Pilot Statement of Work & Proposal

Kvann Flow™ Schedule & Capacity Optimization Pilot for Central City Concern

Prepared for: Central City Concern (CCC), Portland, Oregon — Executive Leadership

Prepared by: KVANN HEALTH LLC, Oregon, USA

Date: September 15, 2026 · **Status:** FINAL PROPOSAL v1.0

Validity: 60 days from date of issue

Key Contacts: Dr. Joseph Siemienczuk, MD (CEO & CMO) · Jaime J. Saavedra (VP Commercial) · Alexey Soshnin (CTO)

Executive Transmittal — Cover Email

> ***From:** Dr. Joseph Siemienczuk, MD, KVANN HEALTH LLC*
>
> ***To:** Dr. Andy Mendenhall, President & CEO; David Chen, Chief Administrative Officer — Central City Concern*
>
> ***Subject:** Pilot Proposal — Recapturing 8–15% of Lost Appointment Capacity at CCC (90-Day, Fixed-Fee, Fully Risk-Reversed)*
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>
> *Dear Dr. Mendenhall and Mr. Chen,*
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> *Thank you for the opportunity to put this proposal in front of you. Central City Concern's work with Portland's most vulnerable residents is exactly the setting where clinician time matters most — and where the industry's 15–20% schedule-capacity loss to fragmented "Swiss cheese" calendars does the most damage. The enclosed Statement of Work proposes a deliberately small, measurable pilot of Kvann Flow, our schedule and capacity optimizer: 90 days, 2–3 volunteer providers at one site, staff-facing only, with zero change to your clinical documentation workflows and zero patient-facing impact.*
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> *Three design commitments should make this an easy pilot to say yes to:*
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> *1. **Consortium-proof by construction:** If external change-control approval for direct Epic integration takes several weeks, the pilot activates immediately in an assisted export mode using a secure daily schedule report — so clinical value begins on Day 1 regardless of administrative review queues.*

> *2. **Lightweight:** We ask for only 4–6 hours of technical IT liaison time and ~20–22 hours of clinical/management staff time spread across the entire 90 days.*
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> *3. **Fully risk-reversed:** A fixed fee ($3,500 – $5,000 flat), 100% of which credits toward your Year 1 subscription upon rollout, backed by a 30-day satisfaction clause with a full refund if we fail to deliver a 5% schedule-density improvement against your own locked historical baseline measured over 30 days of live assisted operation.*

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> *We would welcome 30 minutes with you and your team to walk through the pilot design and answer questions, and we are ready to begin Phase 0 calibration — which requires zero CCC data — as soon as you give the word. Thank you for your consideration, and for everything CCC does for this community.*

>

> *With respect,*
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> *Dr. Joseph Siemienczuk, MD, on behalf of the KVANN HEALTH LLC team*

Section 0: Executive Briefing & Mission Alignment

Central City Concern's mission — ending homelessness and providing integrated, compassionate care to Portland's most vulnerable residents — depends on one scarce resource above all others: **clinician time at Old Town Clinic, Blackburn Center, and CCC's shelter-based clinics**.

Yet across US primary care, **15–20% of clinical schedule capacity is lost** to fragmented "Swiss cheese" schedules — orphaned 10-minute gaps between appointments that cannot be booked, backfilled, or used. Baseline no-show rates of 20–35% in community health settings compound this, leaving even dedicated clinics operating with significant unrecoverable schedule voids. Meanwhile, providers absorb 1.5–2.5 hours of evening administrative work ("pajama time") — the primary, universally cited driver of physician burnout and turnover.

Executive Value Thesis: Kvann Flow recaptures **8–15% of lost appointment capacity** from fragmented schedules — with **zero added clinical documentation burden**, zero patient-facing change, and zero disruption to CCC's hosted Epic environment.

This pilot is deliberately bounded, measurable, and risk-reversed: 90 days, 2–3 volunteer providers, one site, a fixed fee, a defined success metric, and a full-refund satisfaction clause. It is designed to let CCC leadership validate value with a minimal staff footprint before any clinic-wide decision.

Section 1: Pareto Pilot Scope & Phased Implementation

Parameter	Specification
Product	Kvann Flow™ — **Pillar 2: Schedule & Capacity Optimizer**
Site	One clinical site (proposed: Old Town Clinic, 727 W Burnside St., Portland, OR)
Providers	**2–3 volunteer primary care providers**
Duration	**90 days** from Day 0 (live data connection or Assisted Export activation, whichever first)
Features Activated	**Gravity Stacking** (slot compaction); **Lunch Firewall** (provider rest protection); real-time appointment-yield optimization on the Kvann Tetris dashboard
Explicit Boundary	**Staff-facing only.** Zero patient-facing interface. Zero clinical diagnostic claims. No changes to clinical documentation workflows.

Implementation Phases (all inside the 90-day / 12-week pilot window):

Phase	Weeks	Content & Milestones
1 — Handshake	1–2	Secure schedule-feed ingestion (Section 2 modes); credential verification
2 — Calibrate	3–4	Provider preference tuning; baseline lock & **First Density Report** at Week 3
3 — Live Operation	5–10	6 weeks of active staff-facing assisted compaction; weekly density reporting
4 — Evaluation	11–12	Outcome reporting against locked baseline; executive

Note: Pre-Day-0 Phase 0 (synthetic-data calibration) begins immediately upon signature and requires zero CCC data.

Section 2: Dual Integration Operating Modes (Guaranteed Day-1 Value)

CCC operates on a **hosted Epic EHR environment**. We recognize that third-party application integration in hosted networks proceeds through established client change-control processes, coordinated by CCC's technical liaison, and that external review queues — not technology — are typically the pacing item.

The pilot is therefore engineered with **two operating modes** so that external queues can never block clinical value:

Feature / Dimension	**Mode A — Integrated Epic Operation** *(Standard Target Path)*	**Mode B — Assisted Export Operation** *(Day-1 Value Tier)*
Trigger	Standard change-control approved within timeline	External approval pending or delayed
Data path	FHIR-based schedule feed via approved integration	Secure daily schedule report export (CSV) by clinic staff
Staff experience	Recommendations assist front-desk/scheduling staff directly within Epic Cadence-aligned workflows	Optimized slot recommendations presented on the Kvann Tetris dashboard; staff execute manually in Epic
Write-back	Restricted strictly to FHIR `Appointment` resource (see "Iron Rule," Section 6)	None — 100% read-only by construction
Value guarantee	**Day-1 clinical value regardless of external queues** — Mode B activates immediately so the pilot clock delivers value from Week 1	

KVANN Health will support CCC's technical liaison in preparing all change-control documentation (integration description, data-flow diagram, security posture) at no additional charge. When external credentials clear, the pilot transitions from Mode B to Mode A mid-stream without resetting the baseline or the clock.

Section 3: Client Personnel Commitments (Role-by-Role Breakdown)

FQHC leadership is resource-constrained; this pilot is engineered for a **lightweight footprint totaling ~20–24 hours across CCC staff over the full 90 days**:

Role / Organization	Total Hours (90 days)	Average Commitment	Primary Activities
CCC Internal IT Liaison	**6–8 hrs**	~2 hrs in Wks 1–2; then on-call	Intake initiation with external hosting liaison, provider NPI alignment, connectivity sign-off
External Hosting Liaison (OCHIN)	**10–14 hrs**	Wks 2–4	Standardized SMART-on-FHIR app registration, JWKS binding, read-only scope provisioning
Legal & Compliance	**4–6 hrs**	Pre-kickoff only	BAA execution, change-control review
Practice Manager	**8–10 hrs**	~45 min / week	Workflow calibration, front-desk staff coordination, daily operation
Clinical Lead *(Volunteer MD)*	**4–6 hrs**	~30 min / 2 weeks	Preference tuning, Lunch Firewall review, clinical safety oversight
Volunteer Providers *(2–3 MDs)*	**~3 hrs / MD**	~15 min / 2 weeks	Bi-weekly check-in; zero evening administrative burden

Executive Sponsor *(Dr. Mendenhall)*	**2 hrs**	Checkpoints	Kickoff alignment (30 min); final outcome & ROI briefing (1 hr)

All KVANN Health onboarding, calibration, and training is delivered remotely within the fixed fee.

Section 4: Success Criteria & Empirical Baseline

Metric	Target	Measurement Protocol
Primary: Schedule density / appointment yield	**≥ 5.0% increase** in completed schedule density	Measured **strictly against the participating clinic's 30-day historical pre-pilot baseline**, locked at Phase 2 before live operation
Secondary: Schedule overruns	Reduction in unbuffered mid-day overruns	Weekly Tetris dashboard reporting & Lunch Firewall verification
Secondary: Provider well-being	Volunteer-provider satisfaction score	Structured survey (baseline vs. week 12) administered by Clinical Lead

Density improvement is computed on like-for-like clinic sessions, excluding provider PTO and holidays, using CCC's own Epic scheduling data. **"We do not grade our own homework"**: the baseline and final results are jointly validated and co-signed by the Practice Manager and Executive Sponsor.

Section 5: Commercial Terms & Risk Reversal

Term	Specification
Fixed-Fee Pilot Package	**$3,500 – $5,000 flat fee** — covers all onboarding, calibration, training, and 90-day support. Zero per-hour billing, zero change orders within scope.

100% Annual Credit	**100% of the pilot fee is credited** against the Year 1 annual subscription upon clinic-wide rollout.
Post-Pilot Subscription Anchor	**$149 / provider / month**, annual commitment.
30-Day Satisfaction Clause	CCC may terminate for a **100% full refund** if schedule-density gains fail to reach **5.0% measured over 30 days from the start of live assisted operation** (Weeks 5 through 8) versus the locked historical baseline.

Section 6: Data Privacy, HIPAA & Governance Safeguards

- **Pre-Day-0 Synthetic Calibration (Phase 0):** Initial mathematical calibration is performed on KVANN Health's pre-built synthetic clinical-schedule fixtures. **Zero PHI is ingested prior to BAA execution.**
- **HIPAA BAA:** A standard mutual Business Associate Agreement is executed prior to any live data connection, in either operating mode.
- **The "Iron Rule":** Automated write-back capability is restricted **strictly to the FHIR `Appointment` resource**. Demographic data, medical histories, clinical progress notes, and diagnostic codes are **100% read-only and mathematically untouched**.
- **The "One-Hour Removal" Guarantee:**

  "The pilot is removable in under one hour: revoke the client credentials, delete the export script. No agents, no background servers, and zero persistent software footprint inside CCC infrastructure."
- **Minimum Necessary:** In Mode B, the daily CSV export contains only schedule-structure fields required for optimization; field list jointly approved by CCC IT before first export.

Section 7: Next Steps & Authorization Sign-Off

Action checklist to Day 0:

#	Action	Owner	Target
1	Pilot proposal review & scope confirmation	CCC Executive Sponsor	Week 1

2	Confirm Epic hosting arrangement & name Technical Liaison	CCC IT	Week 1
3	Execute pilot agreement + mutual BAA	CCC Legal / KVANN HEALTH LLC	Weeks 1–2
4	External change-control submission (KVANN Health supports drafting)	CCC Technical Liaison	Concurrent with #3
5	Phase 0 synthetic calibration begins (zero PHI)	KVANN Health	Upon signature
6	**Day 0** — data connection (Mode A) or CSV activation (Mode B)	Joint	Week 2

Sign-Off Matrix:

Central City Concern	KVANN HEALTH LLC
Name: _____	Name: _____
Title: Executive Sponsor	Title: Chief Executive Officer / Chief Medical Officer
Signature: _____	Signature: _____
Date: _____	Date: _____