



ARTICLE

NON-LINEAR APPRECIATION: MODELING THE VALUE OF MULTI- YEAR LONGITUDINAL CASE DATA

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In the legacy healthcare economy, data is frequently treated as a "snapshot"—a static record of a single clinical encounter or a discrete billing event. This approach fundamentally undervalues healthcare information by ignoring its most critical dimension: time. For healthcare executives, understanding the non-linear appreciation of data value is essential for transitioning from transactional revenue to the management of high-yield capital assets.

THE LIMITATION OF STATIC DATA SNAPSHOTS

Static data is a depreciating asset. A single record of a diagnosis or a procedure provides limited insight into the long-term durability of a treatment or the emergence of late-stage complications. This "information poverty" creates significant friction during reimbursement negotiations, particularly for high-cost interventions like gene therapies or advanced biologics. Payers increasingly require multi-year evidence of clinical efficacy to justify substantial upfront costs. Without longitudinal continuity, the financial value of the data remains capped at the cost of its administrative collection.

THE CIRCLE DATASET INTERVENTION: THE LONGITUDINAL VALUE FORMULA

A primary feature of Circle Datasets is the structural facilitation of long-term patient tracking, which allows data value to grow non-linearly over time. Within the platform, the appreciation of information value is defined by a specific mathematical relationship:

$$Value = \frac{Quality \times Service}{Cost}$$

- **Quality:** Represented by the deterministic, protocol-driven precision of the data.
- **Service:** Refers to the "service life" of the longitudinal Case, where a 12-month or 24-month record is exponentially more valuable than a 6-month snapshot.
- **Cost:** Managed through the elimination of retrospective cleaning and mapping.

As a Circle Dataset accumulates more cases and tracks them over multiple years, its utility for regulatory, scientific, and commercial licensing increases. For the contributing providers, this longitudinal depth provides the "ground truth" necessary to negotiate superior terms in value-based contracts. By utilizing the **Split-IP model**, the platform ensures that both patients and physicians have the ongoing financial motivation to maintain this continuity, transforming a series of snapshots into a cohesive, high-value evidence stream.

Download RegenMed white paper "[Bridging The 17 Years Evidence to Practice Gap](#)" to go deeper.

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