

How To Build Your Own Clinical Student Workforce For Care Gap Closure

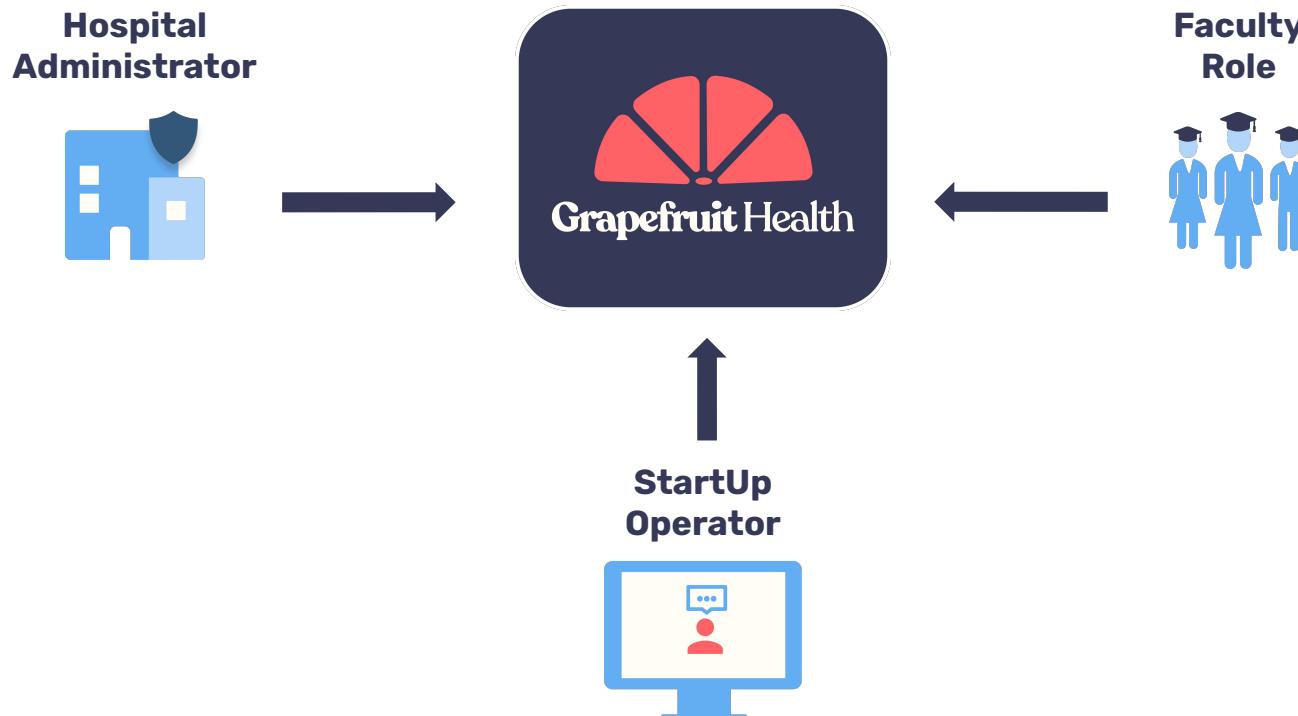
In partnership with VBCExhibithall.com

Agenda

- *How I Got Here*
- *Current State*
- *The Model*
- *How You Can Build This*
- *The Results*
- *Q&A*

Part 1: *How I Got Here*

Unique Perspective



Part 2: *Current State*

Over 1 million students!

- **270k in entry level BSN**
- **120k in SW**
- **50k in PharmD**
- **+ all levels of nursing, pre-med, med, dieticians, PA, PT/OT, and more!**

**50-70% of students are seeking
experience/part-time work**

**75-95% of Clinical programs report
major concerns over enough experience
opportunities**

Short by 3.2M healthcare workers

**School capacity, retention issues, rural
health, retirement, immigration**

Massive Mismatch

Healthcare Organizations



Workforce Is Short By **3.2M** People

- Not enough clinicians produced
- Competing with other industries who pay better for less hours
- Low retention

-NEED PEOPLE-



No infrastructure today for this to work



Clinical Students



Seeking Experience But Can't Get It

- They do not have their own cars/transportation
- Inconsistent schedules
- Can only work fractionally, usually less than 12 hours per week

-NEED EXPERIENCE-

Part 3: *The Model*

Closing Care Gaps Is Impossible

Healthcare Systems and Payors only close **20% of care gaps per year**

- This is costing the US healthcare ecosystem **\$200-\$400 billion per year**
- **100,000 preventable Americans deaths each year from lack of care gap closure**
- Why is this happening:
 - Massive healthcare workforce shortage of **3.2M workers**
 - The cost to close gaps is too high for current economic models
 - The processes and approaches are not intuitive and many do not know how

An Innovative Workforce Is The Solution



Over **1M** US clinical students—*from nursing, social work, pharmacy, and more*—form a scalable, remote workforce that closes care gaps at **half** the cost, **twice** the speed, and **with industry-leading** quality.

The Infrastructure That Enables The Work



The only solution for clinical students to work remotely for healthcare organizations – safely and on their schedule through Grapefruit Health

We are B2B tech-enabled healthcare services

We are *NOT* staffing, a marketplace, or outsourcing

Tasks

Hundreds of failed experiments to land on the final design of high-value work that must be

- 100% remote
- Does not require a clinical license
- High-volume with margin
- Repeatable
- High ROI for client AND student

Systems

Built and integrated everything needed to make this company work

- 100% proprietary web-based application where all the work takes place
- Security and compliance vendor integration
- HR vendor integration
- Proprietary QA system on patient interactions
- Data analytics

Processes

Perfected and automated the steps needed to be successful in delivery and scale

- Automated student recruitment - 12k+
- applicants
- Automated student onboarding
- Self-guided and live training mix
- Semi-automated student management

Our Student Workforce

1

Apply

We see 100 applicants per opening, 1% acceptance rate!

2

Evaluate

Must be enrolled into a clinical program, high GPA, strong communication skills, and must have some patient experience

3

Onboard

Background checks, reference checks, access to systems, orientation

4

Training

10 to 40 hours of training, both packaged as well as custom created in tandem with client

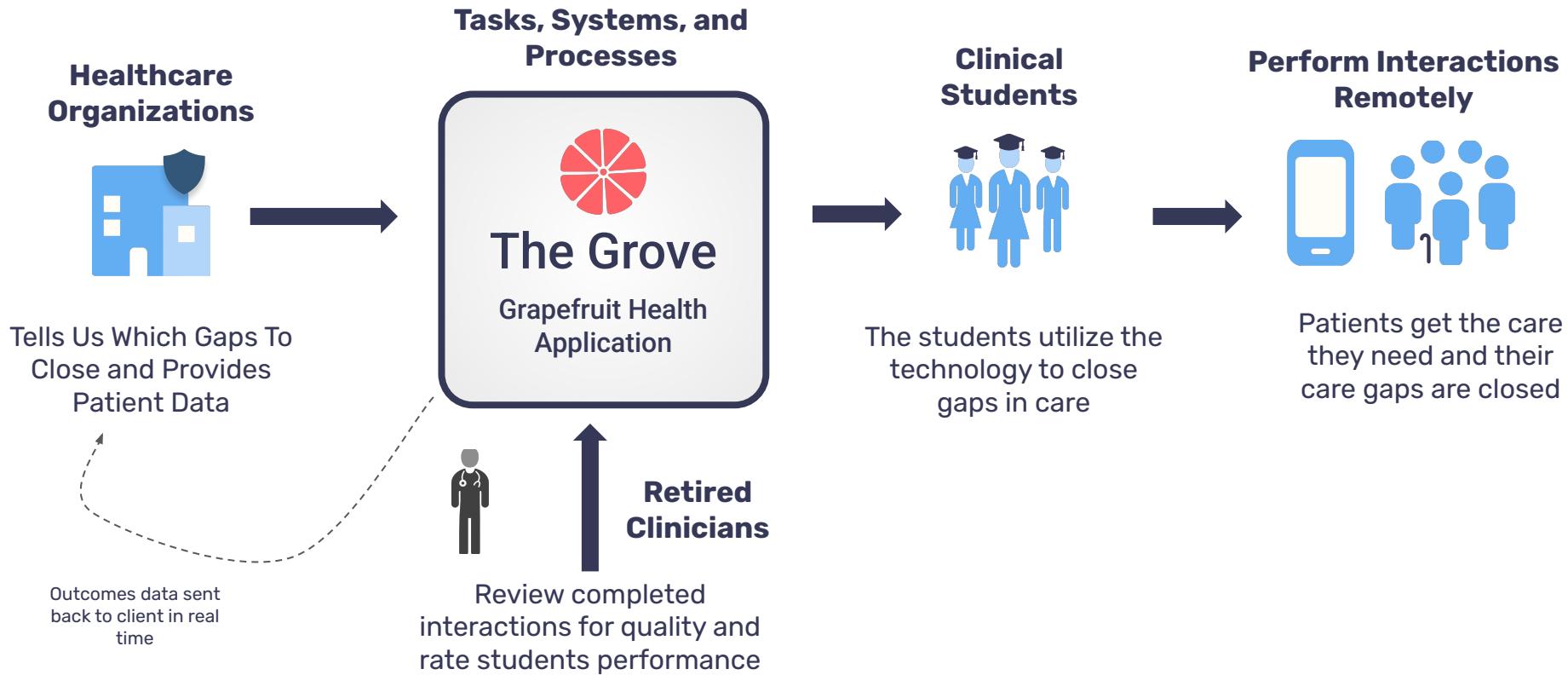
5

Quality

We match retired clinicians to students as mentors and who regularly assess their recorded interactions



How Does It Work



How We Can Help

We can deploy our solution to close any care gap that is high in volume and repeatable

**Post-Discharge
Follow Up**

**Medication
Adherence**

**Annual Visit
Scheduling**

**Surveys and
Assessments**

Why This Model Works So Well

1. Perfect Workforce Supply/Demand Match

- We bridge the gap between your team's capacity and variable increases in task volume
- Perfect for seasonal and adhoc needs



2. Innovative Pricing Structure

- Hyper flexible to your needs
- Only pay for what you use
- Success-based

3. Novel Talent Pipeline

- Create strong relationships with our students
- Students learn how your organization works
- Opportunity to recruit the students

4. No Integration Needed

- We use all of our own technology
- Take in data via simple file transfers
- Escalate via warm transfer or EMR secure messaging

Pricing Example

Scenario

Medication Adherence Program Example

Value

Healthcare Worker = \$4.11/attempt
(2-3x this if RN or higher)

This model = \$2/attempt
(does not include management time, recruiting,
onboarding, retention, and other which are
significant)

Value

Healthcare Worker = 52 weeks
This model = 12 weeks

85% Faster*

41-60% Lower Cost

Clients

*Detailed summary in data room

Optum



RUSH UNIVERSITY
MEDICAL CENTER



Part 4:

*How You Can Launch This
At Your Organization*

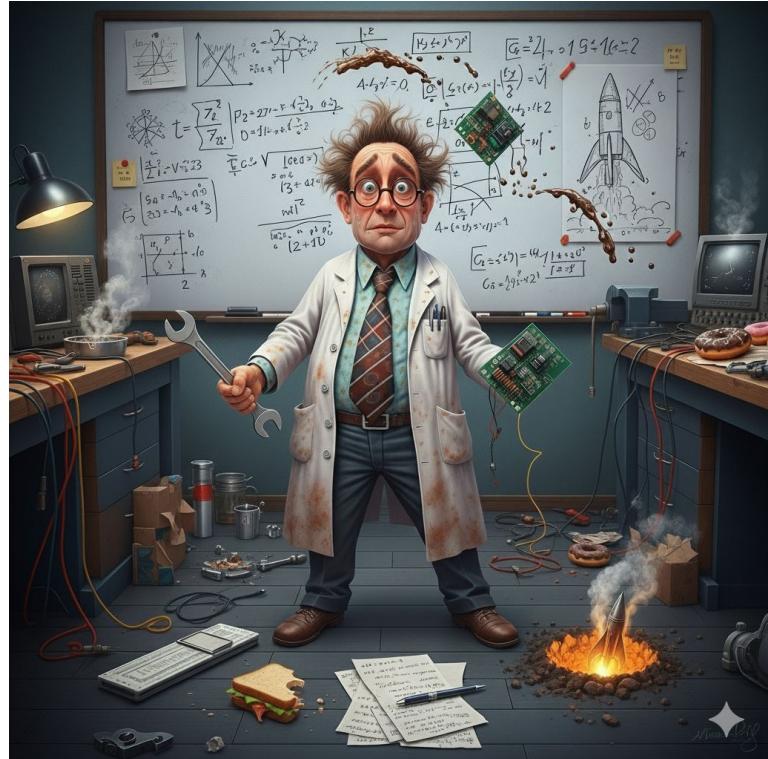
But First ...

*How Are You Leveraging
Clinical Students Today?*

(poll)

Step By Step

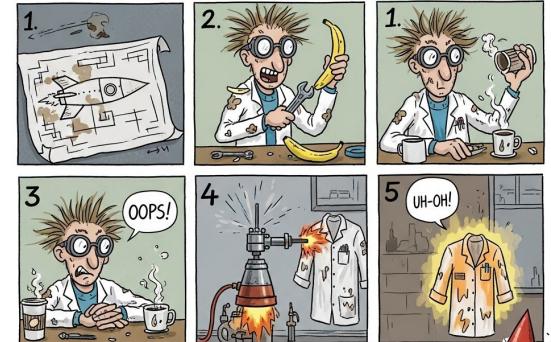
It's not rocket science!



Step By Step

Process Overview

- **Determine task(s)**
- **Explore with HR**
- **Explore with IT**
- **Program management**
- **Recruit, onboard, train, manage**



Here is how I would do it:

- In person or remote? Hint: REMOTE!**
- Meet with dozens of internal leaders**
- Listen to where they are short**
- Is that a fit for this model?**
- Detailed workflows, scripts, escalation**

Here is how I would do it:

- **Meet with HR leadership**
- **Remote vs in person challenges**
- **Compensation structure? Free?**
- **Leverage existing paperwork**
- **Unique risk?**

Here is how I would do it:

- Meet with IT leadership**
- What systems will they use?**
- What access can they get?**
- Should they document in record?**
- Personal or system machine?**

Here is how I would do it:

- **Determine who will run this (cost)**
 - **Can you leverage existing people?**
 - **Fractional from each area?**

Here is how I would do it:

- **Develop a scalable way to**
 - **Recruit, Onboard, Train, Manage**
 - **Quality process is critical!!!**
 - **Feedback system**
 - **Change management**

Part 5: *The Results*

Grapefruit Health - Client Impact

We are improving the quality quality outcomes of all our clients!



How has Grapefruit Health helped your organization?

"Grapefruit Health is helping us bridge the gap between hospital care and amplify post hospital follow-up, ensuring every patient experiences seamless continuity of care. This collaboration has been a game-changer, significantly improving outcomes for both our patients and our team."

- Haneef Merran, Director of Healthcare Business Development & Operations, NEIS

13%

Reduction in readmissions

33%

Decrease in costs to perform this work



"Closing Care Gaps and Lowering Readmissions: The Grapefruit Health Advantage at New England Inpatient Specialists"

NEWS PROVIDED BY



Our Student Workforce Breakdown

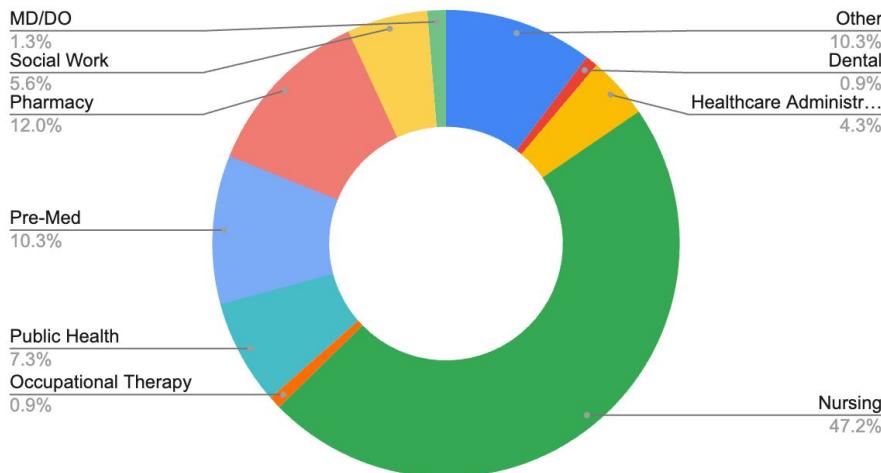
Applicants

30,387
We've received apps
from 1,100 schools

Acceptance

1.3%
We see an average of 75
applicants per opening

Hired Students' Degree Program



***All data as of 7/29/25**

Grapefruit Health - Student Impact

We are improving the quality of the future clinical workforce in a **BIG** way



How has Grapefruit Health helped you become a better clinician for the future?

Grapefruit Health has played a crucial role in shaping my growth as a future clinician by providing me with hands-on experience in patient care and healthcare team interactions. It has helped me refine my communication skills, boost my confidence in engaging with patients, and deepen my understanding of how to work effectively within diverse healthcare systems and alongside other professionals. This experience has helped me become more prepared to embrace the challenges I will face as a future healthcare professional. - Nabeel Kahwas, PharmD Student

91%

Would recommend GFH
to other students

73%

Increase in patient
communication
confidence

67%

Increase in skill and
confidence for the task
they are performing

89%

Would continue working
at GFH if given the
opportunity

Questions?

Visit our VBCExhibitHall.com Virtual Booth

VBCExhibitHall
.com



GRAPEFRUIT HEALTH

REQUEST INFO

At Grapefruit Health, we are addressing the massive staffing shortage in healthcare by creating the first and only workforce composed entirely of clinical students.

RESOURCES

Eric Alvarez
Founder and CEO
eric@grapefruit.health
grapefruithealth.com

in

Barnburner by Sweater | Full Show | April ...
BARNBURNER by sweater

Healthcare systems and payors close only 20% of care gaps each year:

- This costs the healthcare system \$200-540 billion annually
- Leads to 100,000 preventable deaths and 100,000 deaths each year from lack of care gap closure
- Meanwhile, over 40% of clinical workers are in a scalpel, remote workforce — at half the cost and twice the speed

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Thank You!

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Site: www.grapefruit.health



How We Charge

Innovative Pricing



Hyper flexible, only pay for actual value created

Per outreach attempt: \$2.50

Every call attempt regardless of outcome

Per successful interaction: \$5 - \$10

When patient answers and there is a valuable outcome, defined in contracting

Implementation and/or Service Fee: \$2k - \$50k

Covers all effort related to the onboarding of a client + compliance frameworks

Market Size Growing 10% YoY

Total Addressable Market (TAM)

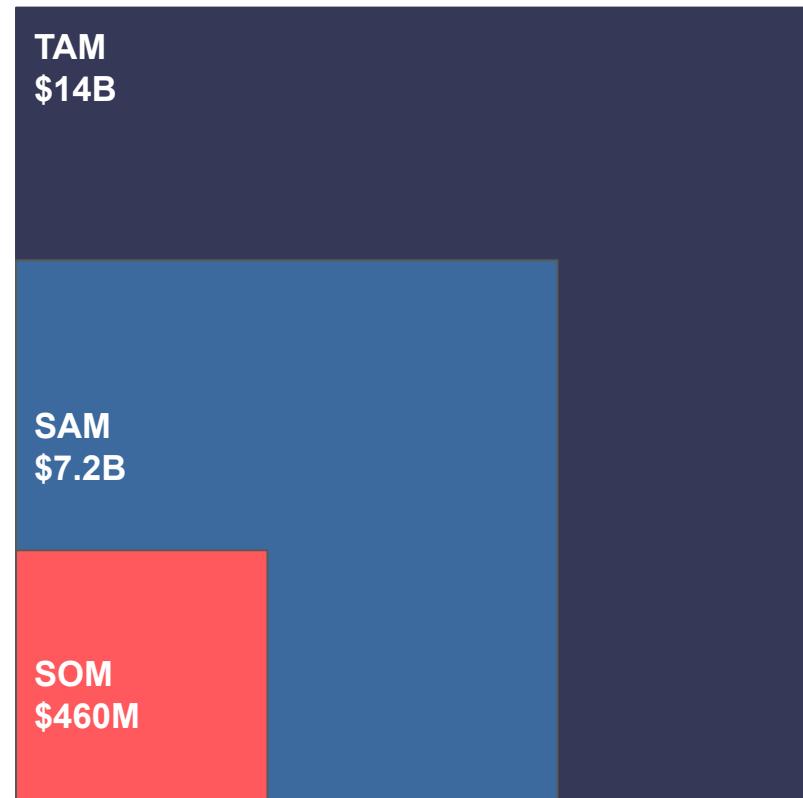
- Our annual TAM represents three market segments
 - Patient interactions (300M patients annually) + Implementations
 - Student Platform
 - Recruitment (200K graduates annually)
 - Student loans (150K graduates with debt annually)

Serviceable Accessible Market (SAM)

- We believe that 50% of healthcare organizations are ready to engage and begin a sales cycle. We're already live with 10 enterprise clients, which will help us get in the door with most cautious healthcare organizations.
- We believe that 50% of students are willing to engage with us. Engaging with students during school will increase our chances of working with them after graduation

Serviceable Obtainable Market (SOM)

- For healthcare organizations, we believe we can capture 5% of the market. Our differentiator is offering a ultra fast to implement solution with a human in the loop for trust
- For students, we believe we can capture 5% of the market due to the relationships we build while they are in school



Road Map and Projections

Seed round raise here

	March 2022	2023	2024	2025	2026
Achievements/ Goals	<ul style="list-style-type: none"> Get off the ground Build early team Get to revenue Build MVP 	<ul style="list-style-type: none"> Raise pre-seed Win non-dilutive awards Test new configurations Build sales pipeline 	<ul style="list-style-type: none"> Closed long sale cycles with huge logos Expanded team Begin recruitment testing Raise Top Off Round <u>Reached PMF!</u> 	<ul style="list-style-type: none"> 40% more team for critical roles Begin to narrow focus on PMF-type programs Prove ability to “land and expand with retention” Ramp up recruitment revenue and student platform Begin automation 	<ul style="list-style-type: none"> Stability with ever improving revenue and margin Reach PMF Prepare for Series A (if needed) Reach \$10M run rate
Total Revenue	Less than \$10k	\$14k	\$250k	\$3.9	\$9.6
Run Rate (based on MRR at EOY)	\$0	\$0	\$468k	\$7M	\$11.5M
# of Students (total who have worked at GFH)	16	45	250	1,200	3,200

Competitive Landscape

Musical Chairs (ex. IntelyCare)

This is the group that is moving existing, licensed workers around. They include [recruiters](#), [travel clinicians](#), [staffing agencies](#), [remote gig platforms](#).

What to know

- [Erode culture](#)
- [Super expensive](#)
- [Reduce output](#)
- [Not sustainable solution and the market realizes this](#)

Upskilling (ex. Emerge Education)

This is the group that is taking healthcare/non-healthcare workers and training them up. They include [homegrown training](#), [remote training](#), and [school partnerships](#)

What to know

- [Only some of the training can be remote typically](#)
- [Usually for in person licensed work \(not direct competitor\)](#)
- [Competing for same worker type as Uber, InstaCart, gig](#)

Pure Tech (ex. Somn)

This is the group that is automating all healthcare admin tasks. They include [100% AI](#) and [email/text campaigns](#).

What to know

- [Creates follow up work for overwhelmed client](#)
- [Expensive, lengthy set up time](#)
- [Lack trust](#)
- [Zero differentiation - race to the bottom](#)

In Person Gig Work (ex. NaborForce)

This is the group that is visiting people in their homes with a more modern take on Home Health. They include [market matching marketplaces like Care.com](#)

What to know

- [In person risks](#)
- [Need geographical workforces within miles of a pt](#)
- [Expensive](#)

Leadership Team Today

*click photo for LI profile

Growth Team



Eric - Founder
Growth/BD and Operations



Joe
Account Management

Tech Team



Alex
Leads Dev



Mark
Architect
Contractor

Clinical Team



Brandon
Student Services



Ashley



Lyndsey
QA Contractors



Lynn

Transitioning To SaaS

*We will become the fastest-to-launch
and most trusted conversational AI
solution for value based healthcare*



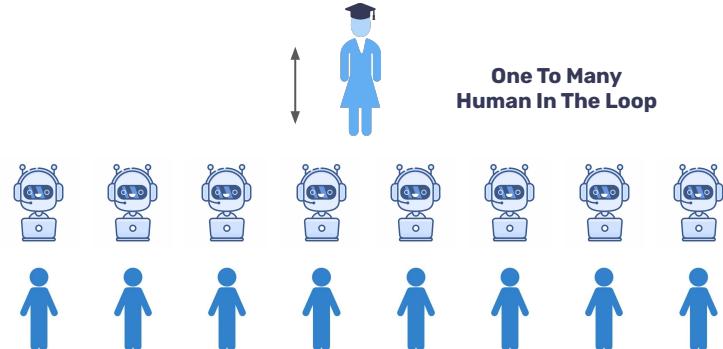
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Clinical students perform interactions through our Grove platform

Gross margins: 65%

Scale: too much fluctuation/inconsistency, need massive workforce of fractional workers

Ratio: One to one



Where We Are Headed

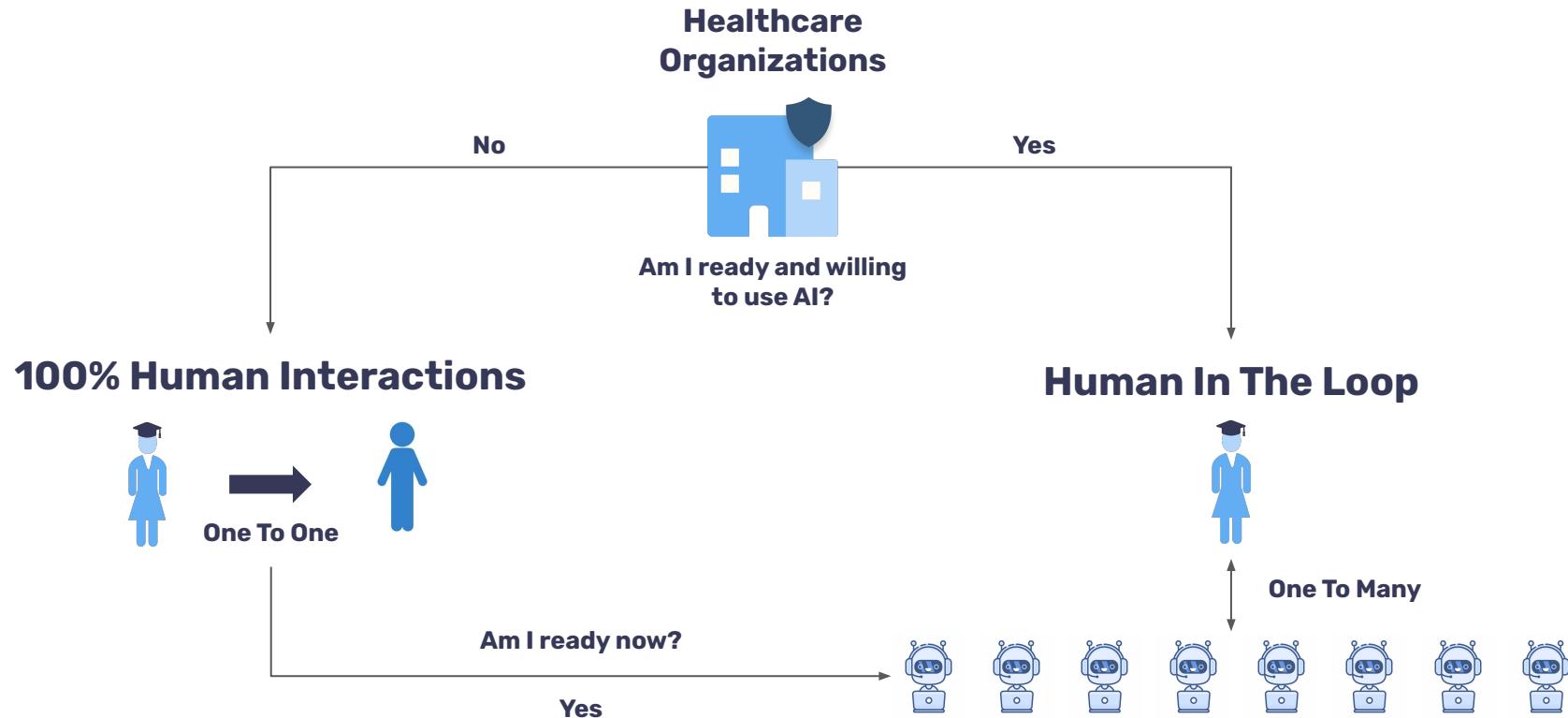
One clinical student will be able to monitor 10+ bots at once.

Gross Margin: 90%

Scale: near instantly - we already have the human side figured out

Ratio: One to ten (10x improvement, maybe more)

Maintain While Shifting



Why Our AI Model Will Be Best

100% Human Interactions



We have thousands of recorded interactions to perform the initial training

Ongoing recorded calls to continue to train and improve



Students can act as patients and evaluate how effective the interactions are

Why We Will Win

The Most Sustainable AI Business Model There Is!

AI Challenges That We Overcome in B2B Enterprise Healthcare

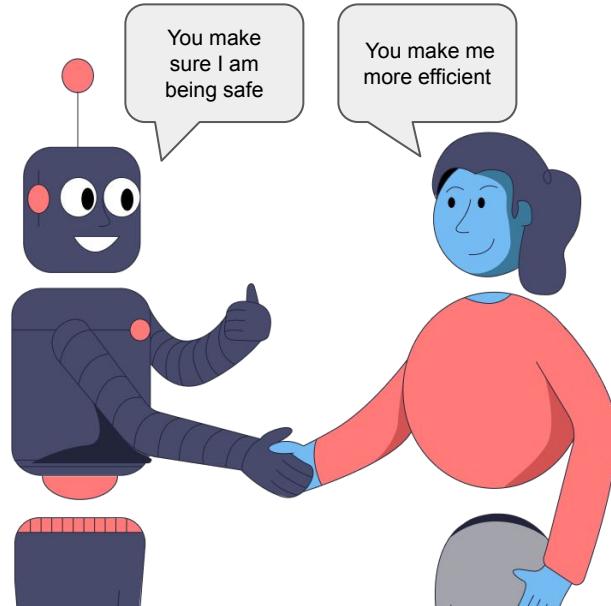
Access to training data → we have thousands of recorded calls and are constantly generating more

Buyer trust → we have the 100% human solution available until clients are ready for AI, and then we still maintain a human in the loop

Regulation → if regulations slow AI adoption, we have a tested model that will maintain or even significantly grow the business

Distribution → we are already contracted with some of the largest healthcare organizations and AI is a natural progression/up-sell/cross-sell

Evaluation → our students can act as patients and our bots can call them to critique efficacy



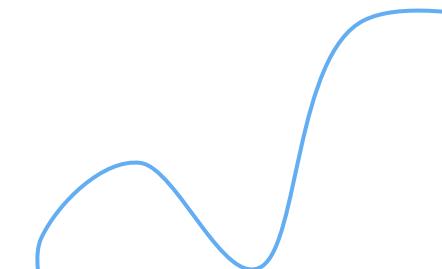
We Plan To Add More Revenue Streams

***We are monetizing the improvement
of every stage in a clinician's career
- from school to retirement!***



Today

Hundreds of clinical students work for healthcare organizations across the country through Grapefruit Health.



Where We Are Headed

Millions of clinical students work for Grapefruit Health, creating the largest alumni base in the history of the World and in record time. We will monetize through:

- Advertisements
- Career services
- Partnerships
- Student loan programs
- Upskilling programs



Healthcare Worker Costs - For Example

Total Cost Calculation

- Salary: \$40,000 (Pharm Tech, Medical Assistant, etc)
- Benefits (health insurance, retirement, etc.): \$8,000 to \$12,000
- Payroll Taxes: \$4,000 to \$6,000
- Training & Certification: \$500 to \$1,000
- Management/Supervision: Estimate 10% of a pharmacist's time (varies widely)
- Overhead/Equipment: \$500 to \$1,500

Total Cost: at least **\$60k per year** (does not include management time, recruiting, onboarding, retention, and other which are significant)

Total Working Hours Calculation

- Standard work hours: 2,080 hours/year
- Minus PTO (vacation, sick days, holidays): 184 hours/year
- Minus Breaks: 130 hours/year

Actual working hours: 1,766 hours/year

Cost Per Attempt Calculation

- Number of Attempts per hour, all outcomes = 10
- Working hours per year X avg hourly attempts = 17,660

Cost per attempt = \$3.40

Pricing Example

Scenario

Medication Adherence Program Example

# of Patients	Total Attempts (3 avg per patient)	# of Successful Interactions (25% of patients)
10,000	30,000	2,500
Cost Per		
	\$2.50	\$5
Total		
	\$75,000	\$12,500

Value

Healthcare Worker = \$3.40/attempt
(2-3x this if RN or higher)

Grapefruit Health = \$2.90/attempt

15-50% Lower Cost

Healthcare Worker = 52 weeks
Grapefruit Health = 12 weeks

85% Faster*

Primary Winner



Healthcare
Organizations

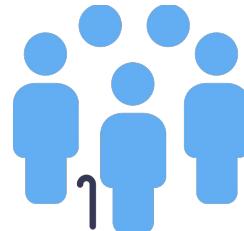
- **Workforce**
 - Reduce administrative burden of managing full-time staff
 - Improve employee satisfaction and retention
 - Increase workforce capacity
 - Fill open clinical positions
 - Meet Fluctuating Work Demand with a Hyper Flexible Supply of Workers
- **Clinical Care Quality and Cost**
 - Instantly accelerate the time to complete patient engagement programs
 - Improve the drivers of Quality Ratings
 - Reduce cost of low-acuity, high volume patient interactions with success-based pricing

Secondary Winners



Clinical Students

- Learn while they earn
- Build up their skills, confidence, and resumes
- Try out a healthcare organization before they decide if they want to work there
- Access to a platform for help when finding a job and other free services



Patients

- Get the care they desperately need
- More opportunity to socialize



Retired Clinicians

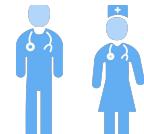
- New found purpose in retirement
- Earn supplemental income
- Get to mentor and transfer generational knowledge that would otherwise be lost

Why Clinical Students?

Clinical Students



Low Cost Clinicians (i.e. MA)



Non-Licensed Workers



Low Cost	Needed Experience	Passion / Interest / Motivation	Available For Hire (1M)	Top of Their "License"
✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
✓ ✓	✓ ✓	✓ ✓	✓	✓
✓ ✓	✓	✓	✓	✓