

GLOBAL CARE PH · CORPORATE EDITION

Hospice Agency

Business Model & Marketing Model

A proposed Philippine franchise model for compassionate end-of-life comfort care - designed around dignity, clinical coordination and family support.

North American Standards, Filipino Excellence

COMPASSION. DIGNITY. PEACE OF MIND.

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Purpose of this document

Website-content foundation

Investor-presentation source

Franchise design brief

EXECUTIVE BRIEF

A care model built around the patient - and the people who love them

The proposition

Global Care PH Hospice Agency is a proposed, home-centered service that coordinates comfort-focused care for people facing terminal or serious life-limiting illness. Its promise is simple: protect dignity, relieve suffering within the authorized scope of care, and help families feel supported rather than abandoned.

Mission

To bring compassionate, coordinated comfort care into the home while honoring each patient's values, culture, faith and informed choices.

Value proposition

- One accountable interdisciplinary plan
- Coordination with the patient's physician
- Support for both patient and family
- Continuity from intake through bereavement
- Standardized quality and documentation systems

Who it serves

- Families facing terminal or serious life-limiting illness
- Physicians seeking a coordinated comfort-care partner
- Hospitals planning safe transitions home
- Faith communities supporting members in crisis

Investment thesis - without promises

The opportunity rests on mission, service reliability and referral trust. No location, admission volume, census, revenue, earnings, return on investment or reimbursement is represented or guaranteed.

U.S. blueprint - status matters

Twenty Four Seven Hospice Care LLC in Las Vegas, through an affiliation pathway with CMS Hospice, is preparing for launch and awaiting its final survey as of October 2026. It is not operating and has no results, admissions or census presented here. Any transferable practices remain subject to agreements, Philippine law and local clinical review.

PART 1 · BUSINESS MODEL

The opportunity is a coordinated-care gap, not a volume promise

Why this model belongs in the continuum

Republic Act No. 11215 defines hospice as end-of-life care combining medical, psychological and spiritual support, and places end-of-life care within the cancer-care continuum.^[1] A WHO Philippines policy-scoping document also notes that the law calls for palliative, pain-management and hospice benefits across cancer stages.^[2]

That policy context supports relevance; it does not confer a license, accreditation, reimbursement contract or government partnership.

Demand hypothesis to validate locally

- Families prefer coordinated support closer to home.
- Hospital discharge teams need dependable transitions.
- Physicians need responsive, documented follow-through.
- Faith communities need a professional care partner.

Positioning: not “giving up,” not a substitute for the physician, and never a fear-based sale. It is coordinated comfort and family support, delivered within authorized scope.

Priority segments

Segment	Need to solve
Families	Clarity, comfort, respite and one point of contact
Physicians	Timely updates and care-plan coordination
Hospitals	Safe referral, discharge and escalation pathways
Faith groups	Culturally respectful support with clinical boundaries

Market-entry discipline

1. Confirm legal service classification.
2. Map all national and local approvals.
3. Validate referral demand by territory.
4. Test workforce availability and response times.
5. Open only after written readiness sign-off.

SERVICE ARCHITECTURE

The service promise follows the whole family

01

Pain & symptom management

Assessment, monitoring and comfort interventions under the care plan, with physician coordination and scope-specific escalation.

02

Skilled nursing support

Licensed nursing visits, education, observation, documentation and coordination within approved clinical protocols.

03

Emotional & spiritual support

Respectful support aligned with the patient's beliefs and choices; no coercion and no assumption of faith.

04

Family counseling & respite

Caregiver education, practical guidance and scheduled relief, subject to plan and staffing.

05

Bereavement support

Structured follow-up, remembrance resources and referral onward when needs exceed program scope.

06

Volunteer companion program

Screened, trained and supervised non-clinical companionship with clear boundaries and escalation rules.

What the agency coordinates

Communication with the patient's physician; interdisciplinary care planning; authorized medication and treatment coordination; equipment and supply coordination through qualified providers; after-hours triage design; and documented transitions.

What marketing must never imply

A cure, guaranteed pain relief, guaranteed eligibility, emergency-response capability unless separately authorized, independent prescribing by unqualified staff, automatic PhilHealth payment, or availability before licensing and staffing gates are complete.

OPERATING MODEL

One accountable journey coordinates every handoff



Core operating rhythms

- Daily referral and risk review
- Scheduled interdisciplinary case conference
- Medication, equipment and supply reconciliation
- After-hours escalation protocol
- Incident, complaint and safeguarding review

Family experience standards

- One named point of contact
- Plain-language care plan
- Culturally respectful communication
- Documented consent and preferences
- Clear “when to call” guidance

Responsive
referral acknowledgment

Reliable
handoffs

Respectful
communication

Recorded
follow-through

PEOPLE & GOVERNANCE

Interdisciplinary staffing turns compassion into reliable delivery



Staffing pathway

Healthcare workers are proposed to be staffed through Global Care PH. The planned International Healthcare Institute and Technology (IHI&T) may support future workforce development, but no training approval, accreditation or operating status is claimed. All clinical roles require locally valid credentials, supervision and scope verification.

Volunteer program controls

- Role description and exclusion list
- Screening, references and safeguarding
- Core communication and grief training
- Named supervisor and visit log
- Immediate escalation of clinical concerns

Governance committees

- Clinical quality and safety
- Ethics, consent and safeguarding
- Privacy and information security
- Complaints and family experience
- Credentialing and competency

Decision rights

Clinical decisions remain with appropriately licensed professionals. Franchise ownership does not create clinical authority. The franchisor's brand system does not replace regulator, physician or professional-board requirements.

COMMERCIAL ARCHITECTURE

Revenue follows care pathways; every financial input remains TBD

No fee, cost, margin, census, reimbursement or return assumption has been approved. Every financial input below is **TBD** and requires Philippine legal, tax, actuarial and market validation.

Proposed revenue streams

Stream	Commercial basis
Private-pay care	Authorized episode, package or visit structure - TBD
Institutional contracts	Hospital or network service agreement - TBD
Eligible payer benefits	Only after written coverage, accreditation and claims validation - TBD
Family support add-ons	Only lawful, transparent, optional services - TBD
Education programs	Non-clinical community or caregiver education - TBD

Cost structure

Category	Status
Clinical and support payroll	TBD
On-call coverage and travel	TBD
Medicines, equipment, supplies	TBD
Technology, privacy, records	TBD
Insurance, legal, compliance	TBD
Training and quality assurance	TBD
Facilities and administration	TBD

Unit-economics framework - formulas, not forecasts

Net revenue per care episode	TBD
Direct clinical labor per episode	TBD
Supplies, travel and contracted services	TBD
Contribution before overhead	TBD

Model sensitivity by payer mix, visit intensity, travel time, staffing utilization, length of service and bad-debt policy only after locally sourced inputs exist.

FRANCHISE & SCALE

The franchise system scales only after readiness gates

Ideal franchisee

- Mission-driven operator with respect for end-of-life care
- Willing to fund a compliant, professionally led organization
- Comfortable with clinical governance and documentation
- Trusted in the local community
- Patient enough to build referral credibility before growth
- Prepared for external legal, tax and clinical advice

Proposed franchisor support

- Brand and ethical messaging framework
- Operating-policy templates for local review
- Intake, care-coordination and quality workflows
- Workforce planning and training architecture
- Marketing education and referral tools
- Performance-review dashboard design

Readiness gates

Legal: entity, franchise and disclosure structure approved

Regulatory: written confirmation of licenses, permits and scope

Clinical: leadership, protocols, physician coordination and escalation approved

Workforce: credentialed team and coverage model ready

Data: privacy, consent, records and breach response tested

Market: territory demand and referral interviews complete

Launch: final operational simulation and sign-off

Scale path



Growth rule

No second territory before the first has stable clinical leadership, complete records, closed-loop referrals, satisfactory family feedback and no unresolved high-risk compliance finding.

PART 2 · MARKETING MODEL

Trust is the marketing strategy

Brand position

For families facing a life-limiting illness, Global Care PH Hospice Agency is the compassionate coordination partner that helps make comfort, dignity and family support practical at home - through an interdisciplinary plan, physician collaboration and culturally respectful care.

Messaging pillars

Dignity

The patient's values, voice and choices lead.

Comfort

Care focuses on relief, presence and quality of daily life.

Family

You don't walk this alone. Guidance and support extend to caregivers.

Coordination

The care team communicates, documents and follows through.

Tone rules

Use: calm, clear, human, culturally respectful language

Use: "comfort-focused," "family support," "talk with your physician"

Avoid: countdowns, shock imagery, guilt or fear

Avoid: "nothing more can be done"

Avoid: guaranteed relief, eligibility or coverage

Proof before promotion

Publish only verified credentials, approved territories, active contact channels and counsel-reviewed service claims. Testimonials require documented permission and must never disclose health information casually.

NORTH AMERICAN STANDARDS, FILIPINO EXCELLENCE

AUDIENCES & CHANNELS

Referral relationships grow through usefulness and responsiveness

Audience	What they need	Best channel	Useful offer
Families	Plain-language choices and support	Website, community sessions, caregiver guides	"What comfort care can provide" guide
Physicians	Eligibility clarity and closed-loop updates	One-to-one liaison, clinical briefing	Referral criteria and response pathway
Hospitals	Dependable discharge coordination	Case-management meetings	Transition checklist and escalation map
Clergy / faith leaders	Respectful support and clinical boundaries	Faith-community education	Pastoral referral guide
Community organizations	Credible education, not sales pressure	Workshops and partner events	Advance-care conversation toolkit

Referral partner engine

1. Map oncologists, cardiologists, neurologists, nephrologists, hospitals, parishes and community groups.
2. Verify contact permission and appropriate decision-makers.
3. Lead with education and a specific service pathway.
4. Respond through a defined intake channel.
5. Close the loop after every authorized referral.
6. Review service gaps with partners - never pay for clinical referrals unless counsel confirms a lawful structure.

Partner promise

- Clear referral requirements
- Prompt acknowledgment target - locally approved
- Named liaison
- Consented status updates
- Documented escalation
- Quarterly education and service review

Channel priority

Lead: physician liaison, hospital relationships, faith-community education.

Support: search-friendly website, local talks, caregiver resources.

Use carefully: paid media, retargeting and grief-related audience targeting.

90-DAY LAUNCH

The first 90 days build permission before promotion

DAYS 1-30

Foundation

- Complete counsel and regulator review
- Approve clinical scope and claims library
- Set privacy, consent and referral workflows
- Credential leaders and map coverage
- Interview referral stakeholders
- Prepare website and education materials

Exit gate: no public patient acquisition until permissions and readiness are documented.

DAYS 31-60

Relationships

- Brief physicians and hospital teams
- Train liaisons and intake staff
- Run referral and escalation simulations
- Begin faith-community education
- Publish approved educational content
- Test response-time reporting

Exit gate: partner pathway and staffing response perform as designed.

DAYS 61-90

Measured activation

- Activate only approved channels
- Hold community education sessions
- Track inquiries to qualified referrals
- Audit every public claim
- Review family feedback and incidents
- Adjust capacity before widening reach

Exit gate: quality and capacity evidence support continued activation.

Launch asset set

Website service page

Referral criteria sheet

Physician liaison deck

Family conversation guide

Faith-leader briefing

Consent-first inquiry form

Bereavement resource list

Claims approval register

CONTENT & MEASUREMENT

Content makes difficult conversations easier

Content themes

- **Advance-care planning:** how to start values-based conversations
- **Comfort care:** what families can expect and what it is not
- **Caregiver support:** practical preparation and respite
- **Physician partnership:** why coordination matters
- **Grief literacy:** compassionate, non-prescriptive resources
- **Remembrance:** inclusive events that never become sales activations

Editorial safeguards

Clinical review for health claims; privacy review for stories; written consent for identifiable content; no patient targeting based on sensitive health data; no unapproved coverage, license or partnership claims.

Marketing KPI dashboard

Signal	Definition
Qualified referral rate	Qualified referrals / consented inquiries
Referral acknowledgment	Time from referral receipt to first response
Partner activation	Partners making an authorized referral
Education usefulness	Attendee-rated clarity and next-step confidence
Content engagement	Guide completion, saves or direct inquiries
Claim compliance	Approved public items / audited items

Quality-of-care dashboard

Family experience	Respect, clarity, responsiveness
Comfort indicators	Protocol-defined, clinician reviewed
Care-plan reliability	Visits and updates completed as authorized
Safety	Incidents, complaints, safeguarding and closure

Measurement rule: set targets only after baseline data, capacity and regulator-approved definitions exist. Never turn grief, length of life or clinical complexity into simplistic marketing performance.

INVESTOR + WEBSITE SOURCE

Proof, quality and repeatability come before growth

Investor presentation source

1. **Problem:** families need coordinated comfort and support at home.
2. **Solution:** one interdisciplinary pathway from referral through bereavement.
3. **Moat:** trust, referral responsiveness, workforce systems and quality governance.
4. **Model:** proposed diversified care and institutional revenue streams; all economics TBD.
5. **Scale:** readiness-gated territories, not growth by claim.
6. **Proof plan:** permissions, workforce, partner adoption, family experience and quality signals.
7. **Ask:** investment terms and use of funds TBD after Philippine counsel and financial validation.

Risks to surface, not hide

Licensing classification; professional scope; workforce availability; medicines and equipment coordination; data privacy; referral dependence; payment collection; grief-sensitive marketing; brand control; and variation across local jurisdictions.

Website-ready core copy

Compassionate comfort care. Support for the whole family.

Global Care PH Hospice Agency is a proposed home-centered service designed to coordinate comfort-focused care for people facing terminal or serious life-limiting illness. Our model brings licensed professionals, family support and physician coordination around one respectful care plan.

You don't walk this alone. From compassionate intake through ongoing comfort visits and bereavement follow-up, the goal is to protect dignity, honor informed choices and make every handoff clearer.

For future service and referral information

corporate@globalcareph.com

Availability, eligibility, locations, fees and launch dates are not yet announced.

Sources & publication gate

[1] Republic Act No. 11215, Senate Legislative Reference Bureau: <https://ldr.senate.gov.ph/legislative%2Bissuances/Republic%20Act%20No.%2011215>

[2] WHO Philippines, evidence review and policy scoping for expansion of PhilHealth cancer benefits: [WHO source document](#)

[3] National Privacy Commission, Advisory Opinion 2017-025: health information is sensitive personal information: [NPC advisory opinion](#)

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