

IHEP Go-To-Market Plan

Strategic Deployment & Customer Acquisition Strategy

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Executive Summary

IHEP's go-to-market strategy prioritizes rapid proof-of-concept in grant-funded pilots (Years 1-2), transition to commercial traction (Years 3-5), and market leadership (Years 6-10). The strategy emphasizes:

- **Multi-channel approach:** Health systems + payers + employers + CDFIs
- **Non-dilutive funding:** 40% revenue from grants/partnerships (Years 1-3)
- **Outcomes-first positioning:** Lead with clinical evidence, not pricing
- **Community-embedded distribution:** Peer navigators = grassroots engagement
- **Enterprise sales excellence:** 6-month enterprise sales cycles (vs. 18-24 month industry average)

1. Phase I GTM: Proof of Concept (Months 1-18)

1.1 Health System Pilot Strategy

Target Profile:

- Academic medical centers or 300-500 bed regional systems
- Strong HIV/cancer/mental health programs
- Existing community health focus (HRSA funding, Disproportionate Share Hospital)
- Geographic concentration: Miami, Orlando, LA/San Diego, NYC

Pilot Structure:

- Duration: 12 months
- Patient enrollment: 200-500 participants
- Funding: 50% IHEP + 50% health system/community grants
- Success metrics: Adherence ↑15%, Engagement >70%, NPS >40

Prospects Identified (Tier 1 - Likely to Close):

1. **University of Miami Health - HIV Clinic**

- Annual HIV patient volume: 8,000
- Current engagement rate: 62% (below 85% target)
- Interest level: HIGH (preliminary meeting scheduled)
- Likelihood: 75%
- Timeline: Contract signature Q1 2026, launch Q2 2026

2. Orlando Health - Behavioral Health Integration

- Current comorbid MH+chronic disease patients: 12,000/year
- Readmission rate: 22% (vs. 18% best practice)
- Interest level: HIGH (CFO approval obtained)
- Likelihood: 70%
- Timeline: Pilot contract Q1 2026

3. Cedars-Sinai (LA) - Oncology Survivorship

- Annual cancer survivors in care: 5,000
- Current post-treatment coordination: Minimal
- Interest level: MEDIUM-HIGH (clinical champion identified)
- Likelihood: 60%
- Timeline: Pre-proposal discussions Q1 2026

Pilot Economics:

- Revenue per pilot: \$75K-150K over 12 months
- Pilot cost to deliver: \$120K-180K (staff, navigator training)
- Gross margin: -20% to +20% (acceptable for proof-of-concept)
- **Value:** Patient cohort data, clinical evidence, reference customer

1.2 Community Health Center Channel

Target Profile:

- Federally Qualified Health Centers (FQHCs) serving low-income populations
- \$5M-30M annual budgets
- Strong HIV/chronic disease focus
- Existing patient enrollment infrastructure

Deal Structure:

- Grant-funded pilots (90% funding from IHEP)
- Revenue-sharing model: 70% to CHC, 30% to IHEP (for patient incentives)
- 18-month pilots to maximize grant runway

Prospects (Year 1):

CHC Name	Location	Patient Volume	Interest	Likelihood
Allapattah Clinic	Miami, FL	12,000 HIV	HIGH	85%
Wynwood Health	Miami, FL	8,000 mental health	HIGH	80%
HealthCare Partners	LA, CA	15,000 chronic disease	MEDIUM	65%
NYC Health + Hospitals	NYC	50,000 multi-condition	MEDIUM	60%

Target: 4 CHC pilots in Year 1, 12 additional by Year 2

1.3 Research & Grant Funding Channel

SBIR Phase I Application (Submitted)

- Title: "Digital Twin Framework for Personalized HIV Treatment Adherence"
- Federal grant: \$300K
- Timeline: Award Q1 2026, execution Q2-Q4 2026
- Deliverables: Proof-of-concept digital twin validation, 100-patient pilot data

Foundation Grants (Prospecting)

Foundation	Focus	Typical Grant	Likelihood
Gilead Sciences	HIV cure research	\$250K-\$1M	HIGH
Gates Foundation	Global health equity	\$500K-\$2M	MEDIUM
American Cancer Society	Survivorship support	\$100K-\$500K	HIGH
Robert Wood Johnson	Healthcare innovation	\$200K-\$1M	MEDIUM

Target: \$2-3M annual grant funding (Years 1-3)

1.4 Sales & Marketing (Year 1 Budget: \$125K)

Sales Team (Phase I):

- 1 VP of Sales (hired Month 3)
- 1 Sales Development Representative (hired Month 6)
- Total investment: \$120K (salary + benefits)

Marketing Activities:

- Website redesign (\$15K)
- Content marketing (blog, whitepapers, case studies) (\$20K)
- Conference sponsorships (1-2 regional healthtech events) (\$25K)
- LinkedIn advertising campaign (\$15K)
- PR agency (part-time) (\$20K)
- Patient recruitment materials (\$10K)

Sales Positioning:

- "AI-powered adherence and outcomes for underserved patients"
- Emphasize outcomes (adherence ↑, readmissions ↓) over pricing
- Lead with peer navigator value + community engagement + financial support

2. Phase II GTM: Early Commercialization (Years 2-4)

2.1 Enterprise Health System Sales

Sales Process:

1. Prospecting (4 weeks):

- Build target list of 50 health systems (250+ beds, \$100M+ revenue, value-based care focus)
- Research: CMS ACO participation, Epic installed base, care coordinator headcount
- Warm introductions: Conference attendees, advisor network, customer references

2. Discovery Call (2 weeks):

- Qualify: Budget, timeline, pain points, decision process
- Identify: Clinical champion (CMO/CNO), IT sponsor, CFO budget owner
- Present: 20-minute demo + case study + ROI projection

3. Solution Design (6-8 weeks):

- Detailed RFP response
- Technical architecture review (security, EHR integration, infrastructure)
- Financial modeling (cost per patient, ROI, break-even timeline)
- Clinical evidence synthesis (literature, pilot results)

4. Negotiation & Close (8-12 weeks):

- MSA/contract (standard HIPAA BAA terms)
- Statement of Work (implementation timeline, success metrics)
- Executive sign-off (CEO, CFO, CMO)

Total Sales Cycle: 6-8 months (vs. 12-24 months industry average)

Enterprise Deal Economics:

Deal Size	Customer Type	Annual Contract Value	Year 1-3 Total	Expected Close Rate
Large (5000+ patients)	IDN/Health System	\$500K-\$2M	\$1.5M-\$6M	20%
Mid (1000-5000 patients)	Regional system	\$100K-\$500K	\$300K-\$1.5M	35%
Small (200-1000 patients)	Community hospital	\$25K-\$100K	\$75K-\$300K	50%

Enterprise Sales Targets:

Year	New Customer Target	Contract Value	Expansion Revenue	Total ARR
1	0	\$0	\$0	\$0
2	2 mid-market deals	\$400K	\$0	\$400K
3	3 large + 5 mid	\$2.5M	\$200K	\$2.7M
4	4 large + 8 mid + 15 small	\$6.5M	\$800K	\$7.3M
5	6 large + 12 mid + 30 small	\$12M	\$2M	\$14M

2.2 Insurance Payer Channel

Payer Categories:

1. Regional PPO/HMOs

- Budget: \$2-10B medical spend
- Decision timeline: 6-9 months (product approval, contracting)
- Deal structure: \$3-5 PMPM for enrolled high-risk patients
- Target: 5 regional payers by Year 4

2. Medicare Advantage Plans

- 60M eligible beneficiaries, average \$13K/beneficiary spend
- MA penetration: 52% (growth market)
- Deal structure: Risk-sharing (payer + provider + IHEP aligned)
- Target: MA carve-out with 2 large insurers (5M+ members) by Year 5

3. Medicaid Programs

- State-by-state contracting
- Dual-eligible populations (high-need, high-cost)
- Deal structure: Cost-reduction sharing (payer/provider partnership)
- Target: 5 state Medicaid programs by Year 5

Payer Sales Strategy:

Phase	Timeline	Activity	Owner
Executive Education	Months 1-3	Present at medical director forums	CEO + Chief Medical Officer
Pilot Design	Months 4-6	Define pilot population, metrics, timeline	Product team + clinical advisors
Pilot Execution	Months 7-12	Deploy with 5-10K covered lives	Implementation team

Phase	Timeline	Activity	Owner
Results Analysis	Months 13-15	Measure outcomes, cost savings, satisfaction	Data science + clinical team
Contracting	Months 16-24	Negotiate production terms, pricing	Legal + sales
Scale-out	Months 25+	Expand to full member population	Operations + customer success

2.3 Employer & CDFI Channel

Employer Strategy:

- Target: Fortune 1000 companies, 10K+ employees, \$50M+ healthcare spend
- Deal structure: Per-covered-life fees (\$5-15/month) or outcomes-based upside
- Positioning: Engagement platform + disease prevention + cost containment

Target Employers (Year 2-3):

- Tech companies (high healthcare spend, benefits-conscious workforce): Google, Microsoft, Salesforce
- Healthcare IT companies: UnitedHealth, Optum, CVS Aetna employees
- CPG/Manufacturing: Johnson & Johnson, P&G, Procter & Gamble

CDFI Channel:

- Community Development Financial Institutions fund employee wellness, healthcare access
- Deal structure: Co-branded platform for member financial empowerment + health improvement
- Target: 10-15 CDFIs by Year 3 (each serving 5,000-20,000 members)

3. Phase III GTM: Market Leadership (Years 5-10)

3.1 EHR Vendor Partnerships

Epic Integration (Epic App Orchard):

- Timeline: App submission Q3 2026, validation Q4 2026, go-live Q1 2027
- Distribution: Available to 50% of US hospital market (Epic's installed base)
- Positioning: "Best-in-class patient engagement for Epic implementations"
- Financial model: RevShare (20-30% of revenue through Epic Marketplace)

Cerner Integration:

- Similar timeline as Epic
- Target: Cerner ACO customers (500+ health systems)
- Positioning: Enhanced care coordination for value-based contracts

AWS Healthcare Marketplace:

- HIPAA-aligned infrastructure provider distribution
- Reach: AWS healthcare customers (1,000+ organizations)
- Positioning: Data-secure, scalable platform for population health

3.2 Platform Ecosystem Strategy

Partnerships to build:

- Wearable data integration (Apple HealthKit, Fitbit, Oura Ring)
- Pharmacy partners (CVS/Walgreens medication synchronization)
- Transportation services (Lyft Health, medical ride-sharing)
- Food/housing services (Instacart Health, housing nonprofits)
- Mental health platforms (BetterHelp, Ginger, Quartet)

Goal: Become the "orchestrator" for patient health journeys—integrating all services patient needs

3.3 International Expansion (Year 6+)

Phase III Expansion Markets:

1. **Canada** (English-speaking, similar healthcare system)
2. **UK** (NHS partners, regulatory alignment, venture ecosystem)
3. **Australia/NZ** (English-speaking, high digital health adoption)
4. **Western Europe** (Germany, France, Netherlands - scaled after initial markets)

Timeline: Series C funding enables international expansion (Year 6-7)

4. Marketing & Brand Strategy

4.1 Positioning Statement

"IHEP brings patients back into healthcare."

- **For:** Patients managing chronic conditions, historically underserved
- **Who:** Often face adherence barriers, social/financial stress, fragmented care
- **The offering:** Multi-modal platform (app + peer navigator + financial support)
- **That:** Combines medical care, behavioral health, and financial empowerment
- **Unlike:** Traditional care coordination (provider-centric, reactive) or telehealth (episodic)
- **We deliver:** Measurable outcomes (adherence ↑, hospitalizations ↓, life quality ↑) + financial health

4.2 Marketing Mix (4Ps)

Product:

- Patient app (iOS, Android, web)
- Peer navigator matching algorithm
- Provider dashboard (clinical operations)
- Payer analytics (outcomes, cost savings)

Price:

- Patients: Free (subsidized by payers/health systems)
- Health systems: \$100-300 per patient annually
- Payers: \$3-8 per covered member per month

Place:

- App stores (iPhone, Android)
- Provider logins (integrated with EHR)
- Payer portals/enrollment systems
- CDFI websites and community centers

Promotion:

- Clinical publications (peer-reviewed journals)
- Patient testimonials and social media
- Healthcare conferences (AAHC, AMA, AHA)
- Community events and peer navigator storytelling
- LinkedIn B2B messaging to health systems

4.3 Content Marketing Calendar (Year 1)

Month	Content Type	Topic	Owner	Channel
Jan	Blog	"5 Barriers to HIV Adherence"	Chief Medical Officer	Website + LinkedIn
Feb	Whitepaper	"Digital Twins for Population Health"	Chief Data Officer	Gated download
Mar	Case Study	University of Miami pilot results	Product Manager	Website + sales deck
Apr	Webinar	"Care Coordination in Value-Based Care"	CEO	LinkedIn Live
May	Patient Story	Testimonial video (3 min)	Community team	YouTube + social
Jun	Research Brief	JAMA summary + IHEP context	Chief Science Officer	Email + newsletter
Jul	Blog	"Peer Navigation Models"	Care Operations	Website + LinkedIn

Month	Content Type	Topic	Owner	Channel
Aug	Podcast Guest	Healthcare innovation podcast	CEO	Major podcast platforms
Sep	White Paper	"ROI of Digital Therapeutics"	Chief Revenue Officer	Conference gated
Oct	Case Study	Payer outcomes from pilot	Product team	Sales + conferences
Nov	Blog Series	Thanksgiving gratitude from patients	Community team	Social media
Dec	Year-in-review	IHEP impact metrics	CEO	Website + email

5. Sales Enablement & Support

5.1 Sales Playbook

Discovery Call Script (20 minutes):

Opening (2 min):

"Thanks for making time. Today I want to understand your biggest challenges around patient engagement and outcomes. Is now still a good time?"

Problem Exploration (6 min):

- "What's your current readmission rate? How does it compare to benchmarks?"
- "What percentage of your patients achieve medication adherence goals?"
- "How do you currently track social determinants of health?"
- "Where are your biggest care coordination gaps?"

Solution Demo (8 min):

- Show 3-minute patient app walkthrough
- Highlight peer navigator assignment algorithm
- Demonstrate analytics dashboard (outcomes + cost savings)

Qualification (4 min):

- "If we could demonstrate 20% adherence improvement + \$2K cost savings per patient, would that be interesting?"
- "Who else should be in the conversation? (CFO, CMO, CIO)"
- "What's your typical decision timeline for new software?"

5.2 Sales Collateral

- 1-page executive summary ("The Problem")
- 10-slide pitch deck (problem/solution/team/traction/ask)
- 20-minute deep-dive presentation (clinical evidence + ROI)
- Case study templates (clinical outcomes + financial impact)
- ROI calculator (interactive tool for customers)
- Security/compliance datasheet (HIPAA/NIST/HITRUST status)

- API documentation (for EHR integrations)

5.3 Customer Success Program

Onboarding (Month 1-3):

- Project kickoff meeting (define success metrics, timeline)
- Training: Staff (provider + admin), patients (app), data team (analytics)
- Quick wins: Early patient recruitment, quick adherence improvements

Quarterly Business Review (QBR):

- Metrics review (adherence, engagement, clinical outcomes, cost savings)
- Cohort analysis (performance by condition, demographics, site)
- Expansion opportunities (adjacent conditions, additional patient populations)

Annual Renewal:

- Success documentation (published case studies, conference presentations)
- Expansion revenue (additional conditions, sites, payer relationships)
- Reference-ability (permission to use as reference with prospects)

6. Key Performance Indicators (Sales Metrics)

6.1 Sales Pipeline Metrics

Metric	Year 1 Target	Year 3 Target	Year 5 Target	Measurement
Sales Qualified Leads (SQLs)	20	100	300	Enterprise prospect database
Average Deal Size	\$100K	\$400K	\$800K	Total Contract Value (TCV)
Sales Cycle Length	180 days	120 days	90 days	From first call to signature
Win Rate	15%	25%	35%	Closed deals / Proposals sent
CAC Payback Period	36 months	18 months	12 months	Time to recover acquisition cost

6.2 Cohort Retention & Expansion

Metric	Year 1	Year 3	Year 5	Target
Net Revenue Retention (NRR)	90%	105%	120%	>100% (indicates expansion)
Gross Retention	85%	92%	95%	>90% baseline
Expansion ARR	\$0	\$300K	\$3M	20-30% of new ARR

Metric	Year 1	Year 3	Year 5	Target
Upsell Rate	20%	45%	65%	% of customers buying additional services

7. Risk Mitigation & Contingencies

7.1 Sales Risks

Risk	Contingency
Enterprise buyer consolidation delays sales cycles	Pursue parallel channels (payers, CHCs) for quicker revenue
Reimbursement doesn't materialize on schedule	Maintain 40% revenue from non-reimbursement sources (grants, pilots, EHR licensing)
Competitors cut prices aggressively	Differentiate on outcomes, not price; emphasize network effects and data advantages
Regulatory changes (FDA, CMS policy)	Diversify geographic markets (international expansion) and payer types

7.2 Execution Risks

Risk	Mitigation
Can't hire VP of Sales at attractive compensation	Offer equity (0.5-1.5%), identify candidates from healthcare companies with acquired teams
Pilot customers don't achieve projected outcomes	Set conservative success metrics (15% adherence improvement, not 30%); ensure strong peer navigator implementation
EHR integration delays (Epic, Cerner timelines)	Start integration projects Month 6; assume 12-month timelines; have direct API fallback
Customer implementation scope creep	Define clear scope in SOW; charge for customizations; standard implementation approach

Conclusion

IHEP's go-to-market strategy emphasizes:

1. **Rapid proof-of-concept** with health systems and CHCs (grant-funded pilots)
2. **Non-dilutive funding** to extend runway and reduce equity dilution
3. **Enterprise sales excellence** with 6-month sales cycles (vs. 18-24 month industry average)
4. **Multi-channel approach** to reduce dependence on single customer type
5. **Ecosystem partnerships** (EHR vendors, pharma, community services) to accelerate scale
6. **Outcomes-first positioning** to build competitive advantage vs. price-focused competitors

The strategy projects \$35M ARR by Year 10, with 50+ enterprise customers, 25K+ patients, and market leadership in integrated health management for underserved populations.

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