

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

*In partnership with [VBCExhibithall.com](https://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

**Hospital  
Administrator**



**Faculty  
Role**



**StartUp  
Operator**



# Part 2:

## *Current State*

# Clinical Student Workforce

**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 Grapefruit Health 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

Perfecting and automating 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**

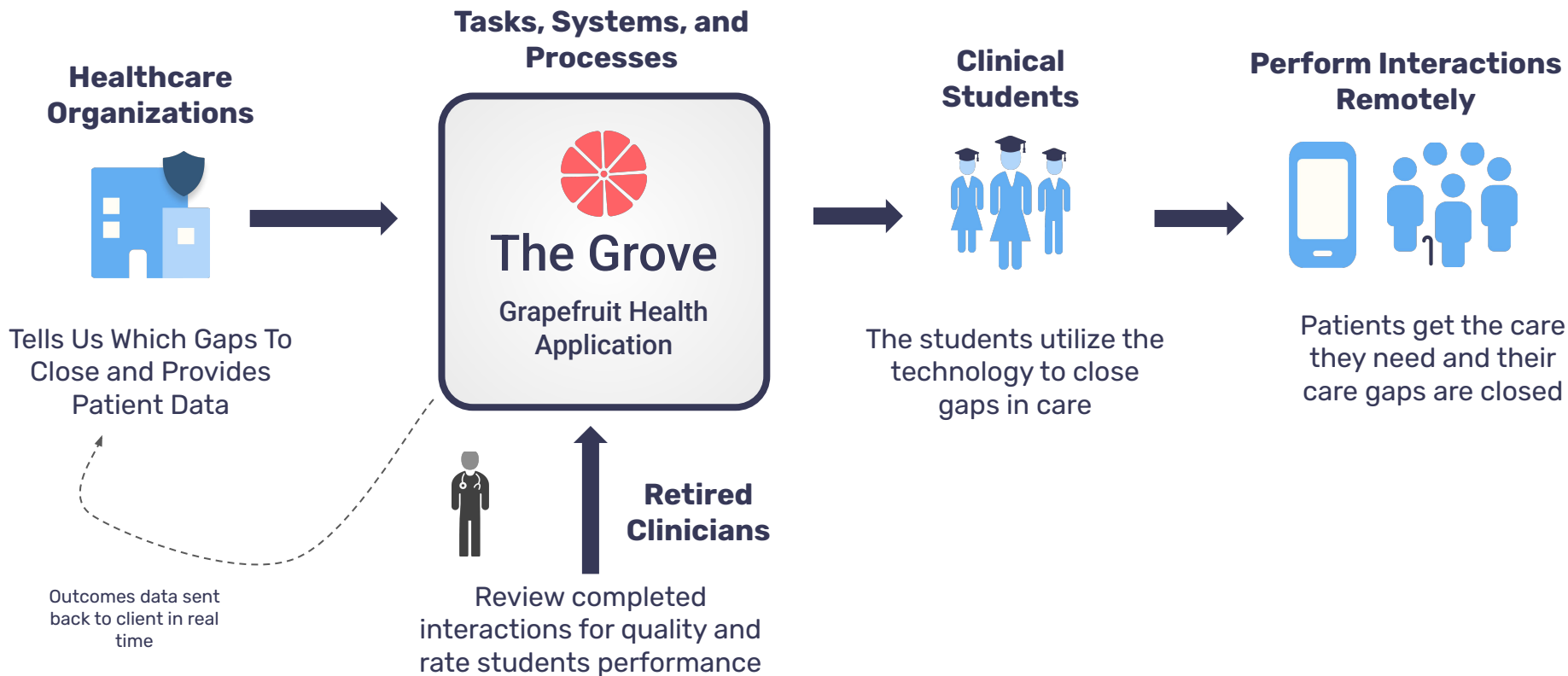
**5**

## **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)

**41-60% Lower Cost**

## Value

Healthcare Worker = 52 weeks

This model = 12 weeks

**85% Faster\***

# Clients

\*Detailed summary in data room



Atrium Health



RUSH UNIVERSITY  
MEDICAL CENTER



# **Part 4:**

## ***How You Can Launch This At Your Organization***

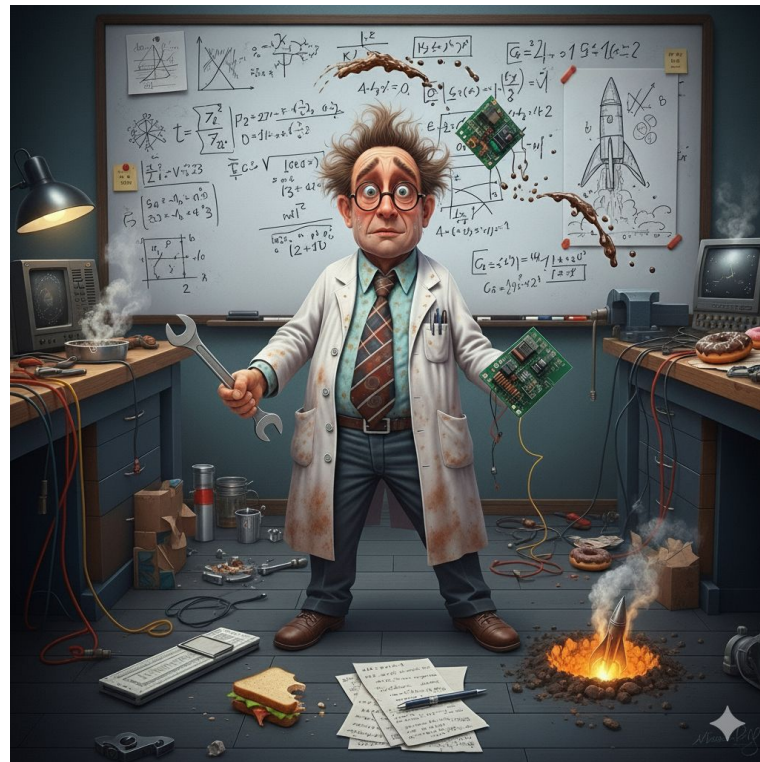
**But First ...**

***How Are You Leveraging  
Clinical Students Today?***

*(poll)*

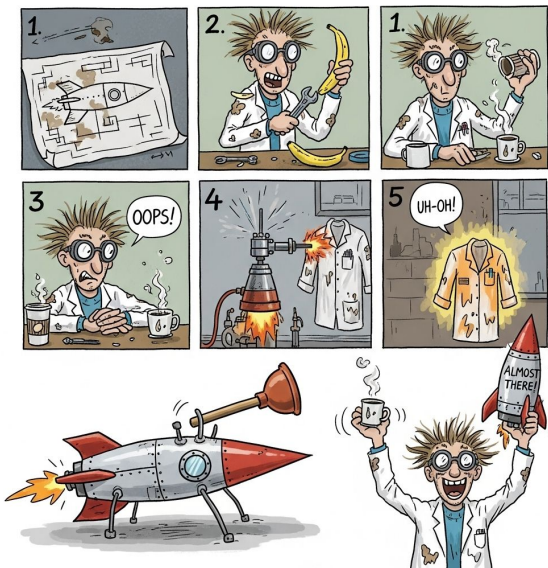
# Step By Step

# It's not rocket science!



## 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?**

# Establish The Process

**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."

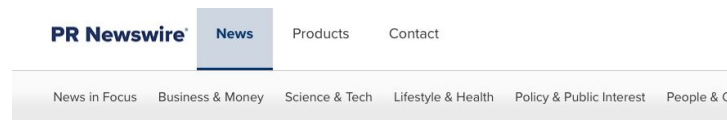
**- Haneef Merran, Director of Healthcare Business Development & Operations, NEIS**

**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

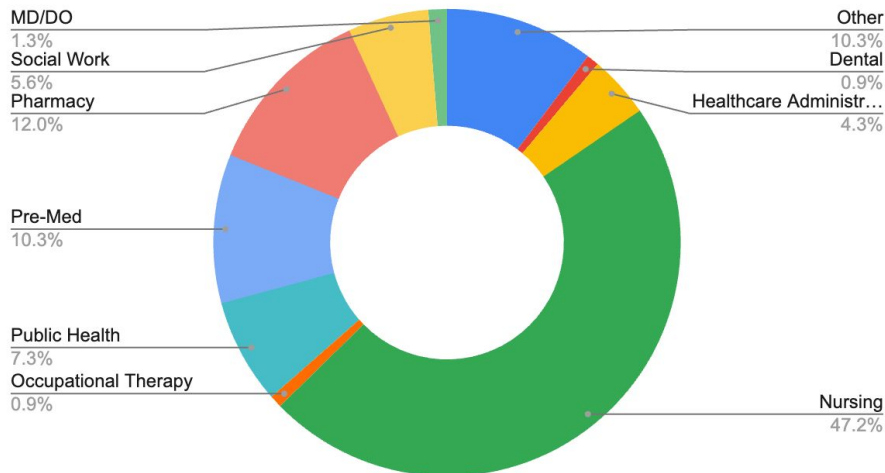


## Acceptance

**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?*

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BOARD ROOM

LIBRARY

CONTACT US

# Thank You!

## Contact Info

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Site: [www.grapefruit.health](http://www.grapefruit.health)



# How We Charge

## Innovative Pricing



Hyper flexible, only pay for actual value created

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### **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)

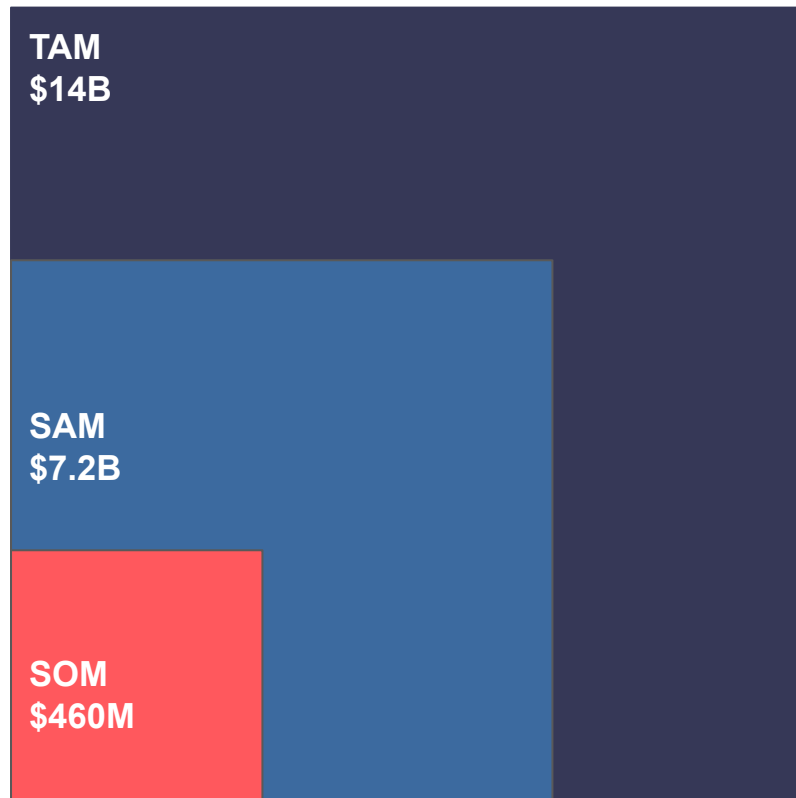
- Our annual TAM represents three market segments
  - Patient interactions (300M patients annually) + Implementations
  - Student Platform
    - Recruitment (200K graduates annually)
    - Student loans (150K graduates with debt annually)

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



THE UNIVERSITY OF  
CHICAGO  
MEDICINE



westMONROE



Northwestern  
Medicine



village capital



RUSH



CVS



# Transitioning To SaaS

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



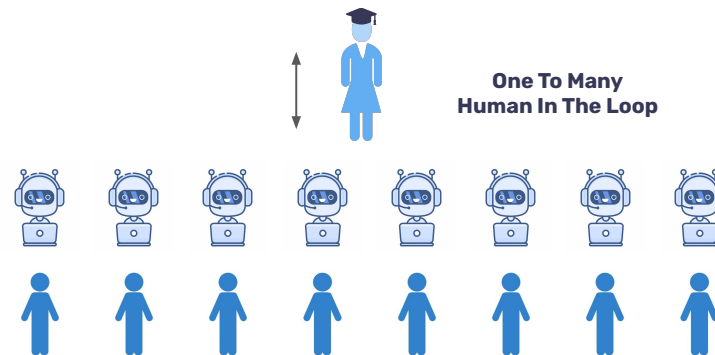
## Today

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

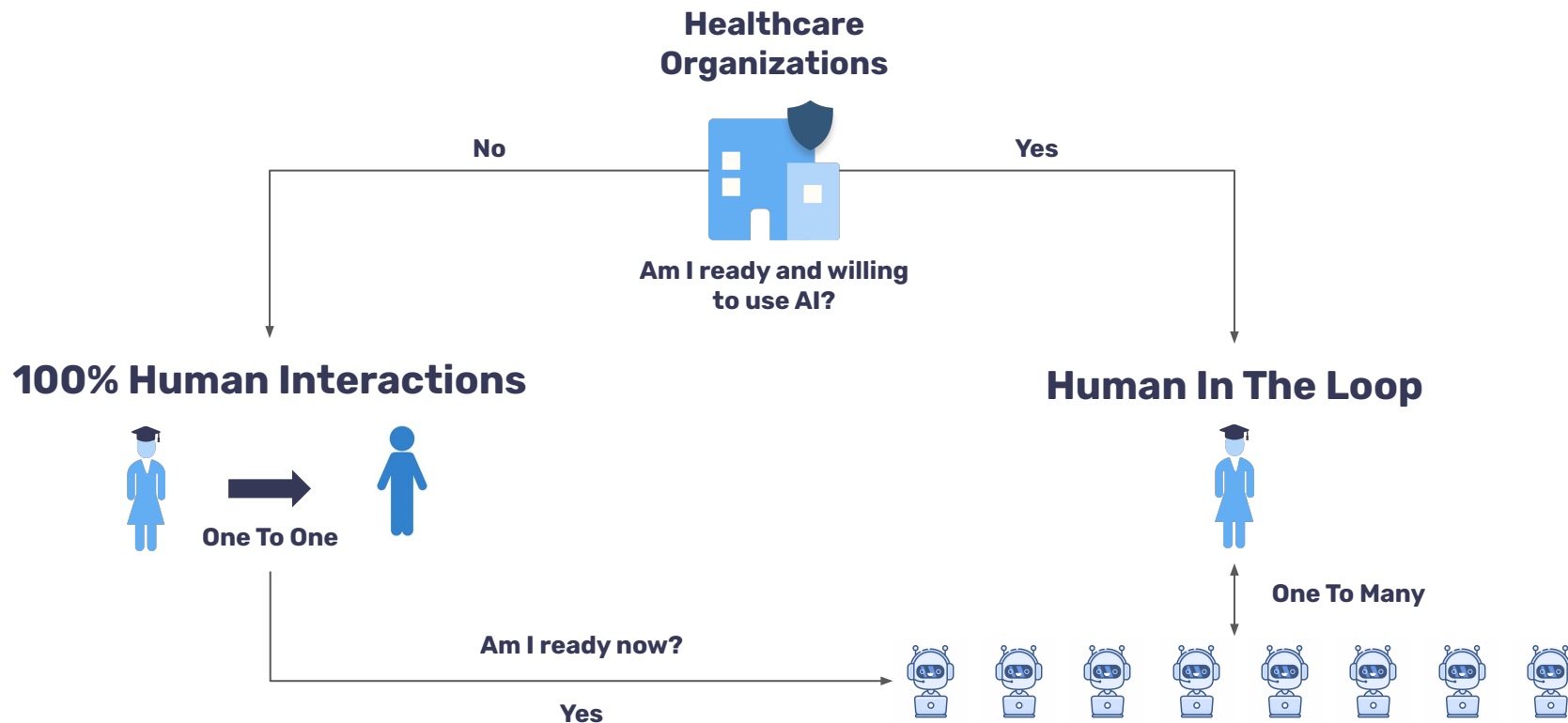
One clinical student will be able to monitor 10+ bots at once.

**Gross Margin:** 90%

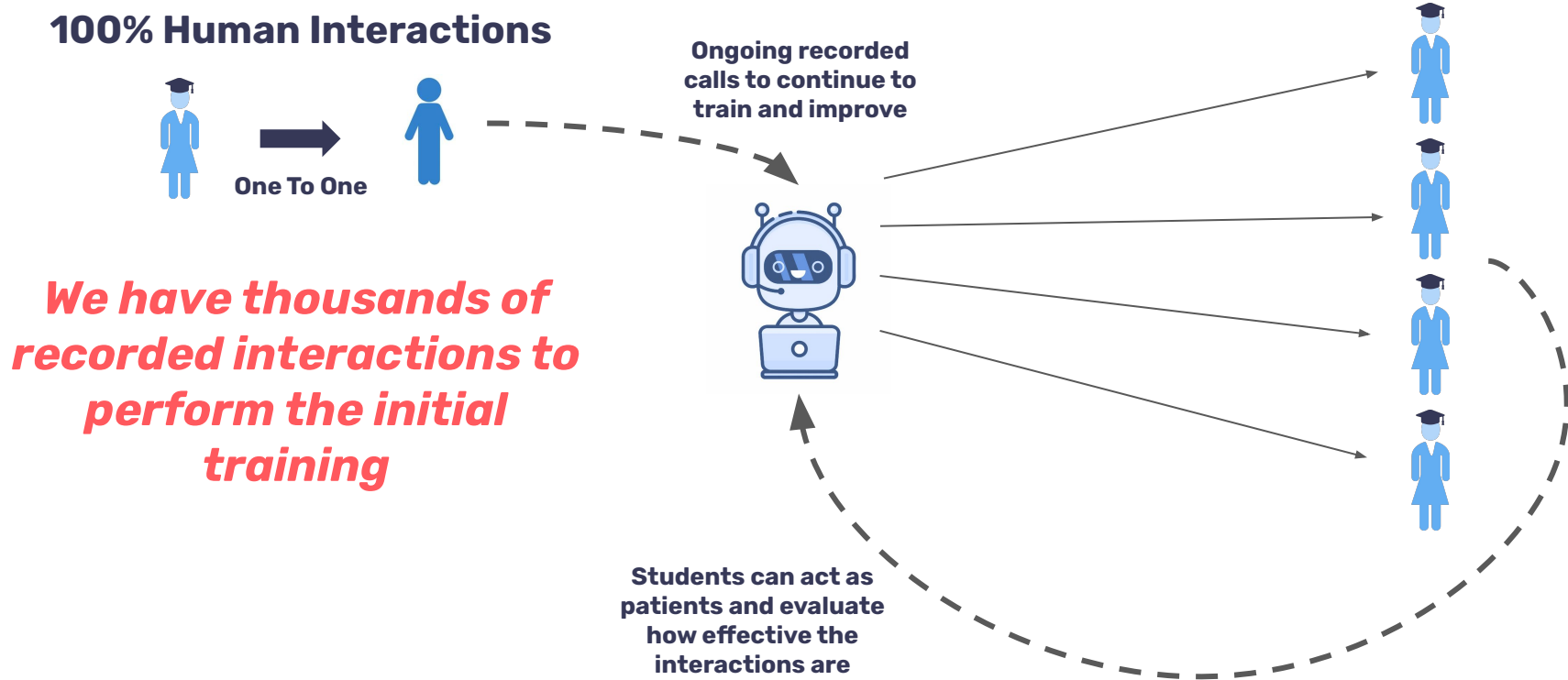
**Scale:** near instantly - we already have the human side figured out

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

# Maintain While Shifting



# Why Our AI Model Will Be Best



# Why We Will Win

## The Most Sustainable AI Business Model There Is!

AI Challenges That We Overcome in B2B Enterprise Healthcare

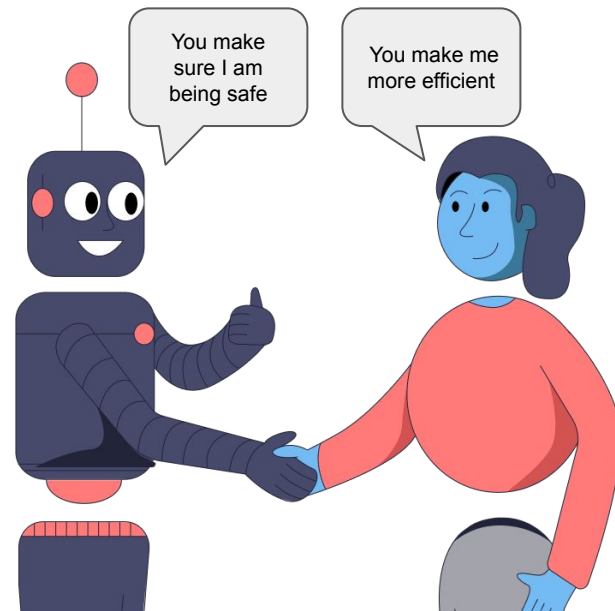
**Access to training data** → we have thousands of recorded calls and are constantly generating more

**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 Grapefruit Health

## 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<br>(3 avg per patient) | # of Successful Interactions<br>(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



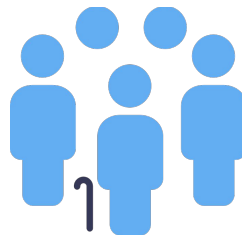
# Secondary Winners

65+



## 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" |
|----------|-------------------|---------------------------------|-------------------------|------------------------|
| ✓ ✓ ✓    | ✓ ✓ ✓             | ✓ ✓ ✓                           | ✓ ✓ ✓                   | ✓ ✓ ✓                  |
| ✓ ✓      | ✓ ✓               | ✓ ✓                             | ✓                       | ✓                      |
| ✓ ✓      | ✓                 | ✓                               | ✓                       | ✓                      |