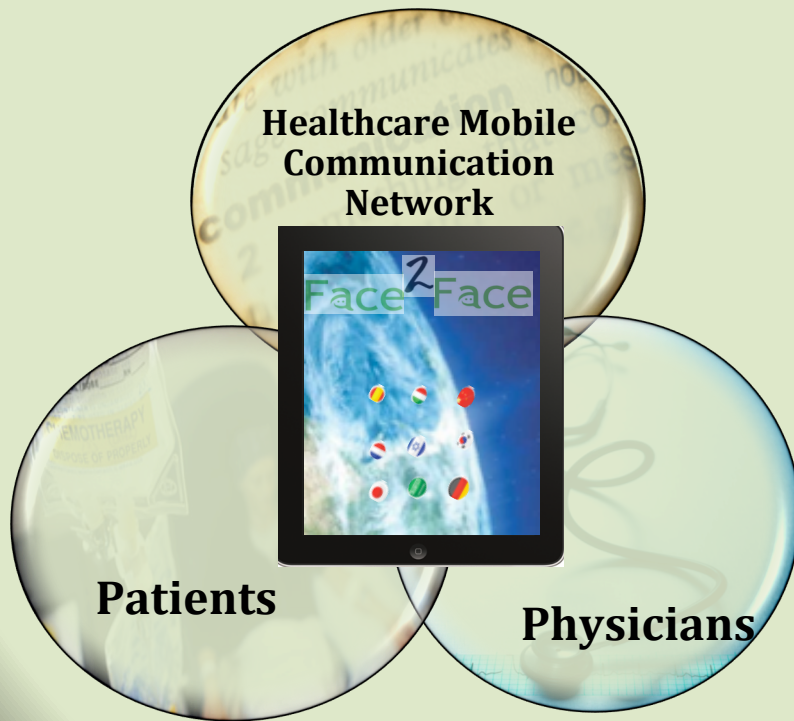


Face2Face



Lisa Clibourn, Healthcare Executive MBA '13, The Paul Merage School of Business

Marissa Green, Healthcare Executive MBA '13, The Paul Merage School of Business

Nima Amipour, Healthcare Executive MBA '13, The Paul Merage School of Business

Christopher Viveiros Healthcare Executive MBA '13, The Paul Merage School of Business

Alex Danilvchev, Technical Contributor

Jennifer Green, Marketing Consultant

Angelo Oddo, Technical Contributor

Company Overview

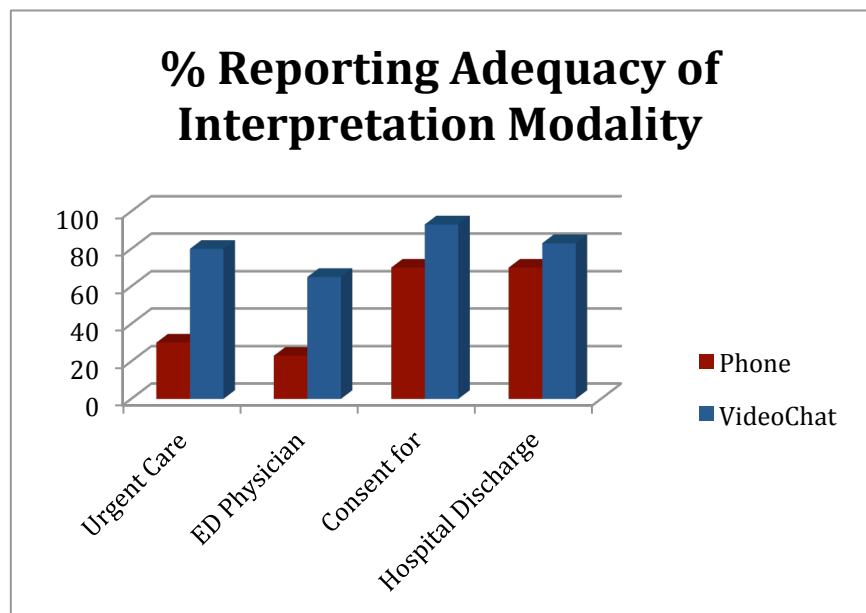
Harnessing emerging mobile technology, Face2Face offers an interactive communication platform that allows physicians and patients to access health services when they need it most. Distinguished by its proprietary online video interface, Face2Face strives to help physicians offer quality health care to patients, regardless of language or distance barriers – as the leader in video medical interpretation and medical video consultation.

Developed by a group of physicians, nurses and health care entrepreneurs, the concept for Face2Face was motivated by the group's desire to more effectively and reliably communicate with patients across languages and distance. Ultimately, we consider our technology to be an extension of the physician, allowing them to do their work to the best of their ability, and directly engaging the patient in the process.

Improved access to technology and the need to reduce healthcare delivery costs underpinned the group's desire to develop Face2Face to provide a cost effective solution for medical communication. With new smart devices carrying high quality video, we are in the midst of a digital spring with improvements to technology that can make dramatic changes in the way healthcare is delivered. This is the evolution that Face2Face will lead.

Why interpretation in health care isn't working now...

Although hospitals and physicians are required by law to offer services to patients of limited English proficiency (LEP), many physicians and patients have little confidence in the present-day medical translation services. Current medical interpretation services rely on cumbersome telephone based system and those few that offer video conferencing offer antiquated platforms. The current system with an operator on a third line is slow, impersonal, and -based on many studies- inadequate.



For many patients with LEP, language barriers have resulted in difficulty accessing quality health care, sometimes resulting in life-threatening mistakes that could have been prevented. As new legislation creates millions of newly insured Americans, many of which are non-English speaking, there will be a dramatic increase in the number patients seeking care they can trust. As a result of these challenges, providers utilize patients' family members or even text-based translator applications on smartphones, both of which are violations of standards of care. According to one study, **no interpreter was used in 46% of emergency department cases** involving patients with LEP. Another study revealed 70% of providers responded that **language barriers interfere** with a patient's understanding of treatment advice.

Not only do language barriers lead to miscommunication, misdiagnoses, and poor patient education, they cost the health system millions of dollars in unnecessary medical costs, damages and legal fees.

Technology, Health Policy and Patient Needs Converge

As technology continues to change the way we interact, the world becomes increasingly smaller. Radiologists can evaluate an MRI from the other side of the globe. Infectious disease specialists working with the World Health Organization and the Centers for Disease control can quarantine remote villages and vaccinate millions within hours. Yet, the ability to use technology simply to facilitate *communication* between patients and providers who do not speak the same language has left many confused or misinformed.

While the benefits of a video translation service are considered to be overwhelmingly positive, most health care professionals still talk about it as if it is a future technology- *"If video conferencing becomes mainstream...If translation services can be readily available...If our staff is willing to use the technology."* **We are no longer facing an issue of 'if'-We are facing a 'when' opportunity. The technology is here and Face2Face will implement this reality.**

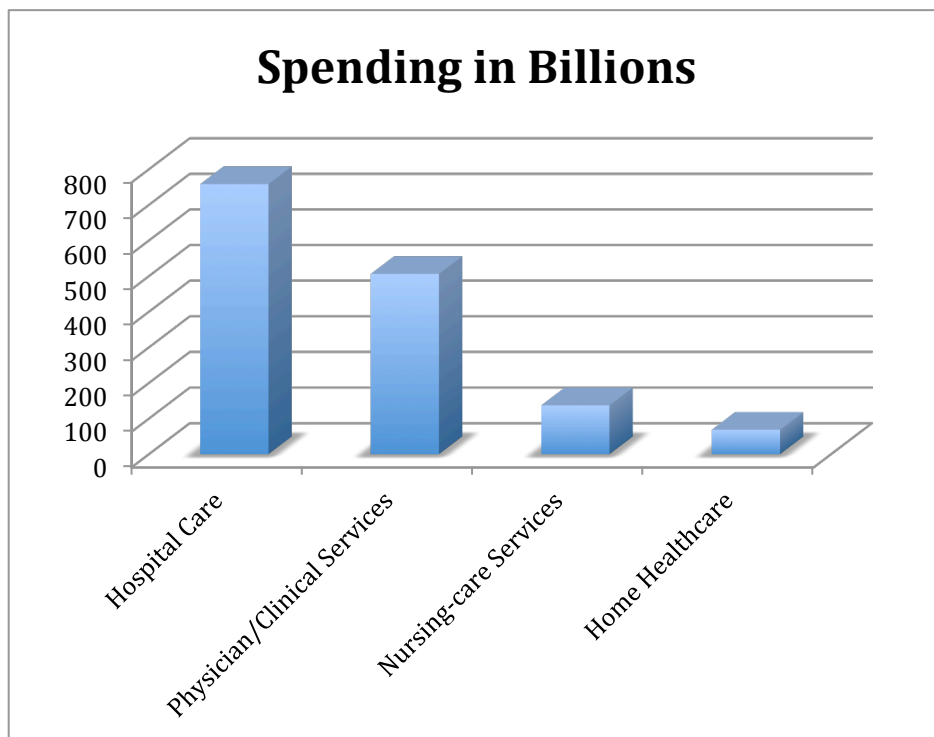
The number of LEP Americans has risen from 14million in 1990 to 55million in 2008 and continues to grow. Under the Affordable Care Act, there will be an additional 44 million newly insured Americans, more than half of whom are from communities where English is not the primary language. The right to facilitated communication in a clinical encounter between a patient of LEP and their physicians has been established since the Civil Rights Act of 1964, and emphasized by a 2000 presidential executive order stating that healthcare organizations that receive federal funds must make medical interpretation available to patients with LEP.

This dramatic increase in non-English speakers is reflected in a Bureau of Labor Statistics report that job growth for medical interpreters is estimated to increase by 22 percent through 2018, which is higher than average expected growth in other industries.

It is not all together inappropriate to suggest patients will choose to see providers who are using the latest technology to fulfill one of the most basic needs of patient care: communication. The need for improved and innovative communication is now more crucial than ever.

Face2Face is the answer to increase quality health care and cut costs

Face2Face is poised to be the premier video conferencing technology that helps hospitals and individual physicians cut costs wasted on mistakes due to communication challenges. Face2Face's communication network will expand the platform for interpretation services and open the door for future virtual health consultation.



Designed to meet the needs of the transient population in a \$15billion healthcare delivery market, Face2Face offers physicians and patients on-demand access to a network of experienced, medically certified interpreters through its proprietary video communication platform delivered through mobile devices. This provides Face2Face customers with an unparalleled combination of highly responsive and trained interpreters armed with reliable, easy-to-use software

designed for desktop or mobile devices.

Services accessed through Face 2 Face will be available to clients, including physicians, hospitals and physician groups, for a standard licensing fee. Each episode of service will be automatically billed through available insurance or directly to the client at a rate based on time of the interaction. Interpreters will be paid based on the amount of time spent in consultation with the patient and physician.

The Future of Face2Face

Face2Face was developed for phased roll-out, to position the technology for optimal and continued growth. Phase I will focus primarily on translation services to establish a network of quality interpreters and build the initial client base. During phase II, Face2Face will build the network of interpreters to include additional languages to expand its client-base and offerings for patients and physicians. Phase III will consist of incorporating a network of physician consultants who would be available to individual clients for on-demand virtual health consultation services. Additionally, the technology can be tailored to offer virtual visiting for patients and families.

Managing Face2Face for Success

The dedicated team behind the idea and execution for Face2Face comprises a network of health professionals, virtualization specialists and communications experts.

Lisa Clibourn RN MSN CCRN Lisa has spent the last 13 years in healthcare and almost a decade in healthcare administration. Education: BS in economics from Illinois state university 1987, a BS in nursing from rush university in Chicago in 2000, msn nursing administration UCLA 2010 and healthcare executive MBA at UCI 2013. Director of Critical Care, Staffing and Emergency Services at Hoag hospital Irvine.

Marissa Green, HCEMBA '13 has nearly eight years of health care communications experience ranging from direct physician support to National strategic communications programs.

Christopher Viveiros, has over 10 years of management experience in the healthcare system in the United States Navy. His current assignment involves the successful management of 20 remote primary care clinics in the provision of healthcare to over 12,000 Navy Reservists annually.

Jennifer Green has several years of experience in advertising and promotion in the commercial film, and television industry. She recently helped found a company, City Films, and presently freelances as a line producer and creativity consultant for small business.

Nima Alipou M.D. is interested in healthcare delivery and the development of a patient-centered integration of Urgent and Primary care. With a passion for close patient follow up and prompt care he is currently at the Paul Merage School of Business to acquire the tools to make this a reality.

Angelo Oddo - Systems Engineer with 13 years experience designing and delivering cost-effective virtualization solutions for enterprise customers such as St. Joseph Health System, Intuit and American Express.

Alex Danilychev - Experienced system architect specializing in distributed applications including 500+ server farms. Over 15 year track record working with Fortune 500 Companies. Awarded Microsoft MVP, Terminal Services – 2006, 2007, 2008, 2009, 2010, 2011, 2012 and Citrix CTP – 2006, 2007, 2008, 2009, 2010, 2011