A Hardened Communication Platform

for Healthcare Applications.

1 The Problem: Reduce costs without sacrificing care

Health-care costs are on the rise, in part because of an increasing need for managing chronic ailments, performing complex procedures and caring for residential patients, all of which all require more monitoring and follow-up.

Given the security (HIPAA) and privacy concerns of doctor-patient communications, and the lack of easy access to doctors, patients may end up requesting re-admissions, sometimes only because there was no alternate communication channel available, which increases costs for the entire system.

Hospitals would like to reduce cost, but not by cutting back on follow-up care. So the question is, how do we achieve these contradicting goals?

2 The Solution: Virtual follow-ups and monitoring

Patients are not like the typical users we think of when we think of smartphones and apps. A typical patient may be too distressed to create an account or download apps. Technology needs to be greatly simplified for real-world patients. Patients are also different in their security requirements. Doctor-patient communication must be secure. The need to protect their identity and maintain secrecy of their communication records, is non-negotiable.

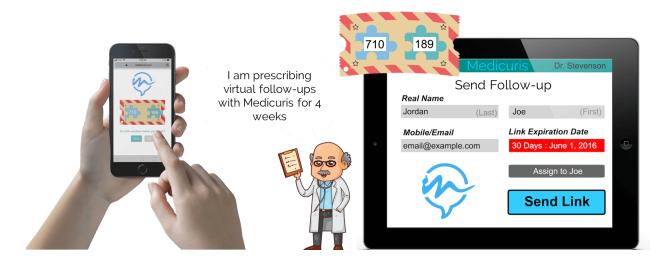
It is the contradicting nature of these requirements, minimum complexity and maximum security, that makes this task difficult.

Medicuris takes on this challenge and offers a novel solution, which, in turn is a solution to the bigger challenge of improving healthcare while reducing costs.

3 Market Size and competition

Healthcare is one of the largest industries in the US, technology is slowly finding its way, in many fronts. There are numerous eHealth/ePRO initiatives in the market. There are 'Apps' inspired by social networks, to encourage non-diagnostic communications. These end up increasing demands on the doctor's time by engaging in trivial exchanges. Then there are all-encompassing systems that digitize all doctor-patient communication like 'Epic', which are too burdensome with little real benefits, and have the potential for 'data-deluge'. There are 'DIY' apps, for both doctors and patients. Finally, there are Al/ChatBots to complement doctors. While we have some aspects in common with these (we also plan to use Al/ChatBots) we emphasize cost reduction, real-world patient access, maximum security and minimum hardware/IT. We let the doctor initiate everything, asynchronously, so he can optimize his

time. We maximize patient uptake by not requiring any apps to be downloaded or even an account to be created.



The Medicuris Virtual Follow-up system

4 Team

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