



# TRANSEMR

*Clinical Documentation Solutions*

**Project Proposal**

Project Name	TransEMR Clinical Documentation Solutions
Brief Description of Project	Hosted EMR, hosted Transcription Workflow, and distributed medical transcription, medical coding, and medical billing services.
Project Author	Jaideep Kalia
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## 1. Executive Summary

**TransEMR** Clinical Documentation Services is a proposed *Integrated Healthcare Services Offering* company which will operate mainly in the US Healthcare market, providing services to small and medium office-based physician practices.

### Objective/Vision

Build a close and lasting business relationship with the small clinic/solo practice by providing hosted back office services including medical record management, document management, transcription, coding, and billing.

Provide a complete suite of solutions without being dependant on one single component of this suite to cross subsidize the other parts – at the same time, each component feeding revenue streams to the other components.

Identify the “gaps” in the current market offering and build a business model which is unique in terms of collating and presenting products and services. The products and services may not be new in themselves, but the mix, the delivery method, and the customization capacity of the offering will provide high value to the client.

Have a business model where each component of the business and the business as a whole will appeal to existing market leaders of products and services, thus providing a high value exit plan for the project.

### The Market

The market for the project is the fragmented, underserved, small clinic/solo healthcare practice in the United States. This model can be replicated in other markets but due to the extensive experience of the current management team in the US market, as well as the very real and verified opportunities present there, the project will focus on the US market only at present.

The small practices are almost as large as the hospital system in terms of turnover. However, they are highly fragmented, both in numbers as well as in technology, management, and delivery methods.

However, federal and business requirements of managing records and clinical documentation is becoming both a legal as well as business imperative. Moreover, with the growth of HL7 and other standards, the fragmented market is poised for consolidation as interoperability becomes the norm rather than an expensive concomitant to available solutions.

With a modest target of achieving annual sales of \$20 million by end of year 4, we are targeting only a very small portion of this enormous market. We are targeting about 1250 physicians, which is about 0.25% of the market. We are targeting about 300 clinics which is again less than one-quarter percent of the available business. These modest targets are just a reflection of the conservative business approach taken throughout the planning stage of the project.

## The Business Model

The business model is to provide a free hosted basic EMR solution to clinics. There will be a workflow solution which will plug into this EMR and provide for the client to outsource back office work like transcription, coding, and billing. The outsourced back office work will be routed to a geographically dispersed workforce through the same workflow solution, with a centralized quality control unit managing the entire work. The geographically dispersed work force will be developed through an integrated e-learning portal which will seamlessly integrate into the workflow engine. Thus, the HR policy of the project envisions complete initial training, ongoing training and development, as well as a telecommuting/work at home solution for the employees. The marketing will be a mix of organic and inorganic small acquisitions which will build on local presence and provide quality “small business” service to clients, while providing “big business technology” and a global supply base.

The components of the business model are:

Hosted basic EMR solution.
Dictation solution for physicians for inputting data into EMR.
Workflow software for routing back office work offshore.
E-learning portal for training and Supply management.
Editing desk of 200 based in India.
Workforce of around 1200 on the Internet and from diverse vendors (eg Philippines)
Marketing group comprising of 10 small companies

### Hosted Basic EMR solution

Our business model does not treat the EMR solution as a main business revenue stream, but as a means to capture the desktop and the IT domain of the small practice/solo practice. This will ensure that all future service ( as well as IT ) needs of the client will flow to us. The small but strong client base will also be a good basis for the company to leverage with HIT companies who wish to enter the market with their own products in this space.

### Dictation solution for physicians for inputting data into EMR

The main data entered into the EMR in a small clinic setting is the patient encounter record. From various literature and personal experience of the author, physicians are loathe to input data through a keyboard. Dictating chart notes is the most preferred and widely used method of inputting data. Most “fancy” EMRs do not take this into account and it has been the major stumbling block to many practices not implementing an EMR solution.

The solution will provide multiple means for the physician to upload voice data into the EMR. These will be routed, transcribed, and then linked into the relevant patient chart. The dictation system forms the basis of large companies like Nuance and Dictaphone establishing a presence in large hospital settings. However, an inexpensive, reliable, hosted solution is at present not available for small practices.

### Workflow software for routing back office work offshore.

Currently, there are expensive hosted solutions available in the market (Nuance, Medikin, AssistMed, Dictaphone, Phillips). Many of these are not available to the small physician in terms

of costs and issues of ownership. Physicians prefer back office service vendors to provide for this solution. At the same time these solutions help the physicians integrate these services (documents) into any EMR that they might have. Companies like AssistMed have built up profitable businesses by providing these solutions to small clinics. However, even AssistMed (and more recently Dictaphone with Dictaphone 360) are struggling with providing EMR integration with their transcription and coding workflow solution. The workflow solution will provide an integrated means of transferring services to any part of the world in a HIPAA compliant fashion. The author has worked on the development and design of Medremote ( now acquired by Nuance) and is of the firm view that ANY attempts to provide services without an efficient workflow management solution is headed for failure. This is the key to linking the demand and supply of services.

Hosted transcription and billing workflow solutions are a business in themselves and there is a hungry market in the US (possibly elsewhere) for such services. For our company however, again this is not a mainstream revenue generator.

### **E-learning portal for training and HR management.**

Service (BPO) companies are setting up separate vendor management divisions to hunt for vendors and sub contractors to provide personnel. The supply constraint in the service industry far outweighs the demand, more so in the US healthcare industry, be it nurses or medical coders or neurosurgeons.

The idea of an integrated e-learning portal as part of the project was conceived from the author's personal experiences of struggling with recruitment of qualified personnel in the healthcare services field. Everyone accepts that there is a shortage of qualified labor. But there is not a single training institute within India which can supply the enormous demand for healthcare BPO personnel.

Commercial E-learning portals have received mixed success. However, research shows that those courses/certifications which provide immediate returns to the client/candidate are much more successful. Our portal will provide learning and certification and on successful completion, the candidate is provided immediate job opportunities which includes the opportunity to work from home.

### **Editing desk of 200 staff based in India.**

The key to all service provision is quality. Quality control staff are expensive, hard to find, and difficult to retain. A unit with 200 medical transcription editors and 50 coding editors would take care of around 500,000 lines per day. (the level at which Spheris India, the largest MT company in India is working). An editing desk of 200 persons is by itself a highly marketable business and currently there are at least 4 companies in India which would gladly buy out a team of 200 editors at extremely high valuations.

### **Workforce of around 1200 on the Internet and from diverse vendors (eg Philippines)**

The workflow solution will allow the company to build up a diverse supply base around the world. The e-learning portal will provide a steady stream of personnel who will stream into this supply base. Vendor development and vendor management will be a key component of the business. The project does not plan to put up expensive BPO infrastructure to house 1200

personnel. These will be entirely either outsourced or form part of the e-community of workers who have been trained by the company.

## Marketing group comprising of 10 small companies

Although the project will have a dedicated marketing team, the main marketing for clients (physicians) will be done through strategic partner companies in the US. Small but established companies with a turnover of around \$1 million will be identified and stakes acquired in these companies. In return these companies will use our technology and our supply base for services. This is a win-win situation for both parties since most of these small concerns suffer from lack of technology and the inability to attract and pay for talent in a highly expensive and competitive labor market.

Acquiring such companies gives us access to marketing skills, local reach, and entrepreneur talent which is otherwise not available or extremely expensive. Again, this component by itself stands alone in terms of profitability, risk management and cost recovery. We do not take responsibility for managing the company. At the same time we have an assured base of customers bought and brought in at significantly low rates, and an environment wherein both the investing company and the investee company have an interest in a continuing relationship. We provide technology, managerial bandwidth and a supply base to these companies. In return we get assured market base, growing markets, inexpensive local market management and dispersed points of presence at low capital costs.

This component of the business plan is key to the success of the project as well as speedy implantation of the project. The author is significant experience in dealing with such small units in the healthcare service provider space and we are confident that we can manage this component well.

## Financials and Conclusion

TransEMR is now in the process of setting up the necessary internal financial structures in place to enable it to go forward in a systematic, vigorous, and sustained fashion towards its goal of a \$25 million turnover company by end of the fifth year.

### Financial Overview

#### Capital Costs

1. Hosted EMR with hardware -	\$125,000
2. Hosted Workflow with hardware -	\$125,000
3. Hosted E-learning portal -	\$100,000
4. Stake in 10 US companies -	\$1,000,000
5. Editing Desk	\$50,000
6. First half year expenses capitalized	\$150,000
<b>TOTAL</b>	<b>\$1,550,000</b>

Requirements in the first year will be close to \$800,000.

**Revenue streams at steady state of 500,000 lines per day.**

EMR (\$200 per month per clinic)	\$720,000
Workflow (\$0.01 per line)	\$1,250,000
Editing and Transcription (7 cents per line)	\$8,750,000
Coding (\$1 per chart)	\$7,000,000
Billing (4-8% of billing)	\$7,000,000
Profit from holding in US companies (20%x25% of turnover)	\$400,000
E-Learning	\$600,000
<b><u>TOTAL</u></b>	<b><u>\$25,720,000</u></b>

Transcription, Billing, and Coding are worked at a conservative estimate of 20% profit. This gives a total of \$ 4,950,000 as profit on the project EXCLUDING the profits from EMR, Workflow and E-learning.

## **2. General Company Description**

This proposal is being presented for the purposes of inviting investor interest in the company.

The proposal is laid out in parts which correspond to the business plan of having separate components which are profit making within themselves. Thus chapters on Marketing, EMR, Workflow, Editing, E-Learning, and Medical Transcription, are separate modules, interlinked within the overall business plan, but independently operating with their own budgets and top and bottom lines.

The proposal paper makes a brief survey of the market for EMR and medical transcription market. It may be mentioned here that the chief market proposed is that of the US Healthcare market. However, this does not prohibit us from looking at markets other than the US, specifically Australia and UK.

An important part of the overall business plan is the provision of medical billing and medical coding services. However, at present the current team in charge of this project does not have the technical and management specialists who will take over these components of the overall project. As such figures and projections relating to billing and coding have not been incorporated into the overall plan financials.

The proposal does not include a detailed production/operational plan. This will be prepared once the fiscal and corporate nature of the company is finalized. However, the team managing the company has ample experience and acumen to ensure achievement of projections and targets as presented in the proposal.

The Financial Section gives the following statements:

1. Projected Five Year Plan.
2. First Year Quarter-Wise Plan.
3. Investment Needs.
4. Cash Flow Statement.

The above are derived from detailed quarterly projections for the next five years. These figures are available in case more details are required.

Finally, we have not provided details of the Management Team for reasons of confidentiality and also in light of the various alternative scenarios that we expect might arise based on the investor profile. Therefore, a current profile of the chief presenter and owner of this plan, Jaideep Kalia is only attached to this proposal document.

### 3. Products and Services

TransEMR is envisioned as an LLC incorporated in India, with a significant division based and operating out of India. The Company will provide documentation services and clinic management related services to office-based physicians in the US. These services will consist primarily of the following:

- EMR hosting and management (SAaS)
- Digital Dictation and Document Workflow Solutions (SAsS)
- Medical Transcription.
- Medical Coding.
- Medical Billing.
- Clinical Documentation relating to EMR entry and management, Patient Scheduling, Archiving, Legacy Documentation Management, and other related services.

The above products/services are proposed to be delivered through a unique model of developing a component based delivery model which will take care of the demand, supply, and delivery chain. The components of this model will be:

- Hosted EMR
- Hosted Digital Dictation and Document Workflow Solution.
- Medical Transcription Services
- Medical Coding Services
- Medical Billing Services
- E-Learning Portal for Development and Management of Technical Workforce.

The unique nature of the Company lies in the initial provisioning of an end-to-end solution, not only from the viewpoint of the client, but also from the view point of the shareholder of the Company.

Thus the various components will provide internal markets to each other and ensure minimal dependence on external market factors for ensure success.

The model is also developed to ensure and provide an exit plan for the shareholders. Thus each module within the overall Company will be a profitable venture in itself and will have its own market worthiness to multiple future clients and markets. Keeping this in mind, the proposal has provided for a separate five year projection for each module within this document.

In summary TransEMR plans to own the domain of the office-based physician's desktop.

## 4. EMR Market Analysis

### U.S. EHR market to approach \$5 billion by 2015

Healthcare IT News **By Richard Pizzi, Associate Editor 02/05/07** [Story...](#)

NEW YORK – The market for electronic health records in the United States is poised to grow at a rate of 13.5 percent over the next four years, and by 2015 it will top \$4.85 billion, according to a new study from Kalorama Information.

“The best type of market is one with a guaranteed pool of new customers, and that describes the EMR market in the U.S.,” said Bruce Carlson, associate publisher at Kalorama Information. “Budgeted IT spending by healthcare organizations in 2007 and 2008 will create a robust marketplace for both existing players in EMR and new entrants.”

### AAFP Survey: More family docs using EHRs

By Richard Pizzi, Associate Editor 07/16/07 [www.healthitnews.com](http://www.healthitnews.com)

A recent survey by the American Academy of Family Physicians found that the number of family physicians using electronic health records has risen consistently since the AAFP first began measuring EHR usage four years ago. Half of the 459 respondents to the 2007 EHR survey reported that they had either fully implemented (37 percent) or were in the process of implementing (13 percent) an EHR system at their practice. The survey was mailed to a random sample of 4,000 active AAFP members in April 2007.

EMR Adoption Model <sup>SM</sup>		
Stage	Cumulative Capabilities	% of US Hospitals
Stage 7	Medical record fully electronic; CDO able to contribute to EHR as byproduct of EMR	0.0%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full PACS	0.8%
Stage 5	Closed loop medication administration	1.4%
Stage 4	CPOE, CDSS (clinical protocols)	2.2%
Stage 3	Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	25.1%
Stage 2	Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support System (CDSS) Capability	37.2%
Stage 1	Ancillaries – Lab, Rad, Pharmacy	14.0%
Stage 0	All three Ancillaries not installed	19.3%

Source: HIMSS Analytics™ Database (derived from the Dorenfest IHDS+ Database™). N = 5,073

The above gives a snapshot of EMR adoption in the US hospital market by one of the more respected sources.

However, the scenario in the small and solo physician practice is very different from the above picture. As per the NCHS (National Center for Health Statistics)

## **Electronic Medical Record Use by Office-Based Physicians: United States, 2005**

by Catharine W. Burt, Ed.D.; Esther Hing, M.P.H.; and David Woodwell, B.A., Division of Health Care Statistics

The latest data from the National Ambulatory Medical Care Survey (NAMCS) indicate that one-quarter of office-based physicians report using fully or partially electronic medical record systems (EMR) in 2005, a 31% increase from the 18.2 percent reported in the 2001 survey ([1](#)). To better understand physicians' use of EMRs, the 2005 NAMCS included questions about EMR system features that health information technology experts consider to be the minimal requirements of a complete EMR, such as computerized orders for prescriptions, computerized orders for tests, reporting of test results, and physician notes. Based on these requirements, only one in ten of the physicians surveyed is considered to be using EMRs. This report presents estimates of EMR use by physician, practice, and location characteristics of office-based physicians.

The market for EMR technologies is a difficult market to understand. However, what is clear is that there is a huge market potential. The main players currently are

- Cerner
- McKesson
- CPSI
- Epic Systems
- GE Healthcare
- MEDITECH
- QuadraMed
- Siemens
- Eclipsys
- MEDPLUS

Of note is that all of them concentrate on the hospital and large clinic segment rather than the small physician practice.

Thus, there is a large untapped market for EMR in the proposed market segment that our project intends to focus on.

### **Other References:**

Utilization of Information Technology in Eastern North Carolina Physician Practices: Determining the Existence of a Digital Divide

by David A. Rosenthal, PhD, and Elizabeth J. Layman, PhD, RHIA, CCS, FAHIMA  
*Perspectives in Health Information Management 2004, 5:3 (February 13, 2008)*

## 5. Medical Transcription Market Analysis

Unfortunately there is no direct study of the market size of the medical transcription industry. This is because there is still a lot of transcription that is being done in-house and is not outsourced. Almost 80 percent of the outsourced work is done by small companies and this makes any clear measurement of the industry extremely difficult. The AHDI (Association for Healthcare Documentation Integrity) and AHIMA (American Health Information Management Association) have conducted surveys but there is no clear figure cited by either of these two major organizations on the actual size of the market.

The US Department of Labor estimates that the need for medical transcriptionists will grow at more than normal rate. This will be despite the growing number of hospitals outsourcing their work to independent contractors.

Independent research firms peg the total market at 12 billion dollars.

Since our focus market is the small practice physician, a review was done of the National Ambulatory Medical Care Survey, 2005. This study has been done by the National Center for Health Statistics.

In 2005, an estimated 963.6 million visits were made to office-based physicians, an average of about 331.0 visits for every 100 persons.
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Overall, 87.4 percent of the visits were to practices that were either owned by a physician or a group of physicians.
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Established patients accounted for 87.3 percent of office visits.
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Private insurance was the most frequently recorded expected source of payment, accounting for 63.1 percent of visits
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From a reading of the above, if all of these visits were documented, and each visit took only 20 lines, and each line was priced nominally at 15 cents, the total business would work out to **2.5 billion dollars**. It should be remembered that we are looking at just the office-based physician market and not the larger hospital and large clinic market.

The AHRQ (Agency for Healthcare Research and Quality) study on healthcare costs states that the amount spent on document management by office-based physicians (including medical transcription, coding, and billing) is 43 billion dollars !

There is only one survey (email survey) done by AHIMA in 2004 which reports that medical transcription is the crucial office management function that is most likely to be outsourced among all the other functions.

## 6. Proposed Concept and Business Model

The vision of the company encompasses the following:

- Build a close and lasting business relationship with the small clinic/solo practice by providing hosted back office services including medical record management, document management, transcription, coding, and billing.
- Provide a complete suite of solutions without being dependant on one single component of this suite to cross subsidize the other parts – at the same time, each component feeding revenue streams to the other components.
- Identify the “gaps” in the current market offering and build a business model which is unique in terms of collating and presenting products and services. The products and services may not be new in themselves, but the mix, the delivery method, and the customization capacity of the offering will provide high value to the client.
- Have a business model where each component of the business and the business as a whole will appeal to existing market leaders of products and services, thus providing a high value exit plan for the project.

### The Focus Market

The market for the project is the fragmented, underserved, small clinic/solo healthcare practice in the United States. This model can be replicated in other markets but due to the extensive experience of the current management team in the US market, as well as the very real and verified opportunities present there, the project will focus on the US market only at present.

The small practices are almost as large as the hospital system in terms of turnover. However, they are highly fragmented, both in numbers as well as in technology, management, and delivery methods.

However, federal and business requirements of managing records and clinical documentation is becoming both a legal as well as business imperative. Moreover, with the growth of HL7 and other standards, the fragmented market is poised for consolidation as interoperability becomes the norm rather than an expensive concomitant to available solutions.

In terms of size, information collated from AHRQ, Department of Labor, Department of Health and other research organizations indicates the following picture.

Number of physicians in small/solo practice -	5,00,000
Number of clinics with less than 6 PCPS	1,20,000
Total annual turnover from the above (2005)	USD 924 billion
Amount spent on documentation management Including EMR, transcription, billing, coding.	USD 43 billion

With a modest target of achieving annual sales of \$20 million by end of year 4, we are targeting only a very small portion of this enormous market. We are targeting about 1250 physicians, which is about 0.25% of the market. We are targeting about 300 clinics which is again less than

one-quarter percent of the available business. These modest targets are just a reflection of the conservative business approach taken throughout the planning stage of the project.

## **The Business Model**

The business model is to provide a free hosted basic EMR solution to clinics. There will be a workflow solution which will plug into this EMR and provide for the client to outsource back office work like transcription, coding, and billing. The outsourced back office work will be routed to a geographically dispersed workforce through the same workflow solution, with a centralized quality control unit managing the entire work. The geographically dispersed work force will be developed through an integrated e-learning portal which will seamlessly integrate into the workflow engine. Thus, the HR policy of the project envisions complete initial training, ongoing training and development, as well as a telecommuting/work at home solution for the employees. The marketing will be a mix of organic and inorganic small acquisitions which will build on local presence and provide quality “small business” service to clients, while providing “big business technology” and a global supply base.

## **7. Elements of the Marketing Strategy**

### **Introduction**

Our target is presence in 300 clinics in the US with a coverage base of 1250 physicians. Our focus will be on small office-based physicians. This is a group that is difficult to penetrate due to high costs of face-to-face contact vis-à-vis returns as well the more traditional approach towards changing vendors and systems in place.

### **Business Model**

It is planned to approach the market through a network of small local companies who are close to the customer and already have a well established base in their small circle of influence. This will ensure not just fast sales figures, but also ensure access to loyal customers who will be amenable to a local provider presenting them with newer technologies and services.

### **Market Analysis**

The US medical office back office services vendor market is highly fragmented, both in terms of size as well as the services offered. Although there are no clear figures available of the market segmentation, Medquist, the largest medical transcription company, has less than 10% of the overall US transcription market. There is frantic consolidation going on, especially in the medical transcription, coding, and billing vendor market. In the last one year, companies like Focus Infosys, Nuance, Medquist, AssistMed, C-Bay, and a host of other companies have been acquiring smaller units. A report from Frost and Sullivan puts this acquisition at a modest 2 billion dollars. However, they have not taken into account the large number of small, unlisted companies which are acquiring still smaller companies in the US.

### **Plan Details**

It is proposed to acquire a major stake in 10 small healthcare BPO companies over a period of 4 years, each with an annual turnover of \$360,000. It is expected that we will need to pay approximately \$100,000 for each company to acquire 50% stakes. Each such company would be doing a business of 10,000 lines of transcription a day, which will be outsourced to TransEMR. Each company would be having at least 10 clinics to start with where we can consolidate our presence in terms of establishing our EMR and Workflow solution, apart from providing them with the back office services of transcription, coding, and billing.

It is expected that with the help of TransEMR's technological, financial, and managerial bandwidth, and with the provision of superior services, each of these companies will be in a position to double their turnover in a period of two years.

Thus we see that with just 10 companies and a capital outlay of 1 million dollars, we will be in a position to ensure supply of more than 50 percent of our target top line.

The rest of the sales will be achieved through a mix of direct marketing, exploring new markets, as well as working on the reference list of the already established 10 companies that we will have a strategic tie-up with.

## Financials

	2008	2009	2010	2011	2012
<b>No of Companies</b>	3	5	8	10	10
<b>Total Turnover</b>	792000	1584000	3366000	6831000	10692000
<b>TransEMR Share</b>	396000	792000	1683000	3415500	5346000
<b>Adjusted Turnover</b>	141429	282857	601071	1219821	1909286
<b>Profit Margin - A</b>	28286	56571	120214	243964	381857
<b>Marketing Sr. Management Interest and Depreciation</b>	25200	43200	57600	72000	72000
<b>Sub Total Indirect Costs - B</b>	25200	43200	57600	72000	72000
<b>Net Profit C (-B)</b>	3086	13371	62614	171964	309857

### Notes

US company average orders @ 14 cents  
Turnover taken @ 50% as per holding percentage  
Adjusted Turnover taken @ 14 cents - 9 cents since work outsourced to partner company  
Profit Margin taken as 20% of adjusted turnover  
Sr. Management @ 0.2 of overall senior management

## Risk Factors

The risk factors in this unit/component of the business plan mainly have to do with proper identification of companies which will be willing to outsource all of their work overseas. We will have to avoid companies where their orders inhibit them from outsourcing the work outside the State or the country.

The other risk factor pertains to management of these companies. Generally speaking, smaller companies carry attitudinal baggage that prohibits them from growing into larger entities. This is a management challenge rather than a risk.

The cost of management of these companies spread over a diverse geographical location has not been factored into the above financial forecast.

Finally, the issue of investment in US companies by an Indian company involves legal and statutory requirements. However, these requirements and the current liberal climate is not expected to change in the near future.

## 8. Hosted EMR Solution for Clients

### Introduction

The hosted EMR solution for the office-based physicians is a part of the marketing strategy as well as value building exercise for the company. This solution will be offered to the clients as a bundled package at a very nominal charge.

### Business Model

It is expected that the clients would be locked in with the service vendor who is able to provide them with a workflow solution together with an EMR solution, apart from providing the back end services. Thus when we approach a client, we not only provide them with world class services, but also provide them with technology upgrade and building a base for future upgrade of their service offerings and management environment. Many service vendors have lost their business because the physician upgraded to an EMR which was not compatible with the way the services were delivered by the vendor. There is an apparent and real need for physicians to go in for EMR solutions. At the same time the urgency and immediate financial nature of the services (medical transcription, coding, and billing) also need to be taken into account before jumping onto the HIT (Health Information Technology) bandwagon. For these physicians we are offering a solution that will not only enable to upgrade technology, but also become vendor independent, in that if they decide to outsource part of all of their services to a vendor other than TransEMR, they will be free to do so. However, they will still be using our EMR and Workflow solution.

### Market Analysis

A detailed market analysis of the EMR market in the US has already been made in the preceding chapters.

### Plan Details

During the course of a patient's stay in an inpatient or acute care facility, the patient will be seen by a variety of health care providers as they review the patient's status, recommend treatments and protocols, provide care, order tests, etc. Providers must record all of their activities and decisions for the patient, and efficient communication of this information between all of a patient's caregivers is key to the problem of providing a patient with the best possible care.

Existing approaches to this problem typically center on some kind of shared patient record. A shared paper chart kept in or near the patient's room represents perhaps the most common but also the least effective approach. A shared paper chart offers very limited security and virtually no simultaneous access for either viewing or editing the patient's hospital record. What's more, as information is eventually added to the patient's record from a large number of caregivers, it becomes increasingly difficult and time consuming to identify and review appropriate information for a particular situation.

A computer-based approach can solve some of these problems by providing a central repository for storing and accessing clinical documentation for a patient, and in recent years many computer-based clinical documentation systems have been conceived and implemented for both

ambulatory and acute care settings. However, these systems typically demonstrate weaknesses and problems that result in a failure to ensure efficient communication between a patient's acute caregivers. Problems with these systems include a failure to address one or more of the following needs: providing a single point of access to the information recorded by all of the patient's caregivers during an acute care episode; providing simultaneous access to a patient's chart for both viewing and editing from different locations while maintaining data integrity; providing role-based security to limit each caregiver's viewing and editing access to a patient's chart; providing user-linked time-stamps for both data entry and review that a) make it easy to present a longitudinal view of the patient record, b) provide a means for a user to quickly see information that's been added to the patient's record since the user's last review, and c) providing for note cosign by one or more caregivers; providing for storing and sorting patient notes according to caregiver's roles, service areas and etc.; providing easy to use filter and search tools that allow a caregiver to quickly identify and review clinically appropriate information for a given situation; providing for entering data other than entirely manual keyboard entry, for example automated text-entry options, dictation, voice recognition, etc.; providing for incorporating available information relevant to a patient's acute care episode, for example emergency room (ER) notes, hospital discharge summaries etc.

A service vendor, providing transcription, coding, and billing, will now be addressing this critical need of the clinic. This means that the service vendor will be providing almost complete document management services for the clinic. By providing an EMR, a workflow which plugs into the EMR, the trailing back office requirements of transcription and coding, and possible linkages and provision of billing services which make the company an end-to-end solution provider for the small clinic.

## Financials

	2008	2009	2010	2011	2012
<b>Server Maintenance</b>	4500	6000	6000	6000	6000
<b>Internet Costs</b>	4500	6000	6000	6000	6000
<b>Direct Management</b>	27000	36000	36000	36000	36000
<b>Office Overheads</b>					
<b>Sub Total (A)</b>	36000	48000	48000	48000	48000
<b>Sale of EMR</b>	18007	93637	252101	468187	648259
<b>Sub Total (B)</b>	18007	93637	252101	468187	648259
	-				
<b>Operating Profit C (B-A)</b>	17993	45637	204101	420187	600259
<b>Marketing</b>	6000	6000	6000	6000	6000
<b>Sr. Management</b>	25200	43200	57600	72000	72000
<b>Interest and Depreciation</b>					
<b>Sub Total Indirect Costs D</b>	25200	43200	57600	72000	72000
	-				
<b>Net Profit E (C-D)</b>	43193	2437	146501	348187	528259

## Notes

Server Maintenance @ \$1000 per month x 0.5 (shared with Workflow)

Internet Costs @ \$ 1000 per month x 0.5 (shared with Workflow)

Direct Management @ \$3000 per month

Sr. Management @ 0.2 of overall senior management

Marketing @ one US trip per quarter @ \$5000 times 0.3

## Risk Factors

This component of the plan is critical to the success of the company. The whole business idea was conceived when we found a large number of our medical transcription clients struggling with documentation and trying out a variety of record management solutions. There is no real statistical data to suggest that physicians will opt for a combined EMR-Workflow-Services offering. However, integration has always been a key stumbling block to adoption of EMRs. The other block has been the steep price and maintenance cost of traditional EMR solutions. It is hoped that this unique offering will be well accepted in the market.

The other risk factor relates to the ability of the EMR to address the growing needs of the physician, in terms of adding newer modules of CPOE, ADT, PACS, and other components of HIT. The vision of the company is to partner with a solution provider who will be able to utilize the client base that is being built by TransEMR and be able to provide and capitalize on this market opportunity.

Finally, the company has not yet identified the key resource person to manage this component of the business plan. It is expected that the company which will be providing the EMR solution will also provide appropriate resource persons for management and service of this offering.

## 9. Automated Workflow Solution

### Introduction

The automated workflow solution lies at the heart of the company's vision and strategy. It addresses the supply constraint by allowing company associates to work from home. It reduces turnaround time. It improves efficiency and management effectiveness. It provides the linkage between the physician's dictation and the EMR encounter date entry.

### Business Model

The automated workflow solution will provide a web enabled environment through which the diverse small clinics will be able to send their work to a widely dispersed worker base around the world. Whether the doctor is uploading files through a hand held device, a PC mike, or through a toll free number, the work will be available instantaneously to a pre designated worker who will perform the necessary tasks and send the work back to be incorporated, automatically or otherwise into the EMR of that clinic. It will be possible to track thousands of files, thousands of workers and hundreds of clients with a detailed audit trail on each item of work. The workflow solution will reduce costs, increase turnaround times, provide HR with tools to monitor and improve service quality, and provide a transparent service mechanism to the client.

### Plan Details

It is proposed to have a system and method for providing a transcription service over a network. In one embodiment, the transcription service includes a transcription server, a database, and several communication gateways. In operation, a transcription request is received by the system. The request may be transmitted by anyone and includes audio data transmitted from an audio source. The request is analyzed and processed by the transcription server. In one embodiment, audio file processing includes segmenting the file and disguising the voice for security purposes before the audio file is sent to transcribers. The audio file is then sent to at least one transcriber for transcription.

While anyone may register with the system to perform transcription services over a network, transcriber performance, quality and service levels are monitored and managed by the system. Transcribers receive an audio file over the network from the transcription server, transcribe the file, and send the transcription back to the transcription server. The transcription server may then process the file and send the transcription to the entity that requested the transcription. Transcription accuracy may be validated statistically by the system, thereby enabling reliable transcription from unknown transcription nodes. In one embodiment, profiles may be configured for transcribers and transcription requesters. A rating may be maintained for a transcriber. The rating may consist of an accuracy rating and a speed rating.

There will be other modules relating to billing, (which includes line counting), reimbursement to various users of the system, archiving, ability to XML tag files for later parsing, and most importantly plug ins into the EMR system.

## Financials

	2008	2009	2010	2011	2012
<b>Server Maintenance</b>	4500	6000	6000	6000	6000
<b>Internet Costs</b>	4500	6000	6000	6000	6000
<b>Direct Management</b>	27000	36000	36000	36000	36000
<b>Office Overheads</b>	36000	48000	48000	48000	48000
<b>Sub Total (A)</b>					
<b>Sale of Workflow</b>	33000	171600	462000	858000	1188000
<b>Sub Total (B)</b>	33000	171600	462000	858000	1188000
<b>Operating Profit C (B-A)</b>	-3000	123600	414000	810000	1140000
<b>Sr. Management</b>	12600	21600	28800	36000	36000
<b>Interest and Depreciation</b>					
<b>Sub Total Indirect Costs D</b>	12600	21600	28800	36000	36000
<b>Net Profit E (C-D)</b>	15600	102000	385200	774000	1104000

### Notes

Server Maintenance @ \$1000 per month x 0.5 (shared with EMR)  
Internet Costs @ \$ 1000 per month x 0.5 (shared with EMR)  
Direct Management @ \$3000 per month  
Sr. Management @ 0.1 of overall senior management

## Risk Factors

The main risk factor relating to this component is the failure to deliver. The system needs to be robust, fault tolerant, and with high uptime. Redundancy needs to be built into the system to ensure that no job gets mislaid within the system.

The other risk factor pertains to compliance with HIPAA. It needs to be ensured that issues or confidentiality of patient data and audited access to patient data is strictly adhered to.

## 10. E-Learning Solution for Ensuring Supply Base

### Introduction

Traditionally, BPOs spend a large part of their budget on training and skill upgradation of their employees. The company proposes a unique model of at once addressing the shortfall in the MT training market in India as well as ensuring a regular supply of associates for the company.

### Business Model

The Company will provide an e-learning portal for prospective employees of the company. Once they complete their training, they will be provided jobs on an immediate basis from within the company. The training will be a paid service but at a subsidized rate. During the training an assessment can also be made of specific skills and strengths and weaknesses of the future employee to ensure better deployment.

### Plan Details

Systems and applications for delivering computer-based training (CBT) have existed for many years. However, CBT systems historically have not gained wide acceptance. A problem hindering the reception of CBTs as a means of training workers and learners is the compatibility between systems. A CBT system works as a stand-alone system that is unable to use content designed for use with other CBT systems.

Early CBTs also were based on hypermedia systems that statically linked content. User guidance was given by annotating the hyperlinks with descriptive information. The trainee could proceed through learning material by traversing the links embedded in the material. The structure associated with the material was very rigid, and the material could not be easily written, edited, or reused to create additional or new learning material.

Another issue with all e-learning training is the delivery mode of the content. Intelligent tutoring needs to adapt to the needs of different learners' ability and learning styles.

Furthermore, although online training provides a robust environment for learning, it is not always convenient for a learner to take courses online. In addition, there are also times when an online connection is not available.

Therefore, for the above and other reasons, new methods and technology are needed to supplement traditional computer based training and instruction and provide offline training.

CBT also has to be looked into in the context of the returns provided. Most CBTs are used within organizations and commercial online courses gain acceptance only if there is an immediate perceived advantage in taking the course. Although this is true of all

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*Clinical Documentation Solutions*

courses, it is more so in the case of online courses, since the trainee perceives that the organization is not really providing him/her very large resources and that most of the training is self-paced and dependent on the ability of the student rather than the tutor.

The E-Learning system proposed will provide students with live simulation of their future working environment. The course material will be certified by AHDI, which will enable the students to use the certification from TransEMR even in the outside MT market. Finally, the chance of obtaining an assured job on immediate completion of the course will be a huge attraction to thousands of aspirants looking for a work at home opportunity.

## Financials

	2008	2009	2010	2011	2012
<b>Server Maintenance</b>	4500	6000	6000	6000	6000
<b>Internet Costs</b>	4500	6000	6000	6000	6000
<b>Direct Management</b>	9000	12000	12000	12000	12000
<b>Office Overheads</b>	18000	48000	72000	72000	72000
<b>Sub Total (A)</b>	36000	72000	96000	96000	96000
<b>Sale of E-Learning</b>	180000	480000	720000	720000	720000
<b>Sub Total (B)</b>	180000	480000	720000	720000	720000
<b>Operating Profit C (B-A)</b>	144000	408000	624000	624000	624000
<b>Marketing</b>	6000	6000	6000	6000	6000
<b>Sr. Management</b>	12600	21600	28800	36000	36000
<b>Interest and Depreciation</b>					
<b>Sub Total Indirect Costs D</b>	12600	21600	28800	36000	36000
<b>Net Profit E (C-D)</b>	<b>131400</b>	<b>386400</b>	<b>595200</b>	<b>588000</b>	<b>588000</b>

### Notes

Server Maintenance @ \$1000 per month x 0.5 (shared with Workflow)

Internet Costs @ \$ 1000 per month x 0.5 (shared with Workflow)

Direct Management @ \$1000 per month

Office Overheads @ 10% of Sales

Sr. Management @ 0.1 of overall senior management

Marketing @ one US trip per quarter @ \$5000 times 0.3

## **Risk Factors**

The main risk factor here is in the projected figures for sales. We have taken the huge demand for MTs in India and the complete lack of proper training schools as the major assumption for the revenue forecasts.

Secondly, we have priced the program at \$200 against the regular price of \$400 charged by most training center in India. Further the program will be certified by AHDI unlike the current other programs available in the market.

Finally, we are confident that with the bundling of a job opportunity along with the training program, we will be able to achieve the targets as forecasted above.

## **Further Opportunities**

We expect that with the establishment of a successful e-learning portal, we will be able to leverage on our hardware and software existing capabilities and branch out in other areas of training in HIT.

Further, there have been requisitions from the government to provide such training for rural employment generation and general skill building. Although this is not a part of the vision of the company, nonetheless, it is a significant opportunity of the company, should we wish to leverage on this component of our plan.

## 11. Quality Control

### Introduction

Quality Control is the key factor in ensuring success in service delivery. A separate component of the plan specifically addresses this vital requirement.

### Business Model

The Company will set up an independent QC center which will be staffed exclusively by trained and experienced medical language and medical coding specialists. This will form the control funnel between the two large dispersed ends of clients and individual service providers. All work will be routed through this QC Center and this will also be the control center for all back office operations.

### Plan Details

The Company envisions that the medical transcription work will be carried out by a large number of independent medical transcriptionists, either operating from their homes, or from independent sub contractor companies. The work will come in from a large number of physicians located in various parts of the world. Within US itself there are three major time zones. Apart from this the work will need to be monitored in terms of turn around time and in terms of different types of work. (eg. Radiology files will have a shorter turn around time).

The quality of the medical transcriptionists will need to be continually monitored. This has a financial impact (in terms of payout) as well as a business impact in terms of client satisfaction. This vital job will be done by the QC unit which will do a concurrent audit of ALL work that goes out of the company to the client.

Additionally, there will be a Quality Improvement Unit which will do a post audit and analyse shortcomings and suggest improvement methods. The QIU will also propose and provide continuing education to both Quality Analysts as well as medical transcriptionists. This will be achieved through both offline processes as well as processes built into the workflow solution proposed.

In case the Company decides to deploy a voice recognition engine into their workflow solution, this unit will provide the editing for the SR (Speech Recognition) processed files.

Although this is not strictly a profit center for the Company, it is planned to provide a specific budget and the head of this unit will be assessed and incentivized based on the productivity of the unit.

However, an important caveat here is that since quality is of paramount importance, incentive plans will not be a prime focus in this unit. This will ensure that quality is not sacrificed to achieve higher productivity. A fine balance will therefore need to be maintained to ensure that both productivity and quality are maintained.

## Financials

	2008	2009	2010	2011	2012
<b>Editors</b>	46875	243750	656250	1218750	1687500
<b>Direct Management</b>	2344	12188	32813	60938	84375
<b>Office Overheads</b>	8922	29594	72906	131969	181188
<b>Sub Total (A)</b>	58141	285531	761969	1411656	1953063
<b>Sale of Editing</b>	66000	343200	924000	1716000	2376000
<b>Sub Total (B)</b>	66000	343200	924000	1716000	2376000
<b>Operating Profit C (B-A)</b>	7859	57669	162031	304344	422938
<b>Sr. Management Interest and Depreciation</b>	12600	21600	28800	36000	36000
<b>Sub Total Indirect Costs D</b>	12600	21600	28800	36000	36000
<b>Net Profit E (C-D)</b>	<b>-4741</b>	<b>36069</b>	<b>133231</b>	<b>268344</b>	<b>386938</b>

### Notes

Editor Salary @ \$500 per month

Direct Management @ 5% of Editor Salary

Office Overheads @ \$1000 per month plus 10% of Editor Cost and Direct Management

Sr. Management @ 0.1 of overall senior management

## Risk Factors

The greatest risk factor for this component of the plan is the ability of the Company to recruit and retain this large pool of highly skilled workforce.

## 12. Medical Transcription

### Introduction

This is the most basis and most important part of the entire Company operations. Medical transcription involves the rendition of audio files into properly formatted electronic medico-legal documents.

### Business Model

The activity of medical transcription will be the primary activity of the company. This will be carried out with the help of the automated workflow solution.

Market Analysis: A detailed market analysis of the medical transcription industry and market is given in the preceding chapters.

### Plan Details

The Company will develop a transcriptionist base of around 1250 independent MTs. These will either be work-at-home MTs or part of independent subcontractor vendors based either in India or in the Philippines. The recruitment of these MTs will be done through the E-Learning portal which will also have a certification module. Long term recruitment plans involve the E-Learning portal from where most of the recruitment will be done.

It is planned to have two levels of transcriptionists, which will dictate the QA/QC resources that will need to be deployed. Independent sub contractors will be asked to provide Level II MTs whereas the freshers from the E-Learning portal will be treated as Level I MTs.

The Automated Workflow Solution will provide for constant monitoring and quality improvement of the MTs. It will also monitor productivity and turn around time and ensure that MTs adhere to quality parameters laid down by the company.

Since the work will be compensated for on a work schedule basis (payment per line) with the payment rates depending on quality levels reached, strict budgetary monitoring will be ensured for this unit.

A “Follow the Sun” policy will be put in place where shortest TAT work will be given to Philippines and subsequent work going to India, Pakistan, Gulf, and finally the US. This will ensure that we make full utilization of the time difference between the client country and the delivery team.

Innovative HR policies will be evolved to ensure involvement, ownership and participation of this disperse and diverse workforce.

## Financials

	2008	2009	2010	2011	2012
<b>MTs</b>	99000	514800	1386000	2574000	3564000
<b>Direct Management</b>	33000	171600	462000	858000	1188000
<b>Office Overheads</b>	17200	72640	188800	347200	479200
	0	0	0	0	0
<b>Sub Total (A)</b>	149200	759040	2036800	3779200	5231200
	0	0	0	0	0
<b>Sale of MT</b>	198000	1029600	2772000	5148000	7128000
	0	0	0	0	0
<b>Sub Total (B)</b>	198000	1029600	2772000	5148000	7128000
	0	0	0	0	0
<b>Operating Profit C (B-A)</b>	48800	270560	735200	1368800	1896800
	0	0	0	0	0
<b>Marketing</b>	6000	6000	6000	6000	6000
<b>Sr. Management</b>	37800	64800	86400	108000	108000
<b>Interest and Depreciation</b>	0	0	0	0	0
	0	0	0	0	0
<b>Sub Total Indirect Costs D</b>	43800	70800	92400	114000	114000
	0	0	0	0	0
<b>Net Profit E (C-D)</b>	<b>5000</b>	<b>199760</b>	<b>642800</b>	<b>1254800</b>	<b>1782800</b>

### Notes

MT Salary @ 3 cents per line  
 Direct Management @ 1 cent per line  
 Direct Management @ 1 cent per line  
 Marketing @ one US trip per quarter @ \$5000 times 0.3  
 Sr. Management @ 0.3 of overall senior management

## Risk Factors

The main risk factor is the ability to recruit and retain this large pool of talented workforce.

### 13. A Note on Digital Dictation and Speech Recognition

Let's first take a look at the terminology. As always, Wikipedia clears up any potential confusion with one of those efficient, 3-line definitions: "**Digital dictation** is different from **Speech Recognition** where audio is analyzed by a computer using speech algorithms in an attempt to automatically transcribe the document. With **digital dictation** the process of converting digital audio to text is done via a typist using a digital transcription software application (...)"

But this doesn't tell us which one should be preferred to the other (Wikipedia is not that powerful...yet). The truth is, both technologies work closely together when implemented in a healthcare environment, mainly because a speech recognition engine is not worth much without the workflow automation features brought in by the digital dictation system (DDS) it typically integrates within. In a white paper dedicated to speech recognition technology for healthcare, expert Dr. Bob Yacovitch explains how the DDS is the glue that holds everything else:

The first aspect is **workflow automation**. "A stand-alone speech recognition solution on an individual PC does not bring the expected gains in productivity and efficiency. Speech recognition needs to be approached as part of a whole document creation platform. Real benefits only come by implementing a digital dictation workflow solution with integrated speech recognition, which takes into account the entire document creation process and not simply the transcription of a dictation. The digital dictation workflow system is the central framework that supports everything else, from voice control to workflow management and it is what the physician will be interacting with on a day-to-day basis. The difference resides in the system's new ability to produce a "recognized text" together with the voice file. This draft report simply needs to be corrected as opposed to being fully transcribed."

The DDS thereby seems to be the most important ingredient in the mix; giant steps can already be achieved with it, provided high-level routing management is offered. Speech recognition can turn document creation from "fast" into "light speed," though it is not necessarily justified for all environments. Factors such as workflow complexity and the number of dictating authors play a key role in the overall ROI (return on investment), hence the need to investigate what can be achieved in terms of workflow management with a single DDS before even considering the speech recognition path.

The other keyword is **integration**. It is the DDS that integrates with the rest of the organization's IT infrastructure, not the speech recognition engine, and "optimal accuracy and reliability of medical data can only be achieved in a fully integrated IT environment," insists Yacovitch.

## 14. Financial Statements

### Five Year Projections

#### TransEMR Project Report Five Year Projections

	2008	2009	2010	2011	2012
<b><u>Direct Costs</u></b>					
Transcription Unit Expenses	149,200.00	759,040.00	2,036,800.00	3,779,200.00	5,231,200.00
Editor Unit Expenses	58,140.63	285,531.25	761,968.75	1,411,656.25	1,953,062.50
Workflow Unit Expenses	36,000.00	48,000.00	48,000.00	48,000.00	48,000.00
EMR Unit Expenses	36,000.00	48,000.00	48,000.00	48,000.00	48,000.00
E-Learning Unit Expenses	36,000.00	72,000.00	96,000.00	96,000.00	96,000.00
Sub Total (A)	315,340.63	1,212,571.25	2,990,768.75	5,382,856.25	7,376,262.50
<b><u>Indirect Costs</u></b>					
Transcription Unit Expenses	43,800.00	70,800.00	92,400.00	114,000.00	114,000.00
Editor Unit Expenses	12,600.00	21,600.00	28,800.00	36,000.00	36,000.00
Workflow Unit Expenses	12,600.00	21,600.00	28,800.00	36,000.00	36,000.00
EMR Unit Expenses	25,200.00	43,200.00	57,600.00	72,000.00	72,000.00
E-Learning Unit Costs	12,600.00	21,600.00	28,800.00	36,000.00	36,000.00
Associate Companies Costs	25,200.00	43,200.00	57,600.00	72,000.00	72,000.00
Head Office Expenses	38,164.65	120,730.44	274,515.76	469,707.58	634,105.82
Sub Total (B)	157,564.65	321,130.44	539,715.76	799,707.58	964,105.82
<b>Total Expenses (C)</b>	<b>472,905.27</b>	<b>1,533,701.69</b>	<b>3,530,484.51</b>	<b>6,182,563.83</b>	<b>8,340,368.32</b>
MT Unit Income	198,000.00	1,029,600.00	2,772,000.00	5,148,000.00	7,128,000.00
Editor Unit Income	66,000.00	343,200.00	924,000.00	1,716,000.00	2,376,000.00
Workflow Unit Income	33,000.00	171,600.00	462,000.00	858,000.00	1,188,000.00
EMR Unit Income	18,007.20	93,637.45	252,100.84	468,187.27	648,259.30
E-Learning Unit Income	180,000.00	480,000.00	720,000.00	720,000.00	720,000.00
Income from Associate Companies	28,285.71	56,571.43	120,214.29	243,964.29	381,857.14
<b>Total Sales (B)</b>	<b>523,292.92</b>	<b>2,174,608.88</b>	<b>5,250,315.13</b>	<b>9,154,151.56</b>	<b>12,442,116.45</b>
<b>Net Profits (B-A)</b>	<b>50,388</b>	<b>640,907</b>	<b>1,719,831</b>	<b>2,971,588</b>	<b>4,101,748</b>

## First Year Quarterly Projections

### TransEMR Project Report Projections

	2008			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
<b><u>Direct Costs</u></b>				
Transcription Unit Expenses	1000	15520	44560	88120
Editor Unit Expenses	1000	6414	17242	33484
Workflow Unit Expenses	0	12000	12000	12000
EMR Unit Expenses	0	12000	12000	12000
E-Learning Unit Expenses	0	12000	12000	12000
<b>Sub Total (A)</b>	<b>2000</b>	<b>57934</b>	<b>97802</b>	<b>157604</b>
<b><u>Indirect Costs</u></b>				
Transcription Unit Expenses	6900	6900	15000	15000
Editor Unit Expenses	1800	1800	4500	4500
Workflow Unit Expenses	1800	1800	4500	4500
EMR Unit Expenses	3600	3600	9000	9000
E-Learning Unit Costs	1800	1800	4500	4500
Associate Companies Costs	3600	3600	9000	9000
Head Office Expenses	3177	7929	11079	15981
<b>Sub Total (B)</b>	<b>22677</b>	<b>27429</b>	<b>57579</b>	<b>62481</b>
<b>Total Expenses (C)</b>	<b>24677</b>	<b>85363</b>	<b>155381</b>	<b>220085</b>
MT Unit Income	0	19800	59400	118800
Editor Unit Income	0	6600	19800	39600
Workflow Unit Income	0	3300	9900	19800
EMR Unit Income	0	1801	5402	10804
E-Learning Unit Income	0	60000	60000	60000
Income from Associate Companies	3536	7071	7071	10607
<b>Total Sales (B)</b>	<b>3536</b>	<b>98572</b>	<b>161574</b>	<b>259611</b>
<b>Net Profits (B-A)</b>	<b>-21141</b>	<b>13209</b>	<b>6193</b>	<b>39527</b>

## Investment Schedule

### TransEMR Project Report Capital Expenses

	2008	2009	2010	2011
Preliminary Costs	40,000			
Initial 6 months Costs Capitalized	110,039			
EMR	125,000			
Workflow	125,000			
E Learning	100,000			
US Companies Holdings	300,000	200,000	300,000	200,000
<b>Total Capex</b>	<b>800,039</b>	<b>200,000</b>	<b>300,000</b>	<b>200,000</b>

## Cash Flow Statement

### TransEMR Project Report Cash Flow Statement

	2008	2009	2010	2011	2012
Total Sales	523,293	2,174,609	5,250,315	9,154,152	12,442,116
Total Expenses	485,505	1,555,302	3,559,285	6,218,564	8,376,368
Total Capex	800,039	200,000	200,000		
<b>Cash Flow</b>	<b>-762,252</b>	<b>419,307</b>	<b>1,491,031</b>	<b>2,935,588</b>	<b>4,065,748</b>
Cumulative	-762,252	-342,945	1,148,086	4,083,674	8,149,422