

# 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 |
|----------------------------------|--------------------|-----------------------|----------------|---------------------|
| <b>Large (5000+ patients)</b>    | IDN/Health System  | \$500K-\$2M           | \$1.5M-\$6M    | 20%                 |
| <b>Mid (1000-5000 patients)</b>  | Regional system    | \$100K-\$500K         | \$300K-\$1.5M  | 35%                 |
| <b>Small (200-1000 patients)</b> | 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                         |
|-------------------------|--------------|--|-------------------------------|
| <b>Results Analysis</b> | Months 13-15 | Measure outcomes, cost savings, satisfaction | Data science + clinical team  |
| <b>Contracting</b>      | Months 16-24 | Negotiate production terms, pricing          | Legal + sales                 |
| <b>Scale-out</b>        | 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                                    |
|--------------------|--------|--------|--------|---|
| <b>Upsell Rate</b> | 20%    | 45%    | 65%    | % of customers buying additional services |

## 7. Risk Mitigation & Contingencies

### 7.1 Sales Risks

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

### 7.2 Execution Risks

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