Sinemon

Project Sinemon

Prepared for: To whom it may concern

Prepared by: Caelon Queen

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Sinemon

# Executive Summary

## Objective

Sinemon is designed to be the go to application for people’s non-emergency healthcare needs and improve our healthcare economy. It is comprised of two applications. A user application for navigating health and wellness resources and their non-emergency healthcare options. A provider application to engage patients, encourage quality among peers, and manage their practice at a much more affordable price.

## Goals

Primary goals of Sinemon is to: improve the delivery of care model, encourage practice ownership and open access healthcare, unparalleled analytical interventions, reduced hospital and emergency room service utilization, improve payer contracting (potential new healthcare dependency), improve health equity, and most importantly improve the cost to quality ratio for patients. Support a gold star ecosystem for healthcare.

## Solution

|  |  |  |
| --- | --- | --- |
| Goal | Action Plan | Measure of Success |
| Decrease the number of ED visits for non-emergencies. | Create exposure for practices using healthcare provider lookup feature, allow for round the clock staff scheduling and round the clock healthcare availability for patients using software. | In a deployed locale of having at least 10 PCP in both a high poverty neighboorhod and a low poverty neighborhood, see a decrease in ED visits for patients not prescribed controlled substances. |
| Lower the cost to quality ratio for patients. | Present simple and readable analytics to patients before selecting a provider for treatment. | Less complaints filed to Medical Board or the agency that is tied to quality of care rendered; Reported satisfaction in the ecosystem. |
| Lower overhead to own and operate in a private practice. | Present risk analytics to insurers and payees to display risk aversity and justification for lower premiums cost for enrollees. | See less aggressive rate changes for common healthcare services because of the lower financial pressure to make above cost income. Or, an above avg increase to primary care salaries for our enrollees.  See healthcare provider premium rates slope upward/downward with the providers proven ability to give excellent care. |
| Flexible access to health care. | Make possible practices scheduling first in-first out visits and self schedule visits using software. | Report uses of both types of visit options. And also report more 24hr or late hour practices. |
| Increase the number of primary healthcare providers and health and wellness professionals. | Create an ecosystem of accessible healthcare using software, through practice investments, and backend support to start up a practice. Integrate health and wellness proof of concept development into private and public developments. | See an above average rate for healthcare professional ownership in areas where Sinemon has influence. Among these areas see more active strategic considerations for community health in up and coming developments. |
| Increase drug reaction analytics. | Create analytics for time spans around prescriptions based on select drug categories. | Can devise severe/concerning reaction rates among prescribers based on the select drug category. |
| Be an one stop shop for health and wellness. | Create a central info line for all things health and wellness related. Have consise health advice for ailments that can be treated at home for more than 90% of the time. | Report user traffic to vetted 3rd party organizations hosting info on our software. |
| Fully fledged capable system. | Maintain critical points inline with the health IT playbook. | Pass internal audits through evaluations about the progress and completion of our goals, intentions, and mission statement to function competitively. |

SINEMON

APP

HEALTHCARE PROVIDERS

PATIENTS

REVIEWS ENGINE

LICENSE ENGINE

SCORES ENGINE / ANALYTICS

PARSER

LICENSE BOARD AGENCIES

PAYERS

PRACTICE INSURER

PROVIDER CONTRACTING

(optional claims module) / 3rd party API

Community orgs, researchers,DPH agencies,

## Financial Model Roadmap

Capitalize on market potential and maintain national data stores. Funding and deploy for

1. Contracting and outreach
2. Quality assurance
3. Operations

## Market Sizing in established markets

The Sinemon team identifies two key large markets that benefits from solutions which encourage responsible healthcare spending and healthcare equity. Sinemon does not address any one issue by itself; Sinemon prevents the “whack-a-mole” game in improving healthcare quality. This is done wholly by technology and functioning in the available markets and creating a dependency.

* + Public / Private Health Insurance
  + Medical Practice
  + Healthcare technology
    - Central application for users to ingest information and select non-emergency healthcare based on locale.
    - Measure total value of care and improve information symmetry.

## A more detailed elaboration on these marketplaces and Sinemon’s impact to each.

Public and Private health insurance

* + Largest percentage of allocation for health insurance is hospital cost
  + Second largest percentage of allocation for health insurance is Physician and clinical services
  + ~240 health system leaders expressed a commitment to establishing and developing processes to systematically address social needs as part of clinical care.
* Providing better scheduling options for practicing physicians, sharing health information, and encouraging convenient care settings, Sinemon can curb hospital ED visits and potentially save billions in healthcare cost. Improve the quality of care for communities and lower cost for patients by measuring the total value of care provided to the patient that is relayed to the payer which will ultimately influence provider contracting and cost in line with current market trends for P4P (pay-for-performance).
  + Sinemon measures the total value of care provided to a patient and relays it to the payer to manage risk in line with current healthcare market trends for P4P (pay-for-performance).
* Curb demand for ED visits while encouraging and incentivizing care settings that include 24hr clinics with 8/9+hr rotating shifts. Campaign building these special clinics on campus, in close proximities, along arterial roads, or collector-arterial roads that lead to hospitals for convenience. Ultimately, increase the supply of non-emergency care and meet the demand of non-emergency patients who need access to care after business hours. For non emergency healthcare professionals this is an increase to their available revenue streams. An increase in supply for these professionals will also unburden community hospitals. Sinemon makes it possible to configure availability per provider and diversify access times. It facilitates visits with minimal administrative intervention and as an incentive for after hour providers the provider application is 30% less than the base price.
  + Sinemon curbs the demand for ED visits while encouraging and incentivizing need based care settings to potentially save billions in healthcare cost. Sinemon facilitates visits with minimal administrative intervention and as an incentive for after hour providers, the provider application is 30% less than the base price.
* The average the cost is ~$1,082 for an ER visit and ~$287 for an office visit. The opportunity for the number of visits diverted is estimated to be 76 million visits (60%). An opportunity of ~$21 billion additional cash flow into physician and clinical services and a ~$60 billion opportunity in savings for payers.

Medical Practice

* By curbing ED visits, at ~2 physicians per 1,000 persons, that necessitates 38,000 additional providers, which is an estimated opportunity of an additional ~$1.5-3million in revenue for Sinemon to existing physician and clinical service revenues.
* Sinemon provides better scheduling options for practicing physicians, better means of propagating health information, and encouraging convenient care settings.
* Total number of providers in US is ~1,073,616. ~30% are primary care providers.
  + **Not including specialized medicine**
    - Sinemon’s total opportunity per month is (1,073,616 \* .3 \* base cost) = ~$25 million per month
    - Leading EMR software solutions total opportunity per month is (1,073,616 \* .3 \* average cost) = ~$96 million per month
      * In comparison Sinemon saves the American medical practice market for non emergency care providers ~$71 million per month.
      * The savings is ~$2,640/year per physician.
* Sinemon provides risk assessment tools to liability insurance companies to lower overhead for medical practices and better distribute the cost of liability insurance based on the risk of a physician getting sued and the likelihood of them losing their case. Sinemon lowers the risk of being sued. 80% of physicians (1,150) expressed that the risk of lawsuits influence their medical decisions. 611 claims, 260 were payouts totaling ~$151.4 million. Average defense cost is ~$96,000, and in some cases it could take more than a year to close the case. The cases that didn’t result in a payout, 351, could potentially be cases that could have been avoided or quickly closed by using Sinemon. In summary, for clear cut cases, Sinemon could have saved payers ~$33 million in cost to defend claims against minimal risk physicians that resulted in no judgment against them.
* Tools to identify risk lowers total liability cost for minimal risk physicians since they are less likely to be sued. This cost is also lower because the actions of one physician is no longer indirectly tied to all physicians. Removing externalities in premiums.
* Dependency
  + Payers using our credibility tool for screening providers
    - * Sinemon’s total opportunity per year is (1,073,616 \* .3 \* base cost) / 300 = ~$536,000/year
      * Lowering the startup cost, risk of suit, and administrative overhead encourages the supply of more medical practices which is complementary to Sinemon.

# Financial

As not the crux of the project, this section remains a work in progress, evolving with the insights and expertise of contributors who can help define the financial sustainability of the project.

If ever commercialized the base cost for provider licenses is to be no more than $200 a month and always follow the freemium model for users (potential patients/existing patients) within reason per user; with user storage needs evaluated every year. For LTC (Long Term Care) users data cap 550 MB per year, 64 and under (Non-LTC) users data cap at 300MB per year, and for 65 and older (Non-LTC) users data cap 720MB per year.