Wellness Annuity and Trebling a Hospital Dorm

AFFEERCE creates a market that provides a team at the hospital dedicated to your wellness and brings those $4,000+ hospital nights down to $100 (2022 dollars).

Several factors discussed in this module are responsible for these massive savings. These include:

- The patient's food distribution.
- For longer-term care, the housing distribution.
- Economies of scale in the use of distributions by a nursing collective.
- The payments from the Self-Insured HMO (SIHMO) charge-list.
- $100/night VSG-suggested standard SIHMO coverage.
- Elimination of intellectual property premiums on medical equipment and drugs.
- The right to treble patient housing on the campus of inpatient facilities.
- Patient advocacy commissions.
- Underpinning all of it is the wellness annuity.

The standard $100/night overnight hospital care does not include an intensive care unit stay. Overnight hospital care involves more traditional monitoring, medication, surgery preparation, and nursing care. Patients with non-life-threatening illnesses, without assistance at home, might check themselves in while recuperating.

The overnight hospital can be a refuge when mental health problems become acute or if immobilization prevents the completion of simple tasks. How is all this benefit possible on $100/night from the SIHMO?

Consider a high-rise on a hospital campus with a passageway to the hospital itself. The land for such a high-rise can be legally captured through the treble or purchased. For optimal efficiency, assume a nursing collective owns or rents one 6,000 sq. ft. floor of the high rise. Assume rent on the 6,000 sq. ft. floor is

$10,000/month. Leaving out children, assume eight skilled nurses and paramedics are members of the collective, along with eight spouses who cook, clean, and can help with patient care.

The collective brings in $6,464 in housing distribution, which is insufficient for the $10,000 monthly rental. The $3,872 monthly food distribution is overly abundant. Suppose collective members live in 4000 sq. ft., while 2000 sq. ft. is used for ten patient rooms and a nurse station.

This collective will gladly charge $100 a day for inpatient care, 1/50 the current U.S. cost of an inpatient day, 1/4 the cost in Argentina, and half the cost in India. How could this possibly work?

The other distributions that contribute to funding are the first things to look at. These are the monthly receivables for ten patients (the large wellness annuity is not shown).

Table 3.6 Distribution	Amount (10 patients)	Comment
Housing	Waived	Direct transfer, pre-pay, private insurance, or waived.
Food	$2,420	Direct transfer always.
Disability	$3,000	$300 non-universal Earth Dividend distribution.
Inpatient care	$30,000	$100 per day from SIHMO.
Total	$35,420	

Next, consider monthly expenses.

Table 3.7 Expense	Amount (10 patients)	Comment
Rent	$3,536	$10,000 rent minus housing distribution of $6,464.
Food	$2,420	Patient's meals.
Equipment depreciation	$6,000	Assumes $300,000 over four years, including beds, linen, monitors, EKGs, gurneys, uniforms, and ambulance.
Supplies	$1,000	Bandages, catheters, painkillers, antiseptics, etc.
Utilities	$3,000	Heat, air, electricity, water, phone, cable, internet.
Liability insurance	$1,000	$100 per patient per month.
Salaries	$18,464	$2,308 average salary per couple.
Total	$35,420	

In a world where food, housing, medical care, and education are free and without income taxes, $2,308 per couple per month is an acceptable salary. It is almost all discretionary. There are no student loans to pay off because the nurses received their education gratis.

With a staff ratio of 16:10, patients will be well cared for. Because the high-rise is connected to the hospital, doctors can make their rounds, and patients can be taken for tests and surgeries. With patient care collectives on other floors of the high-rise, collectives can quickly transfer long-term patients to other facilities in the building for vacation time. Specialization is likely and can increase profits.

The $2,308 per couple monthly salary is just a base. Any test ordered by a physician at the SIHMO is paid based on 95% of the charge-list. Medication administration has a small charge-list payment, as do blood tests, EKGs, EEGs, sleep studies, and non-intensive care monitoring.

While charges are far lower than current pricing, ten patients a day for 30 days could bring in $16,000 of income per month. That is $53 of daily tests and monitoring per patient – the cost of an aspirin administration in today's dystopian healthcare system. This income brings the salary per couple to $4,308 per month – a very nice salary in a tax-free world of land-based capitalism.

The Wellness Annuity

The non-universal distribution pays $300/month when a person is hospitalized, in rehab, unable to perform simple functions without a caretaker, or incarcerated. This adds $3,000 to the nursing collective's monthly income.

However, when a person leaves the hospital or rehabilitation facility or comes to the end of voluntary commitment to a mental health facility, the non-universal distribution pays the overnight facility an ongoing $25/month wellness annuity until the patient re-enters the same or a different facility or passes away. If the patient enters another facility, the wellness annuity will be transferred to that facility.

Assuming an average 5-day hospital stay and an average of five years to re-hospitalization or death, the annuity will add $1,146 of monthly income per couple, bringing the monthly income to $5,454 per couple - $65,400 per year in a world without taxes, and a basic income of nutritious meals, warm and safe shelter, free quality healthcare, and free and unlimited education.