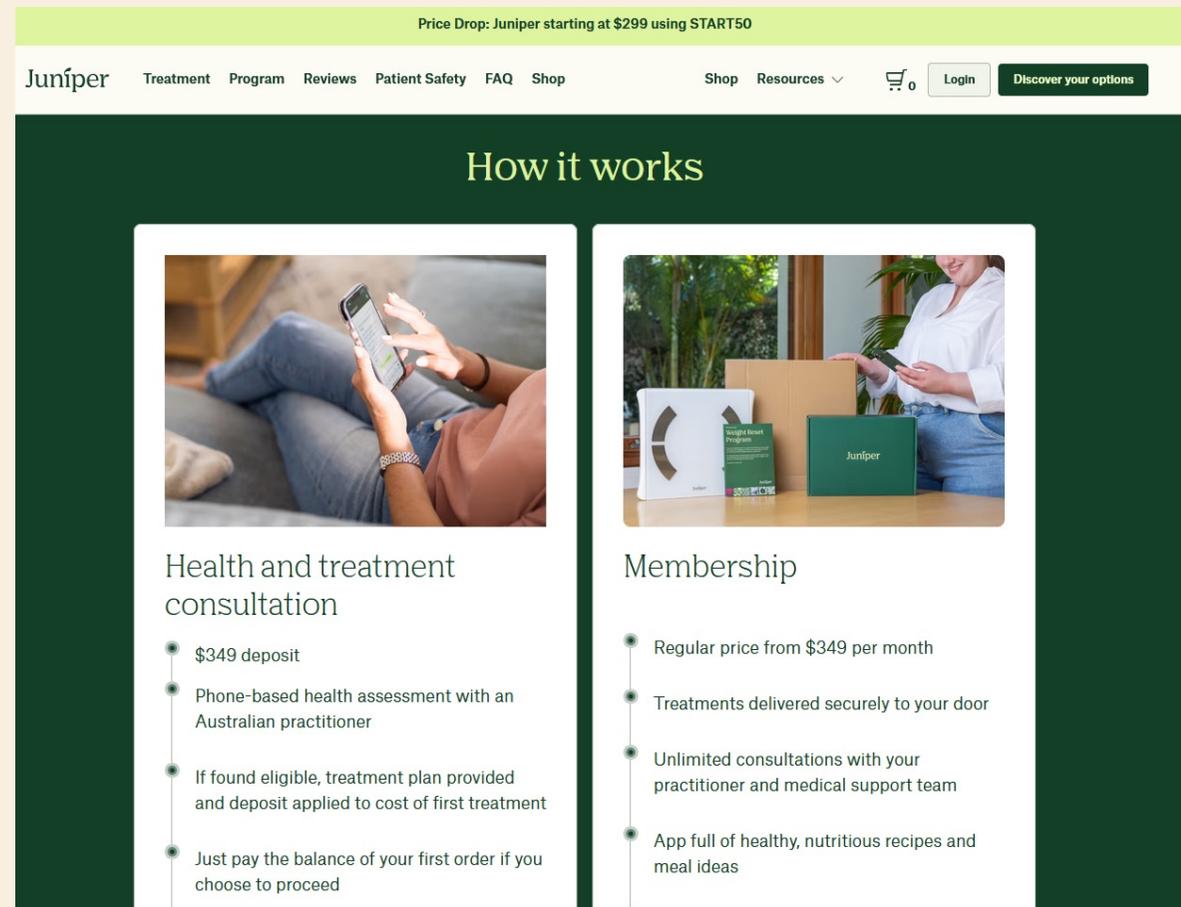
Fine Lines

<input checked="" type="checkbox"/> Retinoids	<input checked="" type="checkbox"/> Hyaluronic Acid
<input checked="" type="checkbox"/> Azelaic Acid	<input checked="" type="checkbox"/> Niacinamide
<input type="checkbox"/> Oral Antibiotics	



Commercial digital health platforms

- Distinct from “traditional” telehealth
- Lack of integration with the broader healthcare system and electronic health record systems
- “Solution”-oriented care
- Focus on high-demand, lower risk/complexity care – often aesthetic, sexual or stigmatised concerns
- Significant private equity investment



Price Drop: Juniper starting at \$299 using START50

Juniper Treatment Program Reviews Patient Safety FAQ Shop Shop Resources  0

How it works



Health and treatment consultation

- \$349 deposit
- Phone-based health assessment with an Australian practitioner
- If found eligible, treatment plan provided and deposit applied to cost of first treatment
- Just pay the balance of your first order if you choose to proceed



Membership

- Regular price from \$349 per month
- Treatments delivered securely to your door
- Unlimited consultations with your practitioner and medical support team
- App full of healthy, nutritious recipes and meal ideas

Key characteristics of operating models

Mode of delivery

Integrated logistics with “all-in-one” services (prescription often sent directly to in-house pharmacies, and medication delivered to patient-customer)

eCommerce retail interfaces

Digital service delivery with closed platform design

High convenience, with on-demand services (inc. asynchronous care)

Revenue

Subscriptions or memberships with recurring monthly charges for prescription repeats

Episode-based care with one-off charges

“Add-ons”, supplements, and non-medical services

Workforce

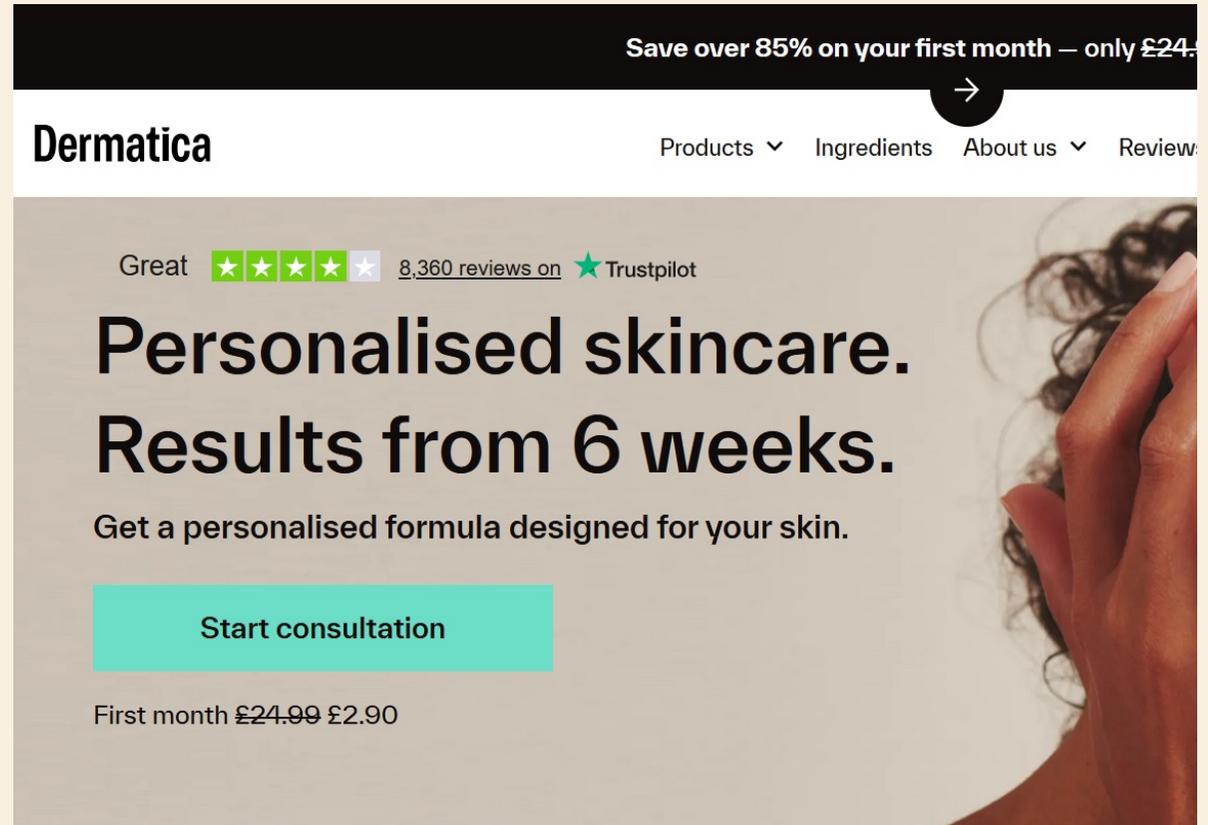
Interchangeable “gig economy” healthcare professionals – “Uber for health”

Focus on prescribing authority rather than specialty or focus

Extensive integration of automated systems or processes (e.g. questionnaires, chatbots)

Marketing

- Extensive targeted advertising on social media
- Frequently positioned as “personalised”, “tailored”, “customised”, “bespoke” despite very protocol-driven care
- Highly curated design and aesthetics



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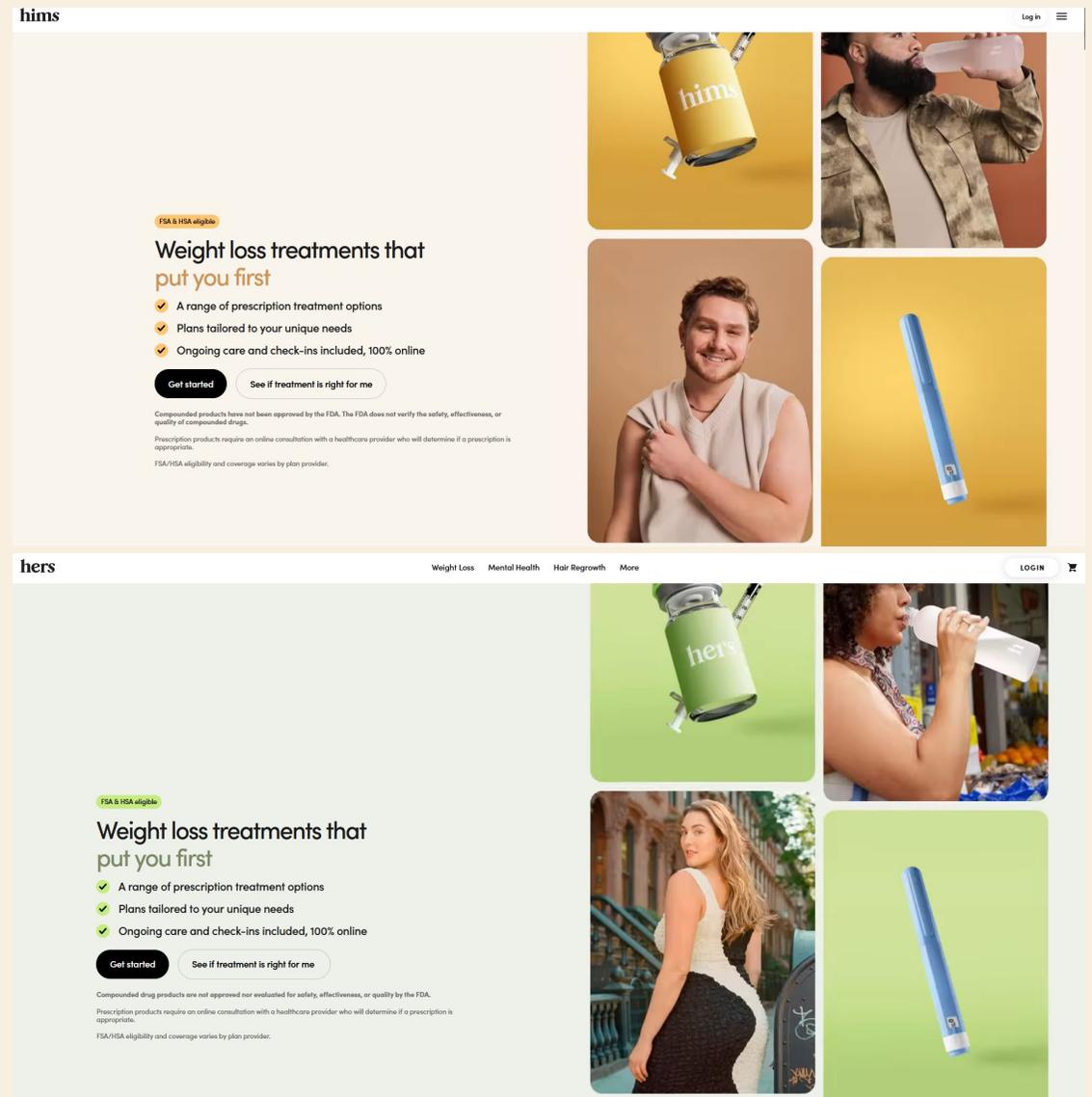
Get a personalised formula designed for your skin.

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First month ~~£24.99~~ £2.90

Marketing

One company may operate multiple platforms which are differentiated based on target market segment rather than type of care – e.g. gendered framing



Marketing

Often presented as holistic clinics which integrate additional services such as coaching, supplements, DTC testing, apps, and community forums.

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- ✓ Access expert-backed advice, anytime
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I think I'm in a weight plateau, can you review my food choices?

June is thinking...



Types of products and services

Pharmaceutical-specific care

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MOSH

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OUR PRACTITIONERS

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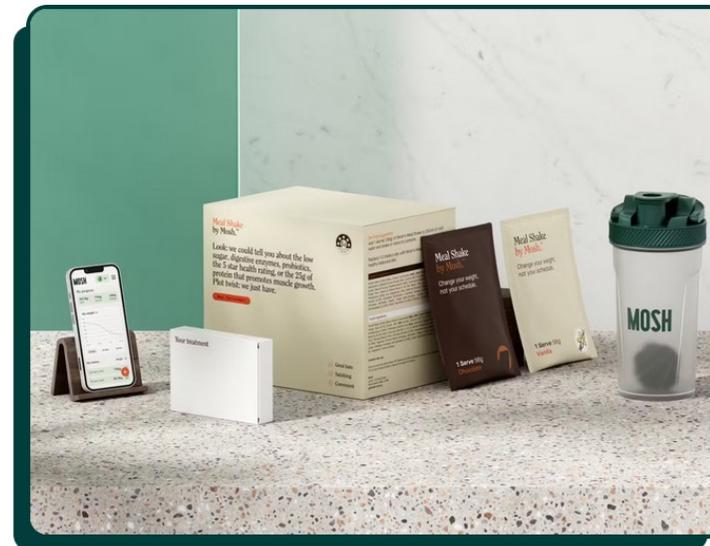


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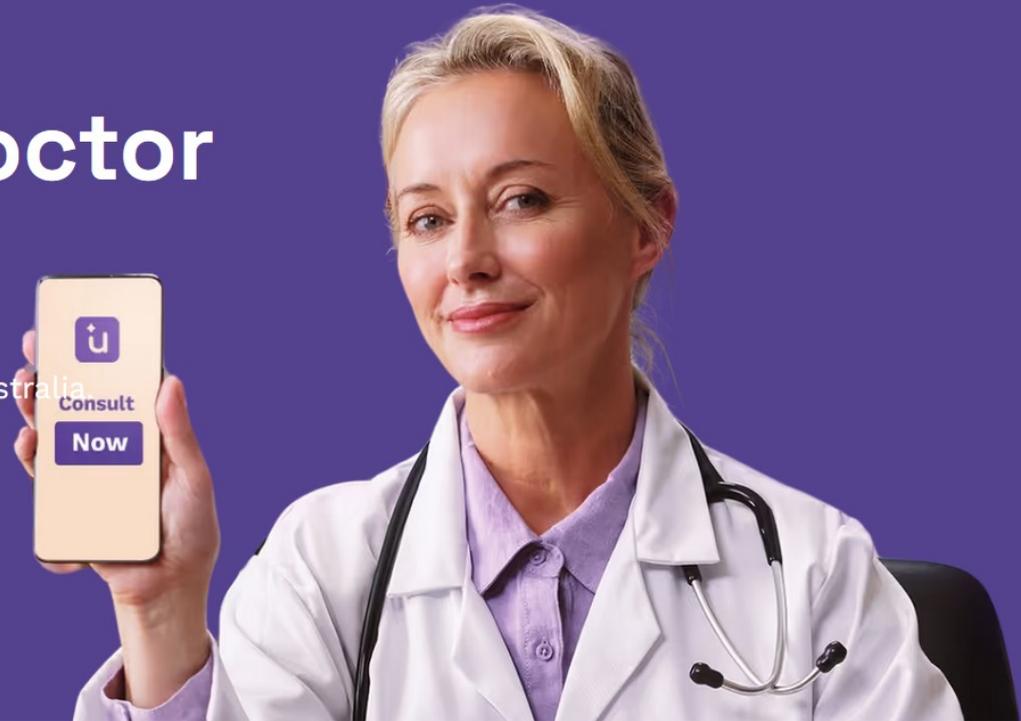
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PRODUCT REVIEW



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How it Works

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Prescriptions

Medical certificates

Pathology

Specialist referrals

1.

Select the days you require a medical certificate for.

2.

A doctor will review your request and may call you if necessary.

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Request a medical certificate



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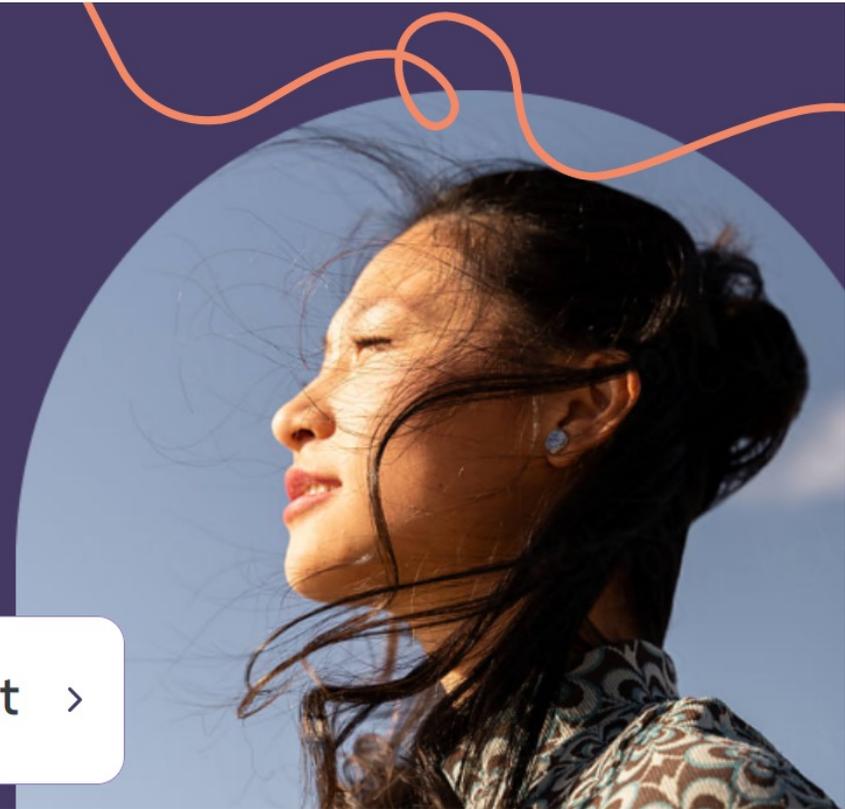
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★ 4.7 (30,000+) 





Changing the dynamic of care

Solution-specific care and consumer products

- The diagnostic process becomes oriented around a specific (pharmaceutical) *solution* to a specific *problem*
 - e.g. tretinoin for acne, GLP-1 RAs for weight loss
 - Medicalisation – “problems” must therefore be constructed around phenomena (e.g. wrinkles)
- Eligibility for a patient to be prescribed a treatment becomes eligibility for a customer to buy a product
- Evidence-based treatments (e.g. tretinoin, GLP-1 RAs) are used as a “Trojan horse” to market non-evidence-based consumer products (e.g. moisturiser, shakes)

Patient-as-customer and gig economy doctors

- The term “patient” is often replaced by “member” or “customer”
- “Care relationship” (?) is between customer and company, not patient and individual healthcare professional
 - Digital extension of “doc-in-a-box” care model of retail health clinics¹
 - Concerns about “tick-box prescribing”
- Healthcare professionals as interchangeable “gig economy” workers who are *fungible* with any other healthcare professional with the same prescribing authority
- As profit-driven online platforms, they are vulnerable to enshittification²

Health inequities & brand narratives

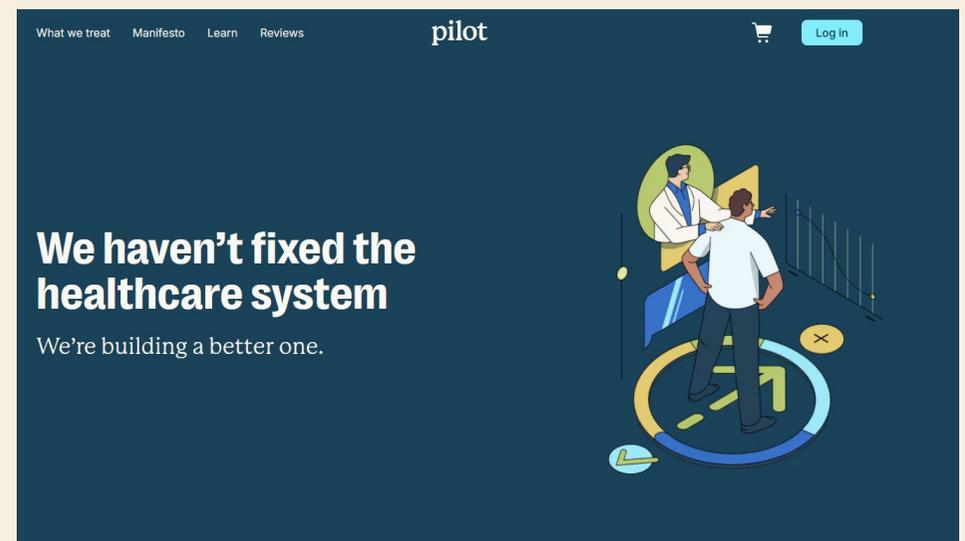
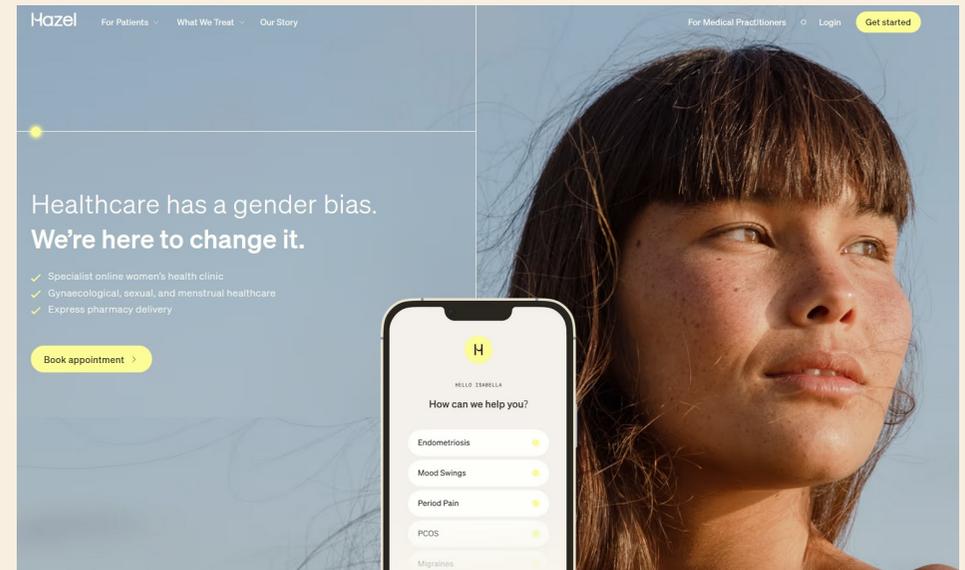
- Frequently advertise their services as responding to or rectifying health inequities and injustices
- Purchasable \neq accessible

These platforms are accessible in the sense of¹:

- Approachable
- Acceptable
- Available

But are they:

- Affordable?
(maybe?)
- Appropriate?



Where next for regulators and professionals?

- These services represent a very convenient and useful option for populations with high income, high digital literacy, high consumer literacy, and high health literacy
 - *They are responding to a problem* – but are they the best solution?
- They take advantage of failing healthcare systems – particularly public healthcare systems – both to advertise to consumers, and to recruit professionals
- Consumer regulation for predatory subscription traps and advertising; data protection regulation; enforcing regulations on pharmaceutical advertising