

XYXERO

Brand Blueprint

for Dr. Amara Okai · Okai Direct Primary Care
20 October 2026

It's where your brand begins.

01 EXECUTIVE SUMMARY

This brand exists to help working adults in their late forties and fifties managing a chronic condition and often an aging parent, with a capped membership practice built on time — same-day visits, long appointments, and direct access to their doctor, so they can stop white-knuckling their health and make decisions with a doctor who actually knows them. Known for a real doctor who has time for you, and you can afford her.

You built a practice where time is the product — a capped panel is the mechanism behind every feature competitors sell as perks. The thread across your answers is access sold honestly: not concierge, not luxury, just the old doctor-patient model with the billing machinery removed. Your real wedge is the arithmetic. Everyone else sells 'affordable' and 'same-day'; you can explain WHY those are structurally guaranteed, and you can do the math that shows this is a sane baseline, not an upgrade. That reframe — plus internal-medicine depth and a human, handwritten register — is a story the DPC field around you isn't telling.

DRIVING BELIEF Most of medicine is listening carefully enough — and people should leave understanding what is happening to them and why.

BRAND ENERGY Calm, direct, rigorous, warm without being sugary.

THE AUDIENCE SHOULD FEEL Relieved — like they've put something heavy down and someone competent is holding the thread now.

AVOID FEELING Sold an upgrade, rushed, or afraid of the bill.

A STRATEGIC FORK IN YOUR ANSWERS Lead with the capped-panel mechanism and clinical depth (the serious, deliberate practice), or lead with the cost reframe (the one who sells access honestly to ordinary working people).

OUR RECOMMENDATION Lead with the mechanism and let the arithmetic be the proof beneath it. The hospital-backed clinic opening a mile away can outspend you on affordability claims; it cannot copy a capped panel or eleven years of hospital medicine. The structure is what makes you the deliberate one.

WHAT YOUR ANSWERS REVEAL THAT YOU DIDN'T SAY

Your sharpest, least-copyable asset is the one you keep burying: the capped panel. You call same-day visits, long appointments and answering your own phone things that 'follow from that number,' and say the cap makes you 'structurally unable to chase growth' — yet it never leads the pitch. Lead with the mechanism. 'I changed the schedule' explains every feature at once and is the one claim a bigger, busier competitor cannot bolt on.

Your biggest growth obstacle — twenty minutes of explanation per new patient — is a branding problem, not a sales problem. You said word of mouth 'only travels between people who already understand it,' your website 'says almost nothing,' and the insurance objection

'takes two minutes when people have thirty seconds of patience.' Make the arithmetic and the 'you keep your insurance for the big stuff' answer do the explaining before the first visit, so word of mouth travels to people who don't already get it.

You want to look like an institution to employers while refusing to look like a chain — these pull in opposite directions, and the resolution is 'deliberate,' not 'big.' You want to 'walk into that meeting looking like an institution,' admire two national practice chains, but immediately rule out the chain look and insist on looking 'like the deliberate one.' Build credibility through restraint and rigor, not scale cues. Deliberate, well-made, and human reads as serious to an employer without pretending to be a group.

02 POSITIONING STATEMENT

For working adults managing chronic conditions who are done being rushed, Okai Direct Primary Care is the capped internal-medicine practice that sells access honestly — a real doctor with time, at a cost that adds up.

03 IDEAL AUDIENCE

PRIMARY AUDIENCE A working adult in their late forties or fifties — often a small business owner or teacher — managing one or two chronic conditions and frequently an aging parent, who reads, organises their own care, and wants to participate rather than be a passenger.

WHAT SENDS THEM LOOKING The moment care breaks down: a six-week wait for a fifteen-minute slot, tests repeated because nobody read the last set, or a late night deciding whether to switch while a symptom goes unexplained.

ALSO SERVES The practice serves working adults broadly; the pattern of small business owners, teachers, and patients managing an aging parent is an insight about many of them, not the whole audience.

STRUGGLING WITH Can't get in, half the visit is spent with someone typing, paying a high deductible and still feeling unseen — under it all a low hum of anxiety that something is off and nobody has time to think about it.

THEY WANT A doctor, singular — a person who knows them, answers the phone, and explains in plain language.

AFRAID OF Paying twice on top of insurance, being filed next to a wellness or luxury service, and not understanding their own care.

NEED TO BELIEVE This is real evidence-based medicine with the billing machinery removed — and the arithmetic works for ordinary working people.

NOT THE RIGHT FIT YET Someone looking for IV drips, hormone pellets, supplements, or biology-optimisation — that is a different kind of practice than this one.

04 DIFFERENTIATORS

MOST COMPETITORS FOCUS ON Flat fees, no copays, same-day visits and 'direct access to your doctor' sold as features — and VIP/concierge framing — without explaining why any of it is structurally guaranteed.

DIFFERENT BECAUSE You capped the panel and stopped billing insurance, so the long appointment and the answered phone aren't perks bolted onto a full schedule — they're the structure. Eleven years of hospital internal medicine means you keep people out of the bed you used to discharge them from.

STRONGEST DIFFERENTIATOR The capped panel as the mechanism behind everything — the one thing a larger, busier competitor cannot replicate without becoming you.

LEAN HARDER INTO The honest arithmetic and the internal-medicine depth: 'if you're going to spend the money anyway, spend it before the crisis.'

WHO ELSE IS IN THIS SPACE

The Round Rock / North Austin DPC field is crowded with near-identical messaging — flat fees, same-day visits, 'direct access,' 'costs less than your cell phone bill' — split between VIP/concierge framing and plain affordability, mostly family-medicine generalists.

A nearby practice. Cedar Park concierge DPC led by an internist; leads with VIP language, guaranteed same/next-day appointments and executive lab work. Your edge: You refuse the velvet-rope frame entirely — the cap is a clinical decision, not an upgrade, and you sell a sane baseline, not a VIP tier.

A second practice. Round Rock practice leading on price and family breadth, accepting insurance at some locations and adding aesthetics and weight loss. Your edge: You don't bill insurance and keep well clear of aesthetics; evidence-based internal medicine is the whole offer, not one service among several.

A third practice. Austin/Cedar Park multi-site group positioning on evidence-based medicine, time and physician autonomy. Your edge: A capped solo panel and four years of knowing each patient — relationships a three-doctor, multi-site operation can't match.

YOUR OPENING Almost no one here explains the clinical consequence of a capped panel, leads with internal-medicine depth, or does the 'not for the wealthy — do the arithmetic' reframe. The handwritten, neighbourhood-practice register is unclaimed, and nobody speaks to the working adult managing a chronic condition and an aging parent as a named person.

05 CORE MESSAGING

YOUR WEBSITE SHOULD OPEN WITH An appointment this week — and forty-five minutes when you get here.

AND THEN SAY Okai Direct Primary Care is a capped membership practice, so there's time to actually think about what's going on with you. One flat monthly fee, no billing machinery, direct access to your doctor. Keep your insurance for the hospital and specialists; use the

membership for everything else. Real internal medicine — the old model, with the waiting room removed.

RECOMMENDED TAGLINE

A doctor with time, at a cost that adds up.

WHY IT FITS It carries your particular reframe — access sold honestly and the arithmetic you want made obvious — in words a concierge or VIP practice can't credibly use, and it doesn't lead with what you refuse to be.

WHERE TO USE IT Homepage lockup, email signature, office window, and employer leave-behind.

IF YOU WANT ALTERNATIVES

- I changed the schedule, so there's time for you.
- Real medicine. The billing machinery removed.

THE PROMISE You can get an appointment this week, and it will be forty-five minutes long.

WHAT THEY GET A doctor who knows them, answers the phone herself, explains in plain language, and reviews the whole picture instead of handing over a prescription and a shrug.

WHY IT MATTERS They stop white-knuckling their health — blood pressure comes down, medication lists get shorter, the emergency room stops being the default, and they make decisions with someone instead of googling at midnight.

MESSAGING PILLARS

A capped panel, so time is guaranteed. The mechanism behind every feature — and the hardest thing for a larger practice to copy.

Do the arithmetic — it's a baseline, not an upgrade. Corrects the 'DPC is for the wealthy' misconception and answers the 'am I paying twice?' objection head-on.

You'll leave understanding what's happening and why. Your founding belief and what patients thank you for — plain language and being known, not re-explaining your history to a stranger.

06 BRAND VOICE & TONE

VOICE Calm, Direct, Rigorous, Warm without being sugary

SOUNDS LIKE A good friend who happens to be a doctor: tells you the truth, explains it plainly, and won't panic.

NOT LIKE A wellness clinic, a concierge pitch, or fear-based selling.

PHRASES TO USE time is the product; you keep your insurance for the big stuff; spend it before the crisis

PHRASES TO AVOID concierge, luxury, boutique, VIP, exclusive; optimise your biology; fear-based or mortality language

07 VISUAL EXPLORATION

The colors and typefaces below are suggested starting points, inspired by your brand strategy and the preferences you shared. They are not a finished visual identity. If any of them resonate with you, share them with your designer, who may refine, reinterpret, or replace them while staying true to the strategy.

A well-lit room with a window in it — warm, steady, uncluttered, with human handwriting somewhere.

THE DIRECTION This starting point builds on the deep green and warm clay you named, pushed toward grounded earth tones rather than clinical blue, so the look reads calm and competent without any spa or chain polish. The type pairs a warm serif with a high-legibility humanist sans sized large and high-contrast for patients reading on a phone late at night.

SUGGESTED PALETTE



ANCHOR

Deep Pine

#2E3D32

A deep, muted green you named — a grounded, serious anchor for headings, the logo, and the office door, dark enough to hold high contrast against cream.

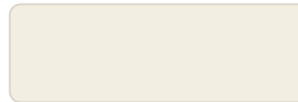


ACCENT

Burnt Clay

#B06F47

A warm terracotta you named, deepened and slightly redder for richer contrast — used sparingly as the signature accent on small marks and the handwriting element, warm without drifting decorative.



BACKGROUND

Warm Linen

#F3EEE2

A soft, warm off-white with a touch more light than a raw cream, keeping pages feeling like a well-lit room rather than a clinical white desk.



TEXT

Bark Brown

#3A3029

A warm near-black for body text and the enormous phone number, holding strong contrast on linen for low-vision reading without the harshness of pure black.



SUPPORTING

Dry Sage

#7E9074

A quiet, cooler desaturated green that supports the pine for secondary panels and dividers, keeping the earth-tone family cohesive and unclinical.

SUGGESTED TYPOGRAPHY

BODY · NUNITO SANS REGULAR AND SEMIBOLD — A ROUNDED HUMANIST SANS WITH OPEN APERTURES AND A GENEROUS X-HEIGHT THAT STAYS COMFORTABLE AT LARGE SIZES FOR PATIENTS READING ON A PHONE WITHOUT THEIR GLASSES.

You can get an appointment this week, and it will be forty-five minutes long.

A doctor with time, at a cost that adds up.

DISPLAY · FRAUNCES MEDIUM AND SEMIBOLD — AN OLD-STYLE SERIF WITH WARMTH AND CHARACTER FOR HEADLINES AND THE PRACTICE NAME, SERIOUS ENOUGH TO TRUST WITH A DIAGNOSIS BUT NEVER FORMAL OR CLINICAL.

TOGETHER A warm editorial pairing; the serif carries human warmth in headlines while the sans body stays large, high-contrast and comfortable to read in print, on the web, and on a phone.

AVOID Medical blue, caduceus and stethoscope stock marks, blue swooshes, hairline or low-contrast type, and any spa or luxury-lifestyle gloss.

FOR YOUR DESIGNER Use the strategic positioning, brand personality, and audience insights as the foundation. Explore these visual suggestions only where they align with the client's taste. The designer makes the final creative decisions collaboratively with the client.

08 BRAND GAPS

WHAT IS WEAKENING THE BRAND TODAY The website explains almost nothing, so growth depends on word of mouth among people who already understand the model, and you lose employer conversations looking like a one-person operation.

09 GROWTH OPPORTUNITIES

BIGGEST OPPORTUNITY Make the mechanism and the arithmetic do the explaining before the first visit — filling the remaining slots with patients who already get it and winning employer meetings as the deliberate practice, not the small one.

WHERE TO GO AFTER THAT

- Launch a site that answers 'am I paying twice?' before a prospect ever calls, so first visits aren't spent re-explaining the model
- Replace the caduceus and blue with an earth-tone identity that sits confidently next to the incoming hospital-backed clinic
- Build an employer leave-behind so the next company conversation ends with a yes instead of doubt about your scale

10 PRIORITY ACTION PLAN

FIRST 30 DAYS

- 1 Rebuild the website around one concrete promise and the arithmetic, not a philosophy paragraph.

WHY Your site 'says almost nothing' and every new patient needs twenty minutes of education; the page should do the explaining so word of mouth reaches people who don't already understand the model.

START HERE Open with the this-week, forty-five-minute promise; add a plain 'am I paying twice?' section that shows the cost adds up against copays and urgent care; make the phone number enormous on every page.

- 2 Replace the logo and the medical-blue palette; keep the name and the handwritten after-visit-note quality.

WHY The caduceus and blue 'look like every urgent care in Texas'; patients keep your handwritten notes on their fridges and already say 'Dr. Okai' — those are the equities worth carrying.

START HERE Commission a wordmark anchored on earth tones with a genuine handwritten element drawn from your notes, built to high-contrast, large-type accessibility standards.

BY 60 DAYS

- 3 Lead everywhere with the capped panel as the mechanism, not with features.

WHY Same-day visits and direct access are claimed by every competitor; 'I changed the schedule' is the one thing the incoming hospital-backed clinic cannot bolt on.

START HERE Write a short 'why this is structurally guaranteed' explainer and make it the spine of the homepage and employer materials.

BY 90 DAYS

- 4 Build a dedicated employer-group page and leave-behind that reads as deliberate, not small.

WHY Three local companies have inquired and you lose them looking like 'a one-person operation on a homemade website'; the goal is to look like the deliberate one, not the big one.

START HERE A single-page explainer with the arithmetic for a staff member, the access model, and your internal-medicine credentials, designed with the same restraint you admire in Aesop.

11 NEXT STEPS

KEEP The name Okai Direct Primary Care; the handwritten quality of the after-visit notes as a human signal.

IMPROVE The office frontage and window on the busy street; the email signature; the after-visit summaries and lab result letters people keep.

REPLACE The stock caduceus logo; the medical-blue palette; the website that says almost nothing.

CREATE FIRST

- A new wordmark and the handwritten element
- A rebuilt mobile-first website with the phone number prominent on every page
- A plain-language 'am I paying twice?' / arithmetic page

AS YOU GROW

- An employer-group page and leave-behind for the inquiring local companies
- Updated after-visit summary and lab-letter templates in the new identity

MUST STAY Large, high-contrast type; tremor-friendly forms; an enormous phone number on every page; the identity of a Black woman physician present but not foregrounded.

MUST NOT BE USED No insurance-billing cues; nothing that resembles a chain, a spa, or a wellness clinic (no IV drips, pellets, supplements).

TECHNICAL NOTES Accessibility is non-negotiable — large type and high contrast for readers over sixty on phones, some with diabetic retinopathy, and forms usable with tremor.

WEBSITE AND SOCIAL

WEBSITE SHOULD EMPHASIZE Mobile-first and read late at night during a switching decision: one concrete promise up top, the arithmetic, the insurance answer, and an enormous phone number on every page.

SOCIAL SHOULD FOCUS ON Low-volume and plain — the same honest explanation that travels by word of mouth, not wellness content.

CONTENT ANGLES

- Why a capped panel means there's time — the mechanism explained plainly
- Doing the arithmetic: membership against copays and urgent care
- Keeping your insurance for the hospital and using the membership for everything else

CALLS TO ACTION

- Get an appointment this week
- See how the cost adds up
- Call the practice

12 BRAND STORY

I left a hospital group where I was seeing twenty-six patients a day and watching the clock while a woman cried about her husband's diagnosis. I decided to build a practice where time is the product. I cap the panel, I don't bill insurance, and that's why I can give you a same-day visit, forty-five minutes, and my cell number — none of it is a perk bolted onto a full schedule. This isn't concierge medicine for rich people; my fee is less than most people's phone and streaming bills, and it replaces the copays and urgent care runs. It's the old model — a doctor and a patient — with the billing machinery removed. You'll leave understanding what's happening to you and why, and you'll stop carrying all of it alone.

13 FINAL STRATEGIC SUMMARY

THIS BRAND SHOULD BE POSITIONED AS The capped internal-medicine practice that sells access honestly — a real doctor with time, at a cost that adds up.

THE AUDIENCE SHOULD REMEMBER IT FOR An appointment this week, forty-five minutes long, with a doctor who knows you.

THE NEXT BEST MOVE Rebuild the website around the one concrete promise and the arithmetic first — it's the single change that fills the remaining slots and wins the employer meetings, and everything else can follow it.