

Towards More Personal Effectiveness

Subject: Learning Centres for family health and wellness

**Empirical study of the impact of profiling that can unify
healthcare to help Quality of Life**

Further References

URL: <https://venkataoec.wixsite.com/guidancecentre>

URL: <https://venkataoec.wixsite.com/moretocare>

Email: venkataoec@gmail.com

Survey by:

AOEC

Name(s):

Venkatram K S (Gap Analyst, SD & G)

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1. Abstract

The empirical study is based on a 4 folded approach for self-building, that states this can be done by “Supporting Quality of Life issues” and “Balancing any ends to means theories” by “Conceiving or improving Knowledge and Knowledge Management for a positive self” and “Remaining duty bound for culture-flow, or cultural change or accentuation”.

To test this inference, the following hypotheses are proposed:

H0 (Null): In a family, a person’s health and wellness does not significantly improve due to **practicable profiling for all domains of healthcare**.

H1: In a family, a person’s **practicable profiling** helps improve health and wellness to design more Quality of Life.

Sampling procedure

- The survey is being put across to people from different backgrounds and target groups

Sample Size

- The sample size is based on readiness seen in responders to earlier surveys

Data collection

- Data collection is being done via a survey or questionnaire

Data evaluation

- Data evaluation will use the Likert scale responses for the survey or questionnaire to analyze inter-relation and variance.

Analysis of variance

Independent factors

1. Conceiving or improving Knowledge and Knowledge Management for a positive self
2. Remaining duty bound for culture-flow, or cultural change or accentuation
3. Balancing ends to means theories (this survey and profiling to unify healthcare focuses on this factor for Quality of Life)

Dependent factors

Supporting Quality of Life

Target groups (Please tick as applicable)

- ☐ A Student/Family
- ☐ A Professional
- ☐ An Employer
- ☐ An Employee
- ☐ A Retired Person
- ☐ A Home maker
- ☐ A yoga interested person
- ☐ A part of other profiling for self-upholding and learning (for example, a medical practitioner or consultant)

2. QUESTIONNAIRE 1 (GENERIC PROFILING)

AOEC finds that profiling to unify healthcare can help the Doctor to Patient system in any domain of healthcare or across domains, that is allopathy, ayurveda, homoeopathy, naturopathy, unani, siddha etc

More recently, India has improved its healthcare focus and insurance aided systems, but the need to unify what different domains of healthcare mean or help in a patient/customer/person is a millennium step.

The stages in most Doctor to Patient (D2P) systems are:

- ❖ Profiling / Registration
- ❖ Pre-diagnosis
- ❖ Diagnosis
- ❖ Treatment
- ❖ Disease Management
- ❖ Wait and Watch Category Augmentation
- ❖ Incidental Home Healthcare
- ❖ Incidental tele-medicine or remote healthcare
- ❖ Virtual Expert Guidance (AI/ML review or evaluation of Healthcare-Today & Healthcare-NEXT Status or Expectations)

This questionnaire helps assess the impact of profiling in unifying healthcare to design more Quality of Life

The questions will need to be answered in relevance to personal experience at present as part of a target group, where if data is not available or if details cannot be disclosed, it is recommended to answer the question with a **Neutral (for example neither positive impact nor negative impact) rating.**

On a scale of 1 = Strongly No to 7 = Strongly Yes, indicate the self-building score for each of the dimensions below

The Likert scale to be considered as

1 – Strongly No

2 – No

3 – Partially No

4 – Neutral (neither no nor yes)

5 – Partially Yes

6 – Yes

7 – Strongly Yes

1. Do you rely on more than one domain of healthcare (for its workability, accessibility, availability, and costs)

Rating (from 1 to 7):

2. Do you prefer to be profiled such that different domains of healthcare can infer from the same or respond to your healthcare needs

Rating (from 1 to 7):

3. Do you think most Doctor to Patient (D2P) systems irrespective of the different environments such as hospitals, super specialties, nursing homes, clinics, diagnostic centres, health & wellness centres can use a unified (analytics driven) profile to assess or respond to your healthcare needs

Rating (from 1 to 7):

4. Do you feel profiled views of your health evaluation can help manage your healthcare needs

Rating (from 1 to 7):

5. Do you feel profiled views of your management of medication can help manage your healthcare needs

Rating (from 1 to 7):

6. Do you feel profiled views of a chronic health condition can help manage your healthcare needs

Rating (from 1 to 7):

7. Do you feel voicing out feedback, complaints, or concerns via a unified D2P system (with different weightage factors for different domains of healthcare) can help manage your healthcare needs

Rating (from 1 to 7):

3. Profiling to unify healthcare

A Healthcare and Wellness provider/Doctor to Patient (D2P) link could define/revise a form to collect profile information from customers/consumers depending upon possible response, time available, vulnerability or severity noticed in health, growth or immunity condition.

D2P Business Id:

Customer Id:

Customer Name:

Reference: Customer/Customer Group/Supplier/Healthcare link/Healthcare Provider

Profile / Patient group: Cancer afflicted/Pregnant/Breast Feeding/ Pediatric/ Teenager/ Young Adult/Adult/Geriatric/Others

Place of residence/location for D2P based (or need based) supply:

Region:

City:

State:

Country:

(In individual)

Sex:

Age:

Nationality:

Country of origin:

Education: Uneducated/High school/College/Graduate/Post graduate/Studying/Others

Nature of occupation: Unemployed/Employed/Self-employed/Business/Retired/Others

(If individual) Do you work or study in less safe environments? Yes/No/Not applicable

(If individual) Nature of work or study environment:

(If individual) Do you travel frequently? Yes/No

(If individual) Last country visited: Date visited:

(If individual) Any incidences during travel? Yes/No/Not applicable/Do not know/Cannot comment

(UNIFYING HEALTHCARE) CONSUMER HEALTH EVALUATION

(If individual) Constitution? Healthy/ Occasionally unwell/Recovering/Chronic condition/Do not know

(If individual) Weight: Normal/Under-weight/Over weight/Do not know

(If individual) Blood sugar: Normal/Low/High/Under control/Do not know

(If individual) Blood pressure: Normal/Low/High/Under control/Do not know

(If individual) Liver Function Test (LFT): Normal/Concerns/Do not know

(If individual) Kidney Function Test (KFT): Normal/Concerns/Do not know

(If individual) CRP: Normal/Low/High/Do not know

(If individual) HS-CRP: Normal/Low/High/Do not know

(If individual) Anti-CCP or Uric acid levels: Normal/Low/High/Do not know

(If individual) CA 19.9: Normal/Low/High/Do not know

Any Life-changing condition:

(If individual) Diet: Vegetarian/Non-vegetarian/Both/Others

(If individual) Do you suffer from any food allergies? Yes/No/Do not know

(If individual) Do you suffer from any drug or medicine related allergies? Yes/No/Do not know (If individual) Do you suffer from pollen, smoke or dust allergies? Yes/No/Do not know

Do you know about your/your profiled groups vulnerability or susceptibility to certain diseases? Yes/No/Do not know. Do you have more information about this?

(UNIFYING HEALTHCARE) CONSUMER NEEDS EVALUATION

(If individual) Do you use medication or healthcare products regularly? Yes/No

(If individual) Are you on prescription medicines? Yes/No

(If individual) Are you currently under treatment? Yes/No/On prescription medicines Can you/your family members read prescriptions or statutory healthcare information?

Always/Yes/No/Not applicable

Do you/ your family members use medications or healthcare products purely on the advice of doctors or practitioners? Always/Yes/No/Not applicable

Nature of medications or healthcare products that you/ your profiled group consume on advice of doctors or practitioners:

(If individual) Nature of medications or healthcare products that you consume as self-medication or as self-guided care:

Can you/your family members use associated statutory information or warnings to contact doctors or practitioners when suffering from contra-indications? Always/Yes/No/Not applicable

Do you/your family members have a practitioner/ physician? Yes/No/Not applicable

Name of practitioner/physician: Details:

Do you/your family members need focused healthcare? Yes/No/Not applicable

HEALTHCARE REFERRALS

Name of practitioner: Details:

Name of practitioner: Details:

Name of practitioner: Details:

DETAILS OF CHRONIC DISEASE OR MAJOR / RECENT INCIDENTS

Do you/your family members know about the nature of the problem? Yes/No/Not applicable/Do not know

Is clinical diagnosis available? Yes/No/Not applicable

Nature of your problem:

Care availed for problem: Not under treatment/Under treatment/Was treated but there is a reoccurrence/Was treated but cannot revisit that doctor or practitioner

Issues faced? Do not have medical records/Do not know enough/No expert opinion available/Suffered contra-indications/Medications costly/Medications not available/Fewer alternate medicines

System of medicine availed of specifically for problem? Allopathy/Ayurveda/ Homoeopathy/ Mix/ Home Remedies/ Herbal specialties

OTHER DETAILS

System of medicine availed of most often? Allopathy/Ayurveda/ Homoeopathy/Mix/ Home Remedies/ Herbal specialties

System of medicine availed of sometimes? Allopathy/Ayurveda/ Homoeopathy/Mix/

Home Remedies/ Herbal specialties

System of medicine that has not worked? Allopathy/Ayurveda/ Homoeopathy/Home Remedies/ Herbal specialties

Any alternatives in chartered response or as recommended by experts?

Are you/your profiled group under any trial for medications or healthcare products, consumables or remedies, or plan of care?

Do you/your profiled group need to alter medications sometimes? Only on the advice of an expert/Self-guided/On the basis of availability/On the basis of costs/Other reasons

Issues faced:

VOICING OUT

Do you/profile enabled family members discuss conditions or responses regularly with identified Healthcare & Wellness networks, or identified D2P consultants? Yes/No/Not applicable

Do you/profile enabled family members want to discuss condition or responses with other Healthcare & Wellness networks, or other D2P consultants? Yes/No/Not applicable

Options available?

Do you/profile enabled family members discuss condition or responses with other peer groups of people suffering from the same diseases or illness? Yes/No/Not applicable

Do you/profile enabled family members want to discuss condition or responses with other peer groups of people reporting concerns arising from a disease or illness? Yes/No/Not applicable

Options available?

Do you/your family rely on any Healthcare & Wellness network or D2P system to know more about or avail the products, consumables and remedies available for the condition (a step to becoming more aware)? Yes/No/Not applicable

Options available or improvements needed?

Do you/your family wish to send profile information, surveys and feedback to different sections of the healthcare industry? Yes/No/Not applicable.

Options available?

4. QUESTIONNAIRE 2 (MORE TO CARE PROFILING)

The vision of the M2C Network is to provide each member the following benefits and analytics, keeping in mind that the insight is still an idea and needs further detailing, evaluation and approval to get the new Future Connected CRM domain to be incorporated in healthcare with a separate M2C legal counsel that reviews and safeguards the information being provided by the member/patient/customer/family and guides the healthcare service delivery.

Sustainable healthcare is a goal that is dependent on all healthcare providers and customers to bridge Healthcare today and Healthcare NEXT.

The governments have their planning, evaluating and forecasting departments & projects but the gap is wider than it seems as people come from different backgrounds and geographies that have different “location dynamics, social dynamics, emergency corpus abilities and financial liabilities”.

The M2C Benefits and Analytics associate a Country-state-region-location specific Navigable site (or NAVSITE) pincode to a member/patient/customer/family’s location and include support for the following:

- Health and Wellness Requirements
- Future Connected CRM Requirements
- Health and Wellness Plan
- Contingency Plan
- Healthcare Incidence implications

The M2C vision proposes to design not only insurance relief but also expects to deploy different management elements into the M2C network that aid the National Health Authority in healthcare delivery for different “location dynamics, social dynamics, emergency corpus abilities and financial liabilities”. These management elements include

- ❖ **Contribution Centres** (that provide relief for out-of-pocket expenditure or payment)
- ❖ **Responsibility Centres** (that consider the NAVSITE pincode to provide sustainable healthcare delivery)
- ❖ **Cost for Expenses Centres** (that assess and report the expenditure being born by the member/patient/customer/family to analyze the influence or limitations of the M2C coverage)
- ❖ **Cost for Services Centres** (that assess and report the expenditure being born by the D2P link to analyze the influence or limitations of the M2C vision)

On a scale of 1 = Strongly No to 7 = Strongly Yes, indicate the M2C vision score for each of the dimensions below

The Likert scale to be considered as

1 – Strongly No

2 – No

3 – Partially No

4 – Neutral (neither no nor yes)

5 – Partially Yes

6 – Yes

7 – Strongly Yes

1. Do you like to be profiled for the **location dynamics** associated with the location that you expect to avail healthcare from

Rating (from 1 to 7):

2. Do you like to be profiled for the **fulfillment dynamics** associated with the location that you expect to avail healthcare from

Rating (from 1 to 7):

3. Do you like to be profiled for your **need or possible need** for healthcare (with due protection of privacy or personal details)

Rating (from 1 to 7):

4. Do you like to be profiled for your **plan or possible plan** to avail the needed healthcare (with due protection of privacy or personal details)

Rating (from 1 to 7):

5. Do you like to be profiled for your **emergency corpus abilities and financial liabilities** while expecting to avail healthcare (with due protection of privacy or personal details)

Rating (from 1 to 7):

6. Do you like to be profiled by a **Contribution Centre** while expecting to avail healthcare (with due relief for out-of-pocket expenditure or payment)

Rating (from 1 to 7):

7. Do you like to be profiled by a **Responsibility Centre** while expecting to avail healthcare (with due consideration of the NAVSITE pincode of your location for a vision to provide sustainable healthcare delivery)

Rating (from 1 to 7):

8. Do you like to be profiled by a **Cost for Expenses Centre** (that assesses and reports the expenditure being born by you to analyze the influence or limitations of the M2C coverage)

Rating (from 1 to 7):

9. Do you like to be profiled by a **Cost for Services Centre** (that assesses and reports the expenditure being born by the D2P link to analyze the influence or limitations of the M2C vision)

Rating (from 1 to 7):

5. Profiling for the More to Care vision

As part of the More to Care registration, the following profiling helps add a Future Connected CRM vision and focus to healthcare

1. Name of registered member:

NavSite pincode:

Identity proof:

Age:

Sex:

Permanent address:

Current address:

2. Membership category: (Tick as applicable)

- ☐ Individual
- ☐ Family
- ☐ Dependents
- ☐ Community / Social circle (scope in progress)

3. Please indicate whether the healthcare available is

- ☐ Accessible
- ☐ Affordable
- ☐ Patient-centric
- ☐ In-time (available at the time you need it most)
- ☐ Specialized / Continual (with case history recording/review/follow ups/referrals)
- ☐ Preventive (with focus for positive health and wellness)
- ☐ Corrective (with prescribed treatment and due care)
- ☐ NEXT Steps-based, with emergency services, accident & trauma services and referrals

4. Please indicate whether there is need based fulfillment for

- ☐ Dedicated practitioners / clinics
- ☐ Hospitals
- ☐ Super specialties
- ☐ Emergency services
- ☐ Accident & Trauma services
- ☐ Diagnostic Centres
- ☐ PharmaCare / Chemists and Druggists
- ☐ Ayurveda
- ☐ Homoeopathy
- ☐ Naturopathy
- ☐ Other forms of health and wellness

5. Please indicate whether there is need or possible need in your M2C community/ social circle/ family for

- ☐ Gynaecology and Maternity Care
- ☐ Pulmonology
- ☐ Cardiology
- ☐ Nephrology
- ☐ Urology
- ☐ Life threatening illnesses
- ☐ Paediatrics
- ☐ Chronic Diseases or Already Diagnosed Patient Healthcare
- ☐ Geriatric Patient Healthcare
- ☐ Personal hygiene, care and infection control specific products/services

6. Please indicate whether there is need or possible need in your M2C community/ social circle/ family for

- ☐ Location Analytics (identifying and defining of location dynamics where there are cases of need, incidence or disease)
- ☐ Social Analytics (whether the people in this location follow or do not follow wellness parameters)
- ☐ Analytics of infiltration and ex-filtration (where this can help identify outer influencers for any infection, incidence etc)
- ☐ Analytics of Incidence and Hospitalization History
- ☐ Analytics of Accessibility and Availability of Public Health Services
- ☐ Force Majeure Analytics and available-accessible-affordable healthcare services

7. Indicate whether there is a plan or possible plan in your M2C community/ social circle/ family for what can be done for (keeping in mind the need and costs for skilled practitioners/consultants/staff/CCU(s)/ICU(s)/facilities)

- ☐ General health checkups, treatment and due care
- ☐ Pulmonology
- ☐ Cardiology
- ☐ Nephrology
- ☐ Urology
- ☐ Life threatening illnesses
- ☐ Gynaecology and Maternity care
- ☐ Paediatrics
- ☐ Chronic Diseases or Already Diagnosed Patient Healthcare
- ☐ Geriatric Patient Healthcare
- ☐ Incidence and Hospitalization services
- ☐ Force Majeure specific healthcare services
- ☐ In-time response or emergency response
- ☐ Relief and/or Rehabilitation
- ☐ Personal hygiene, care and infection control specific products/services

8. Indicate whether there is a contingency plan or backup plan in your M2C community/ social circle/ family for what can be done for (keeping in mind the need for skilled practitioners/consultants/staff/CCU(s)/ ICU(s)/facilities)

- ☐ Pulmonology emergencies
- ☐ Cardiology emergencies
- ☐ Nephrology emergencies
- ☐ Urology emergencies
- ☐ Life threatening illnesses
- ☐ Gynaecology and Maternity emergencies
- ☐ Paediatric emergencies
- ☐ Geriatric emergencies
- ☐ Incidence and Hospitalization emergencies
- ☐ Force Majeure specific emergencies
- ☐ Accidents or emergency response

9. Indicate what are the concerning implications for your M2C community/ social circle/ family for what can be done for (keeping in mind sudden or untimely incidence, life threatening incidence, emergencies, or trauma)

- ☐ Accessibility issues for required healthcare
- ☐ Affordability issues of required healthcare
- ☐ Availability issues of required healthcare
- ☐ Lack of 24/7 or critical emergency response services
- ☐ Location specific issues
- ☐ Force Majeure specific issues
- ☐ Lack of insurance policy or cover
- ☐ Lack of emergency corpus
- ☐ Lack of support/rehabilitation assistance for impacted / post-incidence Quality of life

10. What are the financing elements for your M2C community/ social circle/ family for what can be done for near future or present healthcare

- ☐ Earnings
- ☐ Savings
- ☐ Family support
- ☐ Insurance policy or cover
- ☐ Emergency corpus for out-of-pocket expenditure
- ☐ Support/rehabilitation funds for recovery period

11. What are the financing elements for your M2C community/ social circle/ family for what can be done for futuristic healthcare

- ☐ Savings
- ☐ Insurance policy or cover
- ☐ Emergency corpus
- ☐ Support/rehabilitation funds for future Quality of life

12. What are the financing elements for your M2C community/ social circle/ family for what can be done in planning for healthcare

- ☐ Healthcare Cost Analysis (to help save or plan funds)
- ☐ Quality of Life Analysis (to help plan livelihood or work)
- ☐ Patterned Incidence Analysis (to help plan subscriptions to insurance policies, covers or emergency corpus assistance on the basis of health and wellness indicators)
- ☐ Incorporation of Future Connected CRM in healthcare services

13. What are the liabilities for your M2C community/ social circle/ family

- ☐ Home Loans
- ☐ Vehicle Loans
- ☐ Educational Loans
- ☐ Rent to be paid
- ☐ Quick loans / Cash loans
- ☐ Family responsibilities
- ☐ Lack of earnings
- ☐ Lack of savings
- ☐ Lack of insurance policy or cover
- ☐ Lack of emergency corpus
- ☐ Legal penalties
- ☐ Legal proceedings and payments
- ☐ Losses in business

14. What are the health insurance or financing elements for your M2C community/ social circle/ family

- ☐ Savings Bank Account associated health insurance
- ☐ Employment associated health insurance
- ☐ Business/Company associated health insurance
- ☐ Third party Insurance policy or cover
- ☐ National Public Health Insurance scheme
- ☐ Emergency corpus
- ☐ Mutual funds or other financial instruments associated corpus

15. What are the emergency corpus funding elements for your M2C community/ social circle/ family

- ☐ Land/Sites
- ☐ Home/Property
- ☐ Vehicle
- ☐ Employer
- ☐ Business/Company
- ☐ Quick loans / Cash loans
- ☐ Family assistance
- ☐ Jewellery / Jewelry
- ☐ Personal Encash-able Collections
- ☐ Mutual funds or other financial instruments

16. What are the M2C elements that can be self-managed for your M2C community/ social circle/ family

- ☐ Healthcare Today (components)
- ☐ Healthcare NEXT (components)
- ☐ Liabilities (and components)
- ☐ Insurance (and components)
- ☐ Emergency corpus (and components)

Looking ahead

- ☐ Keeping in mind the **need, cost, and available-accessible-and-affordable elements** of healthcare, it is expected that programming the new More to Care elements can help the community/ social circle and/or family or individual.
- ☐ This programming could become a part of a new Future Connected CRM domain that insightfully extends what is being done in healthcare CRM today and compliments the self-management elements for a community/ social circle/ family/ individual.

6. QUESTIONNAIRE 3 (TMS SYNERGY in healthcare systems)

The More to Care (M2C) vision for sustainable healthcare proposes to Empower, or Enable or Engage healthcare providers, a larger community or circle or family or individual, to evaluate the healthcare system at a location, and report gaps or issues and thereon escalate need, planning, synergetic enabling and/or providing of required services.

The TMS synergy for a healthcare system (at a location) is related to the incorporation of different healthcare services with the A: Right Availability; F: Relevant Affordability; C: In-time Accessibility; and P: TMS scale specific Provisioning for demand & supply balance arising out of social dynamics/location dynamics/health & wellness dynamics related to the location.

To do this and more, the More to Care (M2C) vision associates a Country-state-region-location specific Navigable site (or NAVSITE) pincode to a member/patient/customer/family's location and to assess/enable support for the following:

- Health and Wellness Requirements
- Future Connected CRM Requirements
- Health and Wellness Plan
- Contingency Plan
- Healthcare Incidence implications

On a scale of 1 = Strongly No to 7 = Strongly Yes, indicate the TMS synergy score for each of the dimensions below

The Likert scale to be considered as

1 – Strongly No

2 – No

3 – Partially No

4 – Neutral (neither no nor yes)

5 – Partially Yes

6 – Yes

7 – Strongly Yes

1. Do you like to report the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

2. Do you feel that healthcare services have the right Availability at the location, that you expect to avail healthcare from

Rating (from 1 to 7):

3. Do you feel that healthcare services have the relevant Affordability at the location, that you expect to avail healthcare from

Rating (from 1 to 7):

4. Do you feel that healthcare services have in-time Accessibility at the location, that you expect to avail healthcare from

Rating (from 1 to 7):

5. Do you feel that healthcare services have Time-Motion-Scale (TMS) specific Provisioning for demand & supply balance in the healthcare systems required at the location, that you expect to avail healthcare from

Rating (from 1 to 7):

6. Do you think people reporting need will help compliment the National Public Health Policy, Insurance scheme and related implementations

Rating (from 1 to 7):

7. QUESTIONNAIRE 4 (PESTLE influencers on healthcare systems)

The More to Care (M2C) vision for sustainable healthcare proposes to Empower, or Enable or Engage healthcare providers, a larger community or circle or family or individual, to evaluate the healthcare system at a location, and report gaps or issues and thereon escalate need, planning, synergetic enabling and/or providing of required services.

The More to Care (M2C) vision for sustainable healthcare identifies / assesses gaps or issues in the healthcare services being provided or supported at a NavSite pincode for each of the PESTLE influencers.

The abbreviations are as follows:

P: Political; E: Economical; S: Social; T: Technological; L: Legal; E: Environmental (Influencers)

The More to Care (M2C) vision emphasizes that synergetic providing of healthcare services as a PAN India initiative or across locations is a millennium need.

The primary objective is to implement Hypothesis Testing via surveys to ensure that there is no gap or issue in the healthcare systems and services being provided or supported at a NavSite pincode.

On a scale of 1 = Strongly No to 7 = Strongly Yes, indicate the PESTLE influencers score for each of the dimensions below

The Likert scale to be considered as

1 – Strongly No

2 – No

3 – Partially No

4 – Neutral (neither no nor yes)

5 – Partially Yes

6 – Yes

7 – Strongly Yes

1. Do you like to report that there are certain influencers affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

2. Do you like to report that there are **Political system specific influencers** affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

3. Do you like to report that there are **Economical influencers** affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

4. Do you like to report that there are **Social (people driven) influencers** affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

5. Do you like to report that there are Access or Usage of **Technology specific influencers** affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

6. Do you like to report that there are **Legal system specific influencers** affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

7. Do you like to report that there are **Environmental systems specific influencers** affecting the nature of healthcare services associated with the location, that you expect to avail healthcare from

Rating (from 1 to 7):

8. Do you think people reporting PESTLE influencers will help the National Public Health Policy, Insurance scheme and related implementations

Rating (from 1 to 7):

Achieving sustainable healthcare

The More to Care (M2C) vision emphasizes that complaints and feedback systems though available in the healthcare network today, do not help the synergetic enabling of healthcare across (planned and mile-stoned) locations in a PAN India interest.

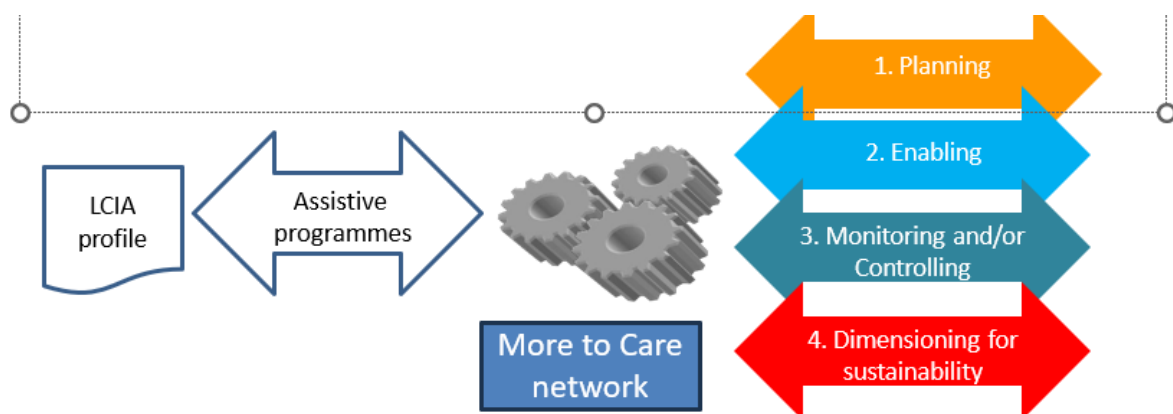
Today's National Public Health Policy, Insurance scheme, and National Health Authority specific systems do work on the needs of people at a PAN India level, but the emerging issues like political dynamics, economical dynamics, climate change dynamics, culture for Quality of Life related dynamics and location specific natural disaster/incidence/cause & effect specific dynamics need a holistic approach like the deployment of Learning Centres aided by different Management Centres for healthcare systems and services.

With the potential solutions possible through these Learning and Management Centres, we will be able to bridge the gaps that exist or suddenly arise between what is termed as Healthcare Today solutions and Healthcare NEXT solutions.

8. Impact Assessment on needing healthcare

We avail of healthcare today in many independent and intrinsic ways but there is no impact assessment being done to help manage the issues seen

For Impact Assessment, the More to Care (M2C) vision states a SMART insight of developing a Predictive Lifetime Model can help address the dynamics and patterns in bridging the gap between our need for healthcare to the management of disease, illness and need.



2

Patterns have always been used to assess existing, emergent, and possible health or wellness concerns of each of us needing healthcare, but all this patterns assessment does not map the dynamics affecting or maybe working on the person at the time of needing healthcare that is 3A specific, that is available, accessible, and affordable.

For patterns assessment, the M2C vision has designed a profile, questionnaire cum reckoner to help a person or family identify any need for healthcare whether existing, emergent, or simply possible. Excerpts like this document highlight the scope being addressed.

The Patterns Assessment document is a work in progress version where the proactive involvement of healthcare experts can make this a **free personal or family health & wellness reference**.

The M2C vision and feeling is that Impact Assessment for healthcare depends upon factors such as

1. Profiling of a patient or customer (called a LCIA profile)
2. Customer dimensioning
3. Service dimensioning
4. Hypothesis testing of macro and micro influencers for the 3A(s) specific healthcare
5. Self-management of health & wellness

3A(s) stand for Available, Accessible and Affordable healthcare

The onset of our M2C solution

The M2C vision is to develop a Predictive Lifetime Model for each M2C network member, be it a patient or customer

To acknowledge this concern

The proposed Predictive Lifetime Model or future connected CRM element associates financial position details of the patient or customer with the current registration or profile.

Associating financial position details help identify or assess financial issues or dynamics affecting the patient or customer or family needing healthcare

The idea is to provide a M2C Debit card to help manage financial issues or dynamics. The M2C Debit Card (idea) associates a virtual value proposition for a member (patient or customer or family) where the value proposition helps sustainably finance the healthcare needed

The M2C Debit Card (idea) reduces 3A(s) specific healthcare related service transformations that often occur when a patient or customer needs healthcare

The M2C Debit Card (idea) helps incorporate a payback model for each member. The benefits could be based on the following

1. M2C Membership category
2. Foreseeable issues in payback
3. Vital Health Mapping of the need for focused Doctor to Patient (D2P) systems

Can defaulting payments cause the M2C Debit Card idea to fail or abort in being used?

The M2C Debit Card (idea) attaches revealed financial details of a patient or customer with the payback model

The clauses associated with such provisioning for healthcare will guide the control exercisable to get payments or in paybacks

The M2C Debit Card (idea) will help provide the following benefits

1. More ability for a family or customer or patient to exercise a payback modality
2. More supportive ability for a healthcare provider to get payments via the M2C network
3. More assistive analytics for growth, development, and improvement of 3A(s) specific healthcare facilities, services and D2P systems

The case scenarios possible for paying back for healthcare are as follows

1. Payback via Emergency corpus only
2. Payback via an Insurance policy and its benefits
3. Payback via an Insurance policy and Emergency corpus
4. Payback via an Insurance policy and the M2C Debit Card (idea)
5. Payback via a M2C Debit Card (idea) exclusively

It is proposed that financial details associated with a patient or customer be secure information known to the M2C network's legal committee only, where paybacks are done under their supervision based on the following

1. M2C Membership category-based options
2. Promissory entitlements as indicated preferentially on any adverse impact or death of the patient or customer such as
 - A. % specified of employment benefits declared earlier on abrupt termination or end of service
 - B. % specified of any preferred Emergency corpus declared earlier
 - C. Assistance to healthcare via the act of donorship as declared earlier
 - D. Write-off(s) or value-choices for the M2C network's management and legal committees steering the M2C network enabled healthcare services etc

9. Lifecycle Assessment

9.1 Why Customer or Patient Lifecycle Assessment (LCA)?

Today as people we face different needs where natural, emergent, and futuristic lifecycles around us change the base synergy that our organ systems and bodies need to build, develop, or act with, to mitigate different health hazards.

Stress, disease, or health/wellness transformations are caused and led by lifestyle changes, where this has in effect changed the integral response or synergy making us more prone to

- ☐ Immunity deficiencies
- ☐ Infections
- ☐ Inflammations
- ☐ Diversifications in health-management

To deal with this change, the More to Care insight can design and improve overall competitiveness and demand specific orientation / management in healthcare in today's dynamics filled operating climate.

The operating climate for healthcare is fundamentally influenced by different clusters such as

- ❖ Climate change (the next concerning issue)
- ❖ Economics and market trends
- ❖ Social awareness and interests
- ❖ Ownership shown by people and self-management of health & wellness
- ❖ Synergetic learning for a unified sense of pronation or synergetic response

The new Lifecycle Assessment as part of this insight is expected to develop newer basal synergy via approaches that achieve tolerance for transformations, balance for health/growth/immunity, sustenance in health and wellness management, incidence delineation or incidence reduction and integral immunity improvement.

9.2 What does this clustering influence mean?

The operating climate influencers mentioned before form a **Continuous Relationship Table** that affects our lives, where the synergetic response or sense of (emerging further or) pronation shown by us as people and by healthcare networks & systems can reduce the risks and hazards or dynamics possible.

Dynamics make the response in base synergy less self-evident, where this does lead to a requirement called Zero Day SMART Convergence for natural, emergent, and futuristic living. This Zero Day SMART Convergence can be understood to be

- ✓ A **HGI Formulation / Response Culture** to understand and address patters & trends in health & wellness
- ✓ A zero **Service Transformation Radius** that has better responsiveness, orchestration and systemic operation in healthcare services
- ✓ A **Fundamental View** that can be developed by Lifecycle Assessment of people, made possible by registering them to be members of a More to Care Network (this idea)

Here HGI stands for Health, Growth, and Immunity

The new Zero Day SMART Convergence needs channelizing, bridging and integrating of healthcare networks, where indicators such as mean time to understand root causes, or mean time to diagnose disease or incidence or mean time to bridge healthcare systems or mean time to develop more convergent understanding or develop relationship building for health & wellness are all growing in importance.

Zero Day SMART Convergence could be **the new rootedness** needed in healthcare networks, where this is possible if Profiling & Lifecycle Assessments are done as a core culture.

After Profiling in the earlier sections, this document previews Lifecycle Assessments and then describes that different frameworks for different movements for healthy living are being developed today, like a Stop Diabetes Movement or Reverse Diabetes Movement (for example by the Health and Fitness business called Cultfit in Bengaluru). The Zero Day SMART Convergence idea can help this and more.

9.3 What can be said about the approach in such profiling & Lifecycle Assessment (LCA)?

Lifecycle Assessment (LCA) for a patient or customer will be relative and centered around a functional unit (in this reckoner the phrase functional unit stands for an Assistive Learning Centre), a management entity that helps healthcare consultants or service providers in their vision, performance, and responsiveness.

Any subsequent analysis is then relative to the Programme, where after registration or profiling as mentioned before, all inputs and outputs in 2 aspects - the Patterns Assessment (LCPA) and consequently the Impact Assessment (LCIA) are coordinated by the functional unit.

Lifecycle Assessment (LCA) for a patient or customer considers all attributes or aspects of connected environments (need or availability of healthcare services and presence), health/wellness/fitness influencers, base synergy for health/growth/immunity, need for “green products, consumables and health & wellness resources” (all part of a Green Product Culture) and referrals/recommendations specific consumers.

By considering all attributes and aspects within one holistic study in a cross-media perspective - potential trade-offs, impact, etc can be identified and assessed.

Decisions within the LCA are preferably based on natural science. If this is not possible, other scientific approaches (e.g. from healthcare, social and economic sciences) may be used or international standards and conventions may be referred to. If neither a scientific basis exists nor a justification based on other scientific approaches or international conventions is possible, then, as appropriate, decisions may be based on value choices for nutrition/RDI/RNI specific health and wellness, stress management, disease control, or transformations.

9.4 What is Customer or Patient Patterns Assessment (LCPA)?

- (1) This assessment based on **seven or more categories** could include for example: Health and Wellness drivers for
 - (a) Product Consumption with PRA*,
 - (b) Healthcare Service Level and Customer Dimensioning,
 - (c) Provision of convenient and sufficient Assistive Learning Centres/ Clusters,
 - (d) Promise of Operations and Service Quality by these Centres/Clusters,
 - (e) Centre/Cluster specific Uptime-Economics,
 - (f) Costs borne for different Health-Growth-Immunity (HGI) Benefits
 - (g) Costs borne for Demand Management & High-performance Technologies and
 - (h) Commuting and/or Transportation to ensure the Customers or Patients are served
- The abbreviation PRA* stands for: **Prioritization, Responsiveness and Adherence** for health, wellbeing and fitness
- (2) This assessment can **help design a strategic plan that recognizes a customer's or patient's needs for health and wellbeing in his or her or associated lifetime**, where an associated Management Centre reports success or performance for assistive analytics, and a Green Product Culture via its services or reviews

9.5 What is Customer or Patient Impact Assessment (LCIA)?

It is a method that can be used productively in 2 stages, i.e. first it (LCPA) helps identify the **potential or existing need for a Patient or Customer** and a Lifecycle insight (via Profiling), and next it can be used for **strategic involvement** (via Service and Customer Dimensioning) to ensure that the associated Management Centre/Cluster's operations are effective for

- + (SMART) Prioritization, responsiveness, and adherence for helping Health, Wellbeing and Fitness
- + (Improved) Assistive Analytics for Service Level and Customer Dimensioning
- + (Controlled) Services, Product and Environmental Quality in Service Providers, Products & consumables networks and/or Chemist and Druggist Stores
- + (Reduced) Operating risks due to governmental, economic and climate change dynamics
- + (Controlled) Management Centre/Cluster specific uptime despite dynamics due to climate change
- + (Continual) Excellence in Vending/Supplying Quality products and consumables as part of a Green Product culture

FYI: Profiling & Lifecycle Assessments can be influencers for an Assistive Learning Centre's recommendations for GMP/GCP/GDP/Incidence Response methodologies, policies or practices via a Green Product Culture for diet, nutrition and wellness. The **Green Product Culture idea is not new** but as consumers, or patients, we people have no profiling, surveying, or assessment to enable demand and supply management, keeping in mind that a product's accessibility, affordability, and availability can be a concern.