

GLOBAL CARE PH

# Home Health Agency

Business Model & Marketing Model

NORTH AMERICAN STANDARDS, FILIPINO EXCELLENCE

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## Franchise Series · Corporate Edition

Website-ready content and investor-presentation source material

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EXECUTIVE MODEL SNAPSHOT

02

# Skilled clinical care, coordinated where patients live

The proposed Global Care PH Home Health Agency brings physician-ordered nursing, therapy and health education into the home through a clinically governed, relationship-led franchise model.

**WHO IT SERVES**

**Patients transitioning or managing at home**

Post-surgical patients, people returning home after hospitalization, and seniors or adults living with chronic conditions.

**HOW CARE BEGINS**

**Referral, assessment, plan**

A physician referral or family inquiry triggers eligibility review, clinical assessment and an authorized plan of care before scheduled visits.

**HOW VALUE IS CREATED**

**Clinical continuity beyond the facility**

Licensed professionals monitor, educate and report progress while coordinating with physicians, hospitals and families.

## The model in one view

| Element         | Proposed design                                                        | Decision gate                                                     |
|-----------------|------------------------------------------------------------------------|-------------------------------------------------------------------|
| Core offer      | Hospital-quality clinical coordination at home                         | Service scope, clinical policies and licensing confirmed locally  |
| Revenue formats | Visit-based, episode-based and private-pay arrangements                | Fees, payer rules, contracting and collections remain TBD         |
| Workforce       | Licensed nurses and therapists staffed through Global Care PH          | Credentials, role scope, supervision and supply capacity verified |
| Referral engine | Hospitals, physicians, clinics, families and community health networks | Consent, privacy, non-inducement and marketing review completed   |
| Scale logic     | Local branch discipline plus portfolio coordination                    | Readiness and quality thresholds approved before expansion        |

**Planning status.** This is a proposed model. It does not represent an operating location, admissions history, contracted payer network, revenue record, accreditation or clinical outcome.

PART 1 • BUSINESS MODEL

03

# The mission becomes a coordinated service architecture

**Mission:** make skilled, compassionate clinical care more accessible at home while protecting professional accountability, continuity and family understanding.

## Value proposition

For patients and families, the promise is clinical excellence without requiring every follow-up interaction to occur in a facility. For referring professionals, the model offers a structured pathway for ordered care, documented visits and progress reporting. For franchisees, it provides a defined service architecture and proposed support system rather than a guarantee of demand or returns.

**Positioning statement**

For patients who need skilled care after discharge or while managing chronic conditions, Global Care PH Home Health Agency is the proposed home-based clinical partner that connects licensed professionals, structured plans of care and clear communication — under Global Care PH standards.

## Proposed clinical services menu

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Skilled nursing visits</b> <ul style="list-style-type: none"><li>• RN visits and locally permitted licensed-nurse roles</li><li>• Focused observation, interventions and documentation</li><li>• Escalation to the ordering physician when indicated</li></ul> | <b>Rehabilitation therapies</b> <ul style="list-style-type: none"><li>• Physical therapy</li><li>• Occupational therapy</li><li>• Speech therapy</li><li>• Goals and frequency set by authorized plans</li></ul>                   |
| <b>Medication management</b> <ul style="list-style-type: none"><li>• Medication reconciliation support</li><li>• Adherence education and observation</li><li>• Side-effect or concern escalation within scope</li></ul>                                           | <b>Chronic-disease monitoring</b> <ul style="list-style-type: none"><li>• Diabetes, hypertension and cardiac monitoring</li><li>• Trend documentation and warning-sign education</li><li>• Physician-directed follow-up</li></ul>  |
| <b>Transition and recovery care</b> <ul style="list-style-type: none"><li>• Post-surgical care</li><li>• Post-hospitalization follow-through</li><li>• Home safety and self-management reinforcement</li></ul>                                                    | <b>Patient and family education</b> <ul style="list-style-type: none"><li>• Condition and plan-of-care understanding</li><li>• Caregiver technique reinforcement within scope</li><li>• When and how to seek urgent help</li></ul> |

**Scope note:** LPN nomenclature and duties must be used only where recognized and permitted. Final services, ordering requirements and professional scope require Philippine regulatory and counsel review.

MARKET ARCHITECTURE

04

# Four demand segments anchor the launch

The proposed market is defined by care transitions and ongoing clinical needs — not by broad demographic claims. Each segment needs a distinct entry message and referral path.

| Segment                            | Need state                                                            | Decision maker / influencer                          | Proposed response                                                          |
|------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|
| Post-surgical patients             | Recovery support, monitoring, therapy and education after a procedure | Surgeon, discharge team, patient and family          | Rapid referral intake, plan-of-care confirmation, scheduled skilled visits |
| Post-hospitalization patients      | Structured follow-through during transition home                      | Hospital discharge team, attending physician, family | Closed-loop handoff, medication support, progress reporting                |
| Chronically ill seniors and adults | Ongoing monitoring and self-management reinforcement                  | Primary physician, specialist, patient and family    | Physician-ordered visits, trend documentation and education                |
| Rehabilitation patients            | Therapy access and function-focused recovery at home                  | Physician, rehabilitation specialist, family         | PT/OT/speech services under an authorized plan                             |

## Referral and influence audiences

|                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hospital discharge teams</b><br>Need confidence that referral requirements, start-of-care communication and progress updates are handled consistently.               | <b>Physicians and clinics</b><br>Need clarity on eligibility, service scope, ordering workflow, escalation and report turnaround.                 | <b>Families</b><br>Need plain-language explanations, scheduling visibility and confidence that concerns reach the right clinician.   |
| <b>Health maintenance organizations</b><br>Prospective contracting audience only. Coverage, reimbursement, credentialing and network participation pathways remain TBD. | <b>Barangay health workers</b><br>Potential education and navigation partners, subject to clear role boundaries and compliant referral practices. | <b>Specialty partners</b><br>Wound, rehabilitation, cardiac and chronic-care clinics can help identify appropriate home-based needs. |

**Market-validation questions:** Which discharge pathways are underserved? Which services can be staffed reliably? What ordering and licensing rules apply? Which payer contracts are feasible? What response times can the branch consistently meet?

ECONOMICS WITHOUT INVENTED PROMISES

05

# Revenue follows authorized care; every financial input remains TBD

**Visit-based**

A fee is associated with an authorized completed visit by service type. Rate cards, inclusions and cancellation terms are TBD.

**Episode-based**

A defined care episode may bundle authorized services and reporting. Eligibility, duration, exclusions and pricing are TBD.

**Private-pay**

Patients or families may purchase eligible services directly, subject to clinical appropriateness, contracts and payment policies.

## Proposed revenue logic

| Revenue input                | Management question                                                           | Status                                         |
|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|
| Service mix                  | Which nursing and therapy services are authorized and consistently staffable? | TBD after legal, clinical and market review    |
| Visit volume and utilization | How many ordered visits are accepted, scheduled, completed or missed?         | No forecast or performance claim in this model |
| Price / reimbursement        | What may be charged, contracted or reimbursed by payer type?                  | All rates and pathways TBD                     |
| Collection timing            | What documentation and billing steps must precede collection?                 | Workflow and terms TBD                         |
| Referral concentration       | How dependent is the branch on one source or channel?                         | Diversification targets to be approved         |

## Cost structure by category

**People**

Clinician compensation, scheduling, supervision, credentialing, training and administrative staffing — all TBD.

**Clinical operations**

Supplies, personal protective equipment, mobile kits, quality systems and emergency readiness — all TBD.

**Technology & privacy**

Clinical documentation, secure communication, devices, cybersecurity, backups and support — all TBD.

**Facilities & mobility**

Office, storage, utilities, transport support, insurance, maintenance and permits — all TBD.

**Growth & relationships**

Referral development, education, launch materials, community engagement and content — all TBD.

**Franchise & professional fees**

Initial, continuing, legal, accounting and advisory costs — all TBD and subject to definitive documents.

PEOPLE AND GOVERNANCE

06

# Licensed teams operate inside a clear accountability chain

## Proposed branch organization

- 1

**Franchise ownership / governance**  
Capital stewardship, local relationships, business controls and compliance accountability.
- 2

**Branch administrator / operations lead**  
Daily capacity, scheduling, service coordination, records and issue resolution.
- 3

**Clinical leader**  
Professional oversight, policy implementation, competency review and quality escalation.
- 4

**Field clinicians**  
Licensed nurses and physical, occupational and speech therapists practicing within authorized scope.
- 5

**Intake, scheduling and records**  
Referral processing, visit coordination, documentation completeness and communication support.

**Global Care PH staffing model**

Licensed nurses and therapists are proposed to be staffed through Global Care PH. Deployment depends on verified credentials, availability, appropriate scope, supervision and branch readiness.

**IHI&T pipeline**

International Healthcare Institute and Technology (IHI&T) is a planned workforce-development pipeline, not an operating accreditation or guaranteed supply source. Any program must obtain required Philippine approvals before delivery or credential claims.

**Role clarity protects care**

Clinical decisions remain with appropriately licensed professionals. Franchise ownership does not expand a person's professional scope. Local titles, ordering authority and supervision rules require review before launch.

## Clinical governance controls

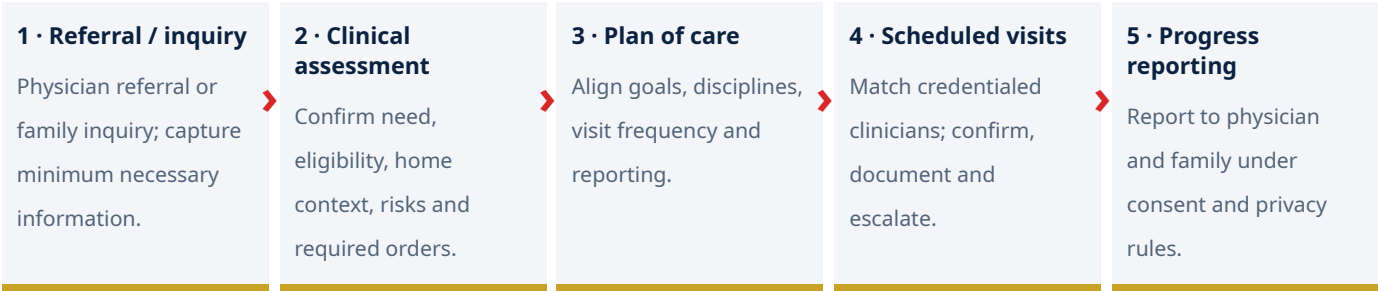
| Control                        | Purpose                                                        | Evidence expected                                                 |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| Credentialing                  | Confirm identity, license, competence and role suitability     | Verified records and renewal tracking                             |
| Plan-of-care authorization     | Align visits with physician orders and approved scope          | Current order and signed care plan                                |
| Documentation standards        | Support continuity, reporting and auditability                 | Complete, timely visit records                                    |
| Escalation and incident review | Route concerns to the right professional and learn from events | Logged actions, review and closure                                |
| Privacy and consent            | Protect sensitive health information                           | Lawful basis, notices, access controls and consent where required |

OPERATING MODEL

07

# A closed-loop client journey turns referrals into accountable care

The branch should not treat a referral as a booking request alone. It is the start of a controlled clinical and communication pathway.



## Operating rhythms

|           |                                                                                                  |
|-----------|--------------------------------------------------------------------------------------------------|
| Daily     | Referral queue, visit coverage, urgent escalations, missed visits and documentation exceptions.  |
| Weekly    | Capacity, pending orders, care-plan changes, incident follow-up and referral responsiveness.     |
| Monthly   | Quality dashboard, workforce readiness, referral mix, patient experience and financial review.   |
| Quarterly | Clinical policy review, competency priorities, partner feedback and controlled growth decisions. |

## Control points before first visit

- Appropriate order and referral documentation are present.
- Patient identity, address, contact and consent requirements are verified.
- Scope, urgency, schedule and assigned discipline are clear.
- Clinician credentials and competencies match the assignment.
- Needed supplies, safety information and escalation contacts are ready.
- Privacy-safe family communication preferences are documented.

## Portfolio coordination

|                                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Step-down to Home Care</b><br>When skilled needs end but assistance with daily living remains, a consented handoff may connect the patient to the separate Home Care Agency model. | <b>Escalate to Wound Care</b><br>Complex wounds may trigger coordinated specialist review or a separate Wound Care Agency pathway, subject to orders and scope. | <b>Transition toward Hospice</b><br>When goals and eligibility change, the team may support a sensitive, physician-led discussion and a separate Hospice Agency referral. No automatic transfer is assumed. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

FRANCHISE READINESS AND SCALE

08

# The right operator earns growth through discipline

## Preferred franchisee profile

- Mission-aligned and comfortable with a clinically governed business.
- Capitally prepared for licensing, staffing, technology and working-capital needs once quantified.
- Strong in process execution, documentation and professional accountability.
- Able to build trusted local relationships without improper inducements or unsupported claims.
- Prepared to hire qualified leaders and defer clinical judgments to licensed professionals.
- Committed to data privacy, quality improvement and transparent issue escalation.

### Not a passive license

The proposed model requires active local leadership, readiness evidence and ongoing compliance. Brand access alone does not create clinical capacity, referral demand, payer participation or financial performance.

## Proposed Global Care PH support architecture

|                                                                                                                                                       |                                                                                                                                      |                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Model &amp; launch</b><br>Operating templates, readiness sequence, brand standards and implementation coaching — subject to definitive agreements. | <b>Clinical governance</b><br>Proposed policy standards, documentation expectations, quality review and escalation design.           | <b>Workforce coordination</b><br>Staffing support through Global Care PH and a planned IHI&T pipeline, subject to availability and approvals. |
| <b>Technology baseline</b><br>Proposed requirements for scheduling, records, secure communication, role-based access and audit trails.                | <b>Marketing system</b><br>Approved positioning, education-led content, referral materials and launch planning with claims controls. | <b>Performance review</b><br>Dashboard definitions and review cadence; no earnings, volume or outcome guarantees.                             |

## Scale path

| Stage           | Proof required before advancing                                                                | Growth move                                                |
|-----------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1 • Readiness   | Legal pathway, clinical leadership, workforce, policies, systems and referral process approved | Controlled opening only after gates close                  |
| 2 • Reliability | Consistent visit coverage, documentation, escalation and partner communication                 | Deepen priority service lines and referral relationships   |
| 3 • Breadth     | Quality stability and sufficient credentialed capacity                                         | Add approved nursing or therapy capabilities               |
| 4 • Network     | Branch-level controls remain visible across locations                                          | Consider additional territories and portfolio coordination |

## MANAGEMENT DASHBOARD

09

# Measure access, reliability and quality — never promise outcomes

Targets should be approved only after the legal pathway, service scope, systems and baseline data are established. The measures below are definitions, not claimed performance.

| Domain              | Proposed indicator             | Definition / use                                                                                                                                             | Cadence          |
|---------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Access              | Referral response time         | Elapsed time from complete referral receipt to documented response                                                                                           | Weekly           |
| Access              | Start-of-care timeliness       | Time from authorized readiness to first completed visit                                                                                                      | Weekly           |
| Reliability         | Visit completion rate          | Authorized scheduled visits completed; cancellations analyzed separately                                                                                     | Weekly           |
| Reliability         | Documentation timeliness       | Completed visit notes within approved policy window                                                                                                          | Weekly           |
| Clinical quality    | Care-plan adherence            | Visits and interventions aligned with current orders and authorized plan                                                                                     | Monthly          |
| Clinical quality    | Medication discrepancy closure | Identified discrepancies routed, resolved and documented within policy                                                                                       | Monthly          |
| Safety              | Incident review closure        | Reportable events with documented review, action and closure                                                                                                 | Monthly          |
| Continuity          | Physician report completion    | Required progress updates delivered through approved channels                                                                                                | Monthly          |
| Experience          | Patient / family feedback      | Consented survey themes, complaints and service-recovery closure                                                                                             | Monthly          |
| Workforce           | Credential currency            | Assigned clinicians with current verified requirements                                                                                                       | Continuous       |
| Growth quality      | Referral-source diversity      | Distribution of accepted referrals by source; flags concentration risk                                                                                       | Monthly          |
| Transition tracking | Readmission-avoidance tracking | Document care transitions, escalations and subsequent hospital events where lawfully known; do not attribute avoided readmissions without an approved method | Quarterly review |

**Clinical interpretation matters.** A lower hospitalization count is not automatically proof that the agency prevented readmissions. Case mix, eligibility, follow-up period and data completeness must be defined before comparative claims.

**Investor reporting principle.** Separate leading indicators (readiness, staffing, referrals) from lagging indicators (revenue, retention, outcomes). Label every forecast, target and actual result distinctly.

PART 2 • MARKETING MODEL

# Clinical excellence at home organizes the brand

Brand position: skilled, coordinated and compassionate clinical care — delivered where recovery and daily life happen.

## Brand promise

Global Care PH Home Health Agency proposes a reliable bridge between facility-based care and life at home. The voice should be clinically credible, calm and understandable — never fear-based, absolute or promotional beyond the evidence.

### Website hero candidate

**Headline:** Skilled care. Clear coordination. Right at home.

**Supporting copy:** Physician-ordered nursing, therapy, chronic-condition monitoring and health education delivered by licensed professionals under a coordinated plan of care.

**Primary action:** Ask about the referral process.

## Messaging pillars

|                                                                                                                                      |                                                                                                                                                                         |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 • Clinical excellence</b><br>Lead with licensed professionals, authorized plans of care, defined scope and documented progress. | <b>2 • Continuity at home</b><br>Show how ordered care, education and communication continue beyond discharge.                                                          | <b>3 • Family understanding</b><br>Explain the care plan, visit schedule, warning signs and communication routes in plain language.  |
| <b>4 • Professional coordination</b><br>Give physicians and discharge teams a clear referral, escalation and reporting pathway.      | <b>5 • Filipino excellence</b><br>Express respectful, culturally attuned care within professional standards — without implying certification or government endorsement. | <b>6 • Honest readiness</b><br>State what is proposed, licensed, contracted or available only when documentation supports the claim. |

## Audience-specific message

| Audience       | Core question                                   | Message direction                                                                |
|----------------|-------------------------------------------------|----------------------------------------------------------------------------------|
| Families       | Can care continue safely at home?               | Explain eligibility, licensed roles, care planning and communication.            |
| Physicians     | Will orders be followed and progress reported?  | Emphasize scope, documentation, escalation and closed-loop updates.              |
| Hospital teams | Can the handoff be coordinated?                 | Clarify referral completeness, readiness checks and start-of-care communication. |
| HMOs           | Can the provider meet contracting requirements? | Use a diligence-led message; reimbursement and participation remain TBD.         |

## ACQUISITION SYSTEM

# Education and professional trust power the referral engine

## Priority channels

- **Referral development:** structured outreach to hospitals, physicians, clinics and rehabilitation partners.
- **Professional education:** referral guides, eligibility explainers, service-scope briefings and case-conference formats.
- **Website:** service pages, referral process, family FAQs and secure inquiry pathways.
- **Local search:** accurate service-area, hours and contact information only after launch approvals.
- **Community education:** condition-management and discharge-preparation sessions with clear non-diagnostic boundaries.
- **Email / professional updates:** concise service and process communication with permission-based lists.
- **Social content:** educational, privacy-safe content; never reveal patient information without valid authorization.

## Referral partner promise

Make it easy to understand:

- who may be appropriate;
- what documents are needed;
- which services are in scope;
- how quickly the branch responds;
- how progress and concerns are communicated.

No referral incentive, exclusivity or payer claim should be communicated without counsel and compliance approval.

## Referral partner engine

| Map                                                                          | Educate                                                   | Respond                                                 | Close loop                                                        | Review                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| Hospitals, physicians, clinics, rehabilitation and barangay health networks. | Share approved eligibility, scope and referral materials. | Acknowledge referrals and identify missing information. | Communicate start status, progress and escalations appropriately. | Discuss service reliability, gaps and educational needs. |

## Content and community strategy

| Content pillar           | Example topics                                        | Safe action                                             |
|--------------------------|-------------------------------------------------------|---------------------------------------------------------|
| Care transitions         | Questions to ask before discharge; preparing the home | Download a general checklist; speak with the care team  |
| Chronic conditions       | Blood-pressure logs; diabetes routines; warning signs | Use physician-approved guidance; do not diagnose online |
| Medication understanding | Maintaining an updated list; when to report concerns  | Contact the prescribing professional for changes        |
| Rehabilitation at home   | What PT, OT and speech therapy each address           | Ask whether a referral or order is appropriate          |
| Family readiness         | Visit preparation; communication and consent          | Choose authorized family contacts                       |

90-DAY LAUNCH

12

# Build readiness first, then visibility

**DAYS 1-30 · FOUNDATION**

**Approve before promoting**

- Confirm legal, licensing and clinical pathway.
- Define service area and launch scope.
- Appoint accountable clinical and operating leads.
- Approve claims, privacy and referral materials.
- Build referral target map and website draft.

**DAYS 31-60 · RELATIONSHIPS**

**Educate and test the pathway**

- Brief priority physicians, hospitals and clinics.
- Test inquiry and referral response workflow.
- Publish approved health-education content.
- Train staff on scripts, consent and escalation.
- Log partner questions and improve materials.

**DAYS 61-90 · CONTROLLED ACTIVATION**

**Scale only what is ready**

- Activate approved channels and service pages.
- Review referral quality, capacity and response.
- Run a partner feedback cycle.
- Correct workflow or message gaps.
- Approve the next controlled growth step.

## Marketing dashboard

| Measure                      | What it answers                                         | Control                                                                  |
|------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|
| Qualified referral inquiries | Are channels reaching potentially appropriate patients? | Define “qualified”; do not equate inquiries with admissions.             |
| Referral completeness        | Do sources understand required information?             | Track missing orders, consent or clinical details.                       |
| Referral response time       | Is the agency dependable at the first handoff?          | Measure from complete referral receipt.                                  |
| Source mix                   | Is growth diversified?                                  | Monitor concentration and conflicts.                                     |
| Partner engagement           | Which briefings or materials are useful?                | Track attendance, requested follow-up and feedback.                      |
| Website conversion           | Do visitors reach the correct inquiry or referral path? | Use privacy-safe analytics and avoid collecting unnecessary health data. |
| Content utility              | Which education topics create meaningful action?        | Prioritize saves, downloads and qualified questions over vanity reach.   |

## Regulatory review anchors

Republic Act No. 11223 (Universal Health Care Act): [Official Gazette](#)

Republic Act No. 10173 and National Privacy Commission guidance apply to personal-data processing; health information is sensitive personal information. [National Privacy Commission](#)

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