Hospital visits should only be done when absolutely needed, such as when undergoing a surgery. If the visit just requires talking to the doctor, it can be done virtually to prevent COVID 19 spreading to non-COVID patients. The medical reports can be available digitally, instead of going to the hospital to collect them. A home delivery service of the medicine purchased can also help spread less COVID in an otherwise crowded medicine shop with no social distancing. This also helps the elderly or very severely ill people, and they no longer have to commute.

Guidelines on how to use the remote healthcare platform will be written down in an FAQ section, such as how to place an appointment with the doctor, etc.

Limited medical resources during huge surges of COVID 19 caused doctors to use an idea called *likelihood of recovery*. However, the term *likelihood of recovery* is a vague term, hence we quantified it as *risk factor*.

At first, let us explain the ‘already existing’ concept of *likelihood of recovery* that doctors are currently using (ONLY during huge surges of Corona, NOT throughout the pandemic). For example, there are only 10 Azythmycin tablets available (these oversimplified small numbers are used for easy explanation). However, the number of COVID patients who need the Azythmycin are 55. No matter how much we try, due to huge shortage of medicine and pharmacies manufacturing at full capacity, the number of tablets does not increase beyond 10. In that case, doctors are left with only one option – choose the ‘optimal’ patients out of the 55 who are allowed to consume the tablets. But how can choosing be done? That choosing is currently done in a highly manual, repetitive process – the doctor checks each individual patient’s records and tries to understand whose *likelihood of recovery* is the most. For instance, if a patient has asthma, versus a patient without asthma, the *likelihood of recovery* is more for the patient without asthma. So, the crucial medicine will be given to the healthier patient since the medicine is less likely to be ‘wasted’.

Now, imagine this same process be repeated for 5000 patients. The doctors go through this stressful work of understanding *likelihood of recovery* for all these 5000 patients (this technique is currently used ONLY during huge surges of Corona, NOT throughout the pandemic). Instead of performing this by a human, our Java app can calculate the risk factor, and arrange the patient IDs in an ascending sorted list, so that doctors can instantly find out who is at lowest risk factor, and hence who gets the crucial medical resource allocation first.

After patients successfully recover from COVID, they can mark themselves as ‘I am a plasma donor’. Anyone who needs a plasma donor for obtaining the very special COVID antibodies can just look up for the available list of plasma donors.

Dedicated care is provided to patients who are grouped as COVID category. There is also a non-COVID category. Also, patients are divided into vaccinated and non-vaccinated categories.