# Original Demand Channels

## Outside-the-Box Builds — Addendum to “Building Your Own AI Growth Engine”

Prepared for Mark Snyder, Founder & Chairman, ProPharma Distribution

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*Every originality claim in this addendum is backed by an actual competitive scan of McKesson, Henry Schein, Medline, Cardinal Health, Cencora, and adjacent industries — including the places where the scan found competitors already doing a version of an idea. Bracketed numbers cite the Sources section. “Our estimate” marks our judgment; everything else is sourced. The compliance section is research, not legal advice.*

# Contents

## The Short Version

You asked for something original — not permission, not another channel memo. The competitive scan says the opportunity is real and specific: the big distributors have spent their innovation budget on logged-in portals, dedicated barcode scanners, and punchout integrations. **Nobody in U.S. healthcare distribution takes an order by text message, by photo, by AI-answered phone call, or by smart fax — and nobody returns an instant quote at the customer's own negotiated price from a phone-camera scan.** Meanwhile, in food distribution, a single platform (Choco) already ingests orders from SMS, photos of handwritten notes, voicemails, and faxes for over 20,000 distributors, with an AI voice agent answering after-hours order calls [8, 9]. The playbook is proven one industry over and unclaimed in yours. That is the best kind of "original": novel where you compete, de-risked where you don't.

The centerpiece of this addendum is your own idea — the scan-to-quote app — because it deserves to be: developed properly, it is the most defensible thing on this list. Your no-public-pricing constraint, which looks like an e-commerce handicap, inverts into the product's core feature: an app that can't show a price list *must* answer every scan with a private, personalized quote — and an instant pro forma quote at the customer's own negotiated price is something no competitor's app does. One honest correction from the scan: phone-camera scan-to-*order* already exists at Henry Schein [3], so the originality lives in the quote-back flow, the nurse-requests/manager-approves workflow, and zero-install delivery — not in the scanning itself. Section 2 develops all of it, including the technical gift hiding in your products: since DSCSA serialization, every prescription package carries a 2D DataMatrix encoding the NDC, lot, and expiration date [21, 22] — so the same scan that requests a reorder can power short-date alerts and returns workflows for free.

Eight ideas follow, ranked by originality × adoption likelihood × buildability, then a compliance section that exists because healthcare demand-generation has a law most industries don't: the federal Anti-Kickback Statute. The one-sentence version: **everything in this addendum that is pure convenience is clean; anything that transfers value — points, rewards, freebies, especially to an individual nurse or office manager — is where companies pay seven-figure settlements** [46, 56]. Section 4 draws the lines precisely, with the OIG's own December 2024 blueprint for how a supplies distributor *can* run a loyalty program if you ever want one [50].

# 1. The Originality Landscape: What the Scan Found

Originality claims are cheap, so we checked. The scan covered McKesson (SupplyManager, ScanManager, Connect, pharma handhelds), Henry Schein (Portal app, EZ Scan, rewards programs), Medline (ParScan, MedPack, RFID), Cardinal Health (Order Express), Cencora (ABC Order), Amazon Business, plus the adjacent industries where these ideas already live (food distribution, industrial MRO). Three findings frame everything else.

**First: the table stakes are higher than they look.** Barcode-driven reordering is universal — McKesson ships customers a dedicated Opticon scanner [1], Henry Schein's Portal app scans with the phone camera [3], Medline runs handheld par-level scanning for facilities [4], Cardinal's pharmacy app has scanned with phone cameras since 2015 [6]. Recurring orders exist (McKesson Scheduled Orders [2]), punchout/EHR ordering exists (Henry Schein × athenahealth; Hybrent for ASCs [13, 12]), and loyalty points exist (Henry Schein PracticePRIVILEGES and Thrive; McKesson Choice Rewards [14, 15]). Any pitch claiming these are new would embarrass you in front of anyone who buys from McKesson.

**Second: the conversational and zero-login layer is empty.** Despite deliberate searching, we found no U.S. healthcare distributor offering ordering by SMS, by photo, by AI-answered phone, by AI-read fax, or via no-login QR/NFC touchpoints. Absence of evidence is graded honestly — these capabilities could exist unannounced — but the marketing silence across every major player after a systematic scan puts confidence at medium-high. The strongest proof the layer works is Choco in food distribution: SMS, photo, voicemail, and fax order intake plus an after-hours AI voice agent, at scale [8, 9]. Industrial MRO proves the deeper point that embedded replenishment infrastructure locks in share: Fastenal now runs 43.3% of its quarterly sales through on-site FASTBin/FASTVend devices [19], and Grainger reported KeepStock customers growing at twice the rate of non-KeepStock customers (older figures, circa 2016–2018) [18].

**Third: one cautionary tale.** Amazon — with infinite hardware budget — retired both the physical Dash button (2019) and the Dash Smart Shelf it had marketed to medical practices [17, 16]. The survivors of Amazon's replenishment experiments were software: subscriptions and app-based reorder. Lesson applied throughout this addendum: put intelligence in the channel (SMS, camera, voice, fax), not in proprietary hardware you must ship, power, and maintain inside clinics.

# 2. The Centerpiece: Your Scan-to-Quote App

Your idea, verbatim: *"What about a ProPharma app that nurses can install on their phones which can scan barcodes of products or read the labels, and then they can indicate the quantity and submit the request directly to us — and then they would get a quote automatically back from us with their pricing."* The name almost writes itself: a *pro forma* quote, from ProPharma, in seconds. Here is the full development — originality verified, technically grounded, adoption-engineered, and compliance-checked.

## 2.1 The honest originality check

Scanning itself is not the original part — say this out loud before any competitor does. Henry Schein's Portal app already lets a customer scan a barcode with the phone camera and add the item to an order [3]. McKesson, interestingly, still has no phone ordering app at all: SupplyManager is a responsive website, scanning runs through a dedicated Opticon handheld [1], and the phone-based "Mobile Companion" on the pharma side does receiving and inventory counts, not ordering [7]. Medline's phone app is scoped to custom surgical packs; general scanning is handheld-based [5, 4].

What the scan did **not** find — anywhere in healthcare distribution — is your actual idea: **scan → request → instant automatic quote at that customer's own negotiated price.** Every existing flow is an authenticated *order* flow: it presumes the scanner is the account holder, logged into a portal, committing spend. Your flow is a *quote* flow, and that difference is structural, not cosmetic. It changes who can use it (any nurse, not just the credentialed buyer), what it costs them to try (asking a price commits nothing), and what your pricing constraint becomes (a feature — see 2.2). Also unfound anywhere: a requester/approver workflow matching clinic purchasing reality, and quote-back as a new-customer acquisition hook (2.5). Confidence in these absence claims: medium-high, based on the systematic scan described in Section 1.

## 2.2 Why quote-back is the superpower, not a workaround

You cannot publish prices — every customer's pricing is negotiated. Competitors treat the equivalent constraint by hiding prices behind portal logins. Your app inverts it: because there is no price list to show, **every scan becomes a personalized, private response from you** — "here is YOUR price, valid now, tap to request approval." That does three things no catalog can. It makes every interaction feel negotiated (because it is). It gives you a real-time pricing decision point — the A2A agent can apply rules, flag margin floors, or route exceptions to a rep before the quote goes out, which a static portal price cannot. And it weaponizes speed: in the only credible large-sample study of response timing, firms responding within an hour were about seven times likelier to qualify a lead than firms an hour slower [32], while a vendor-run test of 1,000 B2B teams found companies that hide pricing behind "request a quote" forms take ~29 hours on average to answer [33] (vendor test, labeled as such). A quote in fifteen seconds against

an industry norm of next-day is not an incremental improvement; it is a different product category.

## 2.3 The technical gold: the barcode already contains the hard part

Since DSCSA serialization, every prescription-drug package in the United States carries a product identifier in a 2D GS1 DataMatrix on the smallest salable unit, encoding four fields: the NDC (embedded in a GTIN), a unique serial number, the lot number, and the expiration date [21, 22]. Phone-camera SDKs (Scandit, Google ML Kit) read and parse GS1 DataMatrix reliably, including in the browser via WebAssembly — which matters for the no-install path below [24, 25]; as of November 2025 even Google Lens scans these natively on Android [26]. So one scan yields not just “which product” but “which lot, expiring when.” That single fact turns the quote app into three products:

- **Reorder/quote** — NDC resolves to your Acumatica SKU and the account’s negotiated price; quantity + tap = quote request.
- **Short-date radar** — every scan silently reports lot and expiry from the customer’s own shelf; the A2A agent can warn “3 units expiring within 60 days” and attach replacement pricing to the same quote. Ties directly into your existing ABC-inventory and returns projects: expiry intelligence from the field, collected as a by-product of ordering.
- **Returns intake** — a scan of a short-dated or recalled item can open a return claim with lot-level documentation already attached, removing the most painful paperwork in the building.

One material limitation, stated plainly: OTC and most med-surg consumables carry linear UPC barcodes, which encode product identity only — no lot or expiry [23]. For those, the scan still resolves the product for quoting; the expiry intelligence applies to the Rx DataMatrix universe. And for items with damaged or missing barcodes, label OCR (photograph the label; the agent extracts name/strength/size) is the fallback — the same vision capability the supply-closet photo channel in Section 3 uses, so it is built once.

## 2.4 Who actually uses it: nurse requests, manager approves

The reason a quote flow fits clinics is that clinics separate *noticing* from *authorizing*. The person who sees the shelf going empty — a nurse between cases, at one of the few moments in a shift of ten-plus interruptions per hour [37] — is usually not the person empowered to spend. Existing distributor apps ignore this: they are built for the credentialed buyer, so the nurse’s only move is to tell someone, who tells someone, who logs into a portal. Your app makes the nurse’s fifteen-second action complete in itself: scan, set quantity, submit. The office manager then receives a clean pro forma quote — items, quantities, *their* prices, one approval tap — and approval converts the quote to an order in Acumatica/BigCommerce. Nobody re-keys anything; the requester gets notified when their stuff ships, which is the loop-closing moment that builds the habit. This also respects the access reality your reps already know: clinical staff are nearly

unreachable synchronously [38], and two-thirds of B2B buyers now say they prefer buying without talking to a rep at all [39] — while your rep stays attached to every quote in HubSpot, stepping in exactly when a quote stalls or a price exception needs judgment.

## 2.5 The install barrier — and the graduated path through it

The plan's biggest risk is the phrase "an app that nurses can install." A majority of U.S. smartphone users download zero new apps in a typical month [27], and healthcare BYOD policies are restrictive and inconsistent — surveys show meaningful shares of hospitals limiting personal-device use outright, with app vetting common where it's allowed [31] (no precise blocking percentage exists; we flag that rather than invent one). So the build is a graduated path where each phase earns the next:

- **Phase 1 — zero install: the SMS agent.** A nurse texts a photo of the barcode (or the shelf, or the label) to your 10DLC-registered number; the A2A vision agent does exactly what the app would do and texts back the quote link. No download, no login, no IT policy triggered — and 72% of business texts get read within five minutes [36]. This phase is also the live test of the whole thesis at perhaps a tenth of the build.
- **Phase 2 — the PWA.** A progressive web app — "Add to Home Screen," no app store, instant updates — does camera scanning in the browser via WebAssembly SDKs [24]. Your team has already shipped a PWA in-house, so this is proven capability, not a bet. The published PWA results (Twitter Lite +65% pages per session; Alibaba +76% conversions; Pinterest +103% weekly actives — all company-reported, treat as directional [28, 29, 30]) all tell the same story: removing the install step is itself the growth feature.
- **Phase 3 — native, only if earned.** Ship a store app only when usage data demands what PWAs still do worse (deeper push, offline, fastest camera pipeline). By then you'll have install demand instead of install friction — and the McKesson contrast (no phone ordering app at all [1]) means even Phase 2 leapfrogs the largest distributor in the country.

## 2.6 Stack mapping and build complexity

Every component maps to something you own. **Acumatica** is the quote engine: customer-specific price lists via API answer "what is this account's price for this NDC" — the entire product is a fast, beautiful wrapper around that API call. **A2A** hosts the agents: barcode/AI parsing (GS1 application identifiers 01/21/17/10 [22]), label OCR fallback, product-to-SKU matching, quote assembly, margin-floor rules, short-date logic. **RingCentral** provides the SMS rails (Phase 1). **HubSpot** logs every scan, quote, approval, and stall as timeline events — each quote is also a lead signal your reps act on; a scan from a prospect account is the warmest cold call in the building. **BigCommerce** takes the approved quote to fulfillment as the cart/checkout surface it already is. Build complexity: **Phase 1 is Low** (one vision agent + SMS + the

Acumatica price call — weeks, given your team's shipped automations — our estimate); **Phase 2 Medium** (auth binding device-to-account, the approver workflow, scanning UX); **Phase 3 Medium-High**. The one unforgiving requirement is pricing-sync correctness: a wrong quote is worse than a slow one.

## 2.7 Compliance check and expected impact

**AKS posture: clean as designed.** A scanning/quoting tool that works only for transacting with ProPharma is the modern equivalent of an order form — "integrally related" to the sale, with no independent value to the customer, which is precisely the category the OIG has blessed since 1991 [53, 52]. Two tripwires to never cross without counsel: do not add rewards, points, or prizes *for scanning or ordering* (that converts UX into remuneration — Section 4), and do not let the app grow into general-purpose inventory software managing competitors' products too (free software with independent value is exactly the theory in the McKesson qui tam [55]).

**Evidence says:** response speed converts at dramatic multiples [32]; the asynchronous-buyer preference is real and growing [39]; embedded reorder infrastructure measurably locks in B2B share in the closest analog industries [19, 18]. **Our estimate:** the quote app's revenue arrives through three doors — reorder frequency on existing accounts (the nurse who can act in 15 seconds reorders when she notices, not when the rep next calls), share-of-wallet defense (a three-tap reorder is a switching cost), and new-account capture (2.5's "scan us a quote" pitch gives reps something no competitor can demo). None of this is forecastable from published data — no healthcare scan-to-quote precedent exists to borrow numbers from, which is the point. Phase 1 prices the whole thesis in a quarter at minimal cost.

# 3. The Supporting Cast: Seven More Builds, Ranked

Each idea: what it is, why the target user actually uses it, originality verdict from the scan, stack leverage, and build complexity. Rankings (including the flagship's #1) reflect originality × adoption likelihood × buildability; Section 5 shows the scoring at a glance.

## #2 — The After-Hours AI Order & Quote Line

**What it is.** An AI agent on your RingCentral number from 5 p.m. to 8 a.m. and weekends: takes reorders against Acumatica history, quotes prices the same way the scan app does, schedules callbacks, escalates urgent items to on-call staff. Inbound only — which makes it consent-clean under the TCPA analysis in the main report (it answers; it never initiates). **Why they use it.** Nurses work nights; clinic ordering needs don't respect your sales day. The buyer who can't take calls at 11 a.m. can make one at 9 p.m. — currently to your voicemail. (We searched for a published "share of B2B orders placed after hours" statistic and found none credible; the workflow logic stands on its own and your RingCentral logs will quantify your own missed after-hours volume in a week.) **Originality.** Not found at any U.S. healthcare distributor; directly proven by Choco's VoiceAgent in food distribution [8, 9]. **Stack and build.** Shares the entire quote engine with the flagship; voice layer is the hard part (latency, graceful handoff). High complexity — which is why the main report sequenced it after the consent and order-history rails exist. Start with after-hours only: lowest expectations, clearest measurement (orders captured that previously went to voicemail).

## #3 — Predictive Replenishment with One-Tap Approval

**What it is.** Not a subscription form — a prediction. The A2A agent learns each account's real consumption rhythm from Acumatica order history (the same cadence model as the main report's dormancy radar, pointed forward instead of backward) and, days before the predicted stock-out, texts the approver a pre-built draft: "Your usual 8 items, at your prices — reply YES or tap to edit." Nothing ships without the tap. **Why they use it.** It removes the remembering, not the control. McKinsey's subscription research found replenishment models convert and retain best of all subscription types — and that ~40% of subscribers churn when the value stops feeling personal [35], which is the argument for prediction over a static schedule. **Originality.** Weak versions exist — McKesson's Scheduled Orders runs fixed-frequency standing orders [2], and Amazon Business does discounted subscriptions. Predicted-from-your-actual-usage with SMS one-tap approval was not found at any healthcare distributor. Differentiated, not virgin territory — say it that way. **Compliance note.** Keep any replenishment discount inside the discount safe harbor: fixed terms, written, disclosed up front, on the invoice [49]. **Stack and build.** Acumatica cadence model + RingCentral SMS + BigCommerce checkout. Medium-Low — the cheapest recurring-revenue machine on this list, and the natural Phase-2 upsell inside both the SMS agent and the portal.

## #4 — The Smart Fax Line

**What it is.** Healthcare still runs on fax — roughly 70% of providers still exchange information by fax [40], and manual fax/phone transactions cost about $8 more each than electronic ones [41]. Everyone treats that as embarrassing legacy; treat it as an installed base. An A2A document agent reads every inbound fax (and emailed PDF): purchase orders become draft Acumatica orders in minutes with a confirmation text back; license and DEA documents route into the onboarding fast-lane from the main report; **and any competitor invoice a prospect faxes over comes back as a line-by-line counter-quote at their prospective pricing** — which turns the oldest machine in the clinic into your demand-gen channel ("fax us any invoice; see what you'd save"). **Why they use it.** Zero behavior change — they already fax. That makes this the highest adoption-certainty item in the addendum. **Originality.** The AI-fax startups (Tennr, $101M raised; Medsender) automate clinical documents — referrals, prior auths — not supply orders [11]; AI purchase-order intake exists in food/general distribution (Choco [8]) but was not found at any healthcare distributor. Genuine whitespace at the intersection. **Stack and build.** RingCentral receives faxes digitally already; document-vision agents are your team's bread and butter; Acumatica order-draft API closes the loop. Medium-Low. The counter-quote flow needs a rep-review step before anything goes out — pricing judgment stays human.

## #5 — QR/NFC Physical Touchpoints (Crash-Cart Cards, Par Sheets, Shelf Labels)

**What it is.** Laminated cards on crash carts, NFC stickers on supply-room shelves, printed par-level sheets — each carrying a tokenized link: phone camera scan → that account's reorder page for that item, negotiated price visible after lightweight device-bound auth, quantity, tap. No login ceremony, no app. QR scanning is now routine behavior for ~100 million Americans [34]. **Why they use it.** It meets the nurse at the shelf — the exact moment of noticing — with even less friction than texting a photo. The par sheet version doubles as the thing clinics already tape to the supply-closet door, except now it reorders. **Originality.** No-login QR/NFC deep links to contract-priced reorder were not found at any healthcare or industrial distributor — likely because confidential pricing makes naive implementations dangerous. That is the moat: doing it safely requires exactly the tokenized, account-bound design your team can build (expiring signed tokens per location, price revealed only after device verification, rate-limited). **Stack and build.** Pure extension of the flagship's quote engine — the QR is just another front door to the same A2A agent. Low-Medium, after the flagship exists. Print physical kits as the leave-behind for every rep visit and every new-account welcome box: your physical presence in the clinic, working 24/7. **Compliance note.** The cards/stickers are ordering tools for your products — integrally related, no independent value, clean [52].

## #6 — VMI-Lite: "We Watch, You Approve"

**What it is.** Fastenal runs 43% of its sales through bins and vending machines it installed at customer sites [19]; Grainger's equivalent customers grew twice as fast as the rest [18]. No

healthcare distributor offers that embedded model to small clinics — and Amazon's discontinued Dash Smart Shelf [16] warns against the hardware-first version of it. VMI-lite is the software-only translation: ProPharma monitors each account's projected on-hand position (order history minus predicted consumption, enriched by every scan and photo the other channels collect), maintains the par list collaboratively, and sends a weekly "here's what we'd top up — approve/edit" digest. The customer never counts; ProPharma never ships unapproved. **Why they use it.** Small clinics have no materials manager; the office manager inherits inventory as unpaid overhead. You are offering to be the materials manager — through the approval tap, not a contract. **Originality.** Sensor-bin VMI for small clinics was not found as a distributor offering (eTurns × McKesson is the nearest adjacency [20]); the software-only, approval-gated framing appears unclaimed. **Compliance note — the real one.** Free inventory-management *services* with standalone value edge toward remuneration (the OIG's 2025 opinions penalize relieving customers of costs they'd otherwise incur [54]). Keep VMI-lite strictly scoped to managing *what they buy from you* — that keeps it in the integrally-related lane [52] — and have counsel review before it ever touches competitor-supplied stock. **Stack and build.** Medium. Mostly the predictive model from #3 plus a digest UX; accuracy improves with every other channel you ship.

## #7 — Embedded in Their Workflow: The Rails That Already Exist

**What it is.** Honesty requires one unglamorous entry: the places office managers already order — Hybrent (the ASC procure-to-pay platform with 9,000+ integrated suppliers [12]) and practice-management ecosystems (the Henry Schein × athenahealth model [13]) — are rails someone else built. Getting ProPharma listed as a connected supplier, with punchout into BigCommerce and your negotiated pricing flowing through, is not original at all. It is distribution. **Why it's here.** Because "original" is the wrong test for this one — presence is. Every ASC that standardizes on Hybrent and can't find you in it is an account your other seven ideas never get to touch. **Stack and build.** Medium-Low (punchout/EDI integration work). Treat as infrastructure, run in parallel, expect no headlines.

## #8 — The Nurse & Office-Manager Education Channel

**What it is.** The slow-burn relationship asset: a genuinely useful content program for the people who run clinic supply rooms — compliance explainers (DSCSA, controlled-substance storage, expiry management), supply-room organization guides, short-date best practices — distributed where they already gather (allnurses alone claims 1M+ registered members [43]) and through your own SMS/portal channels. The evidence that education earns commercial trust is solid: 75% of B2B decision-makers say strong thought leadership made them research products they hadn't considered, and roughly 60% will pay a premium to suppliers who provide it [42]. **Originality.** Modest — content marketing isn't novel, though no pharma distributor is doing it credibly for the nurse/office-manager persona at small clinics (our scan found none; graded as inference). **The guardrails are the design.** Accredited CE is mostly off the table done in-house:

under the ANCC/ACCME independence standards, companies that sell or distribute healthcare products cannot control accredited CE content or faculty [63] — fund independent providers via unrestricted grants if you want CE, and keep marketing physically separate. Unaccredited practical education about products you sell, offered uniformly and tied to no purchase volume, is the clean lane [62]. Never honoraria, gifts, or perks to individual attendees (Section 4). **Stack and build.** Low complexity, long payback. Rank it last for impact-per-quarter; keep it because it compounds and because every other channel in this addendum gets warmer when the sender is already useful.

## 4. The Compliance Guardrail: Don’t Build a Kickback

Healthcare demand-generation has a rule most industries don’t. The federal Anti-Kickback Statute makes it a felony to knowingly and willfully offer *anything of value* — cash or in kind — to induce someone to purchase, order, arrange for, or recommend items payable by Medicare, Medicaid, or other federal health care programs [46, 53]. The “purchasing/ordering” prong reaches a distributor’s customers directly; no physician referral is needed. Under the prevailing “one-purpose test,” an arrangement violates the statute if even one purpose of the value transferred is to induce federal-program business, whatever other legitimate purposes exist [48]. Exposure: up to 10 years and $100,000 per violation criminally, civil monetary penalties, program exclusion, and automatic False Claims Act liability on every tainted claim [47]. Many states layer all-payer analogs on top [61] — Florida’s Patient Brokering Act is notably aggressive [60] — and giving personal benefits to a customer’s *employee* adds state commercial-bribery exposure that DOJ has federalized through the Travel Act [58, 59].

The enforcement record makes the danger concrete and specific. Gift cards to providers’ administrative assistants for steering business: $4.2 million settlement (MCS Advantage) [56]. A distributor paying upfront discounts to practices to induce drug purchases: $13 million (Cardinal Health, 2022) [57]. Free business-analytics software to induce drug purchases: the McKesson qui tam — dismissed on intent grounds, with the legal theory left standing [55]. Note what these have in common: none of them is a convenience tool. Every case involves transferring *independent value*. That is the line, and the OIG drew it explicitly decades ago: free items and services are permissible when **“integrally related”** to the seller’s products with **no independent value** apart from them — an ordering tool is an order form; a general-purpose gift is remuneration [52].

Applied to this addendum, three buckets:

| Bucket | What’s in it | Action |
|---|---|---|
| **Clean — pure convenience** | Scan-to-quote app, SMS/photo agents, QR/NFC touchpoints, after-hours AI line, smart fax intake, predictive-replenishment suggestions, education that teaches rather than rewards. All function only for transacting with ProPharma; no independent value transferred [52, 53] | Build freely; document the integrally-related design rationale |
| **Structured carefully — counsel review** | Any discount or rebate tied to replenishment/volume (fit the discount safe harbor: fixed, written, disclosed, on-invoice [49]); any future loyalty/points program (follow the OIG’s AO 24-10 blueprint: entity-level only, uniform earn rate, redemption only as partial price discounts, never cash/gift | Design to the cited blueprint, then have healthcare counsel sign off before launch |

| | | |
|---|---|---|
| | cards/free goods [50, 51]); VMI-lite if it ever manages non-ProPharma stock [52, 54]; CE funding (unrestricted grants to independent accredited providers only [63]) | |
| **Do not build** | Anything that puts personal value in an individual nurse's or office manager's pocket for scanning, ordering, or recommending — gift cards, points redeemable personally, prizes, "scan and win," referral bounties to staff. This is the MCS Advantage fact pattern [56] plus commercial bribery [58, 59]; AdvaMed treats gifts to office staff as gifts to the clinician [62]. Also: free goods tied to volume, undisclosed rebates, cash equivalents [49] | Off the table, regardless of how well it would convert |

One reassurance to close on: this is not a reason for timidity. The OIG looked at a supplies distributor's loyalty program in December 2024 and approved it — because it was engineered to the safeguards above [50, 51]. And the only favorable gift-card opinion on the books worked because nothing federally reimbursable was involved — the opposite of your catalog, which is why the bright line for ProPharma sits exactly where this section drew it [64]. Convenience converts, and convenience is legal. Build the convenience.

## 5. The Ranking at a Glance

Scored on the three dimensions you set — originality (verified against the scan), adoption likelihood (how little behavior change it asks of a nurse or office manager), and buildability on your stack. H/M/L ratings; ranking is the product of the three, weighted by our judgment where they tie. This is our synthesis, not a published metric.

| # | Build | Originality (evidence) | Adoption likelihood | Buildability | AKS posture |
|---|---|---|---|---|---|
| 1 | Scan-to-quote app (SMS photo → PWA → native) | High — quote-back flow unfound; scanning itself isn't new (Schein) | High via zero-install path | High (Phase 1 Low) | Clean |
| 2 | After-hours AI order/quote line | High in healthcare; proven in food (Choco) | Medium-High (no behavior change — they already call) | Medium (voice is hard) | Clean (inbound) |
| 3 | Predictive replenishment + one-tap approval | Medium — static versions exist (McKesson) | High (passive; control retained) | High | Clean; discounts → safe harbor |
| 4 | Smart fax line + counter-quote | High at the healthcare-supply intersection | Highest (zero behavior change) | High | Clean |
| 5 | QR/NFC physical touchpoints | High — no-login contract-priced links unfound anywhere | Medium-High | High (rides the flagship) | Clean |
| 6 | VMI-lite ("we watch, you approve") | Medium-High for small clinics | Medium (requires trust earned by #1–#5) | Medium | Counsel review at edges |
| 7 | Embedded rails (Hybrent, PM ecosystems) | Low — rails exist; presence, not novelty | High where rails are adopted | Medium | Clean |

| | | | | | |
|---|---|---|---|---|---|
| 8 | Nurse/office-manager education channel | Low-Medium; unclaimed for this persona | Medium (slow compounding) | High | Clean if firewalled (CE rules) |

The connective logic: #1 builds the quote engine; #2, #4, and #5 are additional doorways into the same engine; #3 and #6 are the same prediction model at increasing levels of intimacy; #7 is distribution; #8 makes every other channel warmer. One quote engine, many mouths.

## 6. What We Could Not Verify

- **Originality is graded, not absolute.** Absence claims rest on a systematic but necessarily incomplete scan (Section 1); unannounced pilots could exist. Every “first” in this addendum should be spoken as “first in healthcare distribution, to the best of a June 2026 competitive scan” — and never “first ever,” because Choco does most of this in food distribution [8].
- **“35–50% of sales go to the first vendor to respond”** — circulates everywhere, traces to no published methodology. We dropped it and used the HBR response-time study instead [32].
- **Share of B2B orders placed after hours** — no credible statistic exists; we recommend measuring your own missed after-hours calls via RingCentral logs rather than citing anyone.
- **PWA case-study numbers** (Twitter, Alibaba, Pinterest) are company self-reported with no independent audit — directional evidence only [28, 29, 30].
- **Hospital app-install blocking rates** — no precise percentage is published; the BYOD-restrictiveness claim is qualitative [31].
- **Quote-turnaround norms** — the ~29-hour figure is a single vendor-run test [33], not industry research; treat as illustrative.
- **Fastenal/Grainger lock-in** — neither publishes customer retention rates for embedded programs; the 43.3%-of-sales and 2x-growth figures are the available proxies, and the Grainger figure is dated (circa 2016–2018) [19, 18].
- **Henry Schein counterexample, disclosed:** its Portal app already does phone-camera scan-to-order [3] — which is why this addendum claims originality for the quote-back flow, requester/approver workflow, and zero-install path, not for scanning.

# Sources

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