



ARTICLE

THE ARGUMENT FOR PHYSICIAN DATA OWNERSHIP AND MONETIZATION

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For the last decade, the healthcare industry has been sold a promise: that "Big Data" would solve medicine's most complex problems. We were told that by aggregating millions of heterogeneous records – EMR entries, billing claims, and registry data – we could use algorithms to infer clinical reality.

That promise has failed.

Instead of clear, actionable intelligence, we have built "Data Swamps". These opaque repositories rely on "Schema-on-Read" methodologies, where data is mined retrospectively, stripping it of its original clinical context. The result is "Probabilistic Data" – best-guess estimates that fuel AI hallucinations and lead to higher drug development costs and less reliable outcomes.

The era of the Data Swamp is ending. It is being replaced by a new standard: **Schema-on-Capture**.

THE STRATEGIC TRINITY: VERACITY, SOVEREIGNTY, AND EQUITY

To fix the broken data economy, we must move beyond simply building better tools. We must adopt a new philosophy anchored in three pillars: Veracity, Sovereignty, and Equity.

Veracity: Minting "Ground Truth"

The highest quality healthcare data is not found in billing codes; it is captured at the point of care. True "Ground Truth" exists only when a data point is linked to a verified Clinical Hypothesis at the exact moment of its creation.

This is the distinction between *inferring* what happened and *knowing* what happened. By utilizing Observational Protocols that record the "Practice of Medicine" – the sovereign, independent decision-making of the treating physician – we generate Deterministic Evidence. This approach ensures that data is non-interventional and exempt from traditional IND/IRB mandates, while still providing the granular detail required for high-value research.

Sovereignty: The End of the "Honey Pot"

In the traditional model, data is extracted from hospitals and stored in centralized servers, creating massive security risks – or "Honey Pots" – for hackers.

RegenMed flips this architecture. Through a Federated "Zero-Copy" approach, data can remain resident at the local data node (the clinic or hospital). When a pharmaceutical company or AI developer needs answers, we move the query to the data, not the data to the query. This ensures physician control is never compromised.

Equity: Turning "Data Serfs" into Partners

Perhaps the most broken aspect of the current data economy is the financial model. Physicians generate the raw material – the clinical data – yet they are treated as "Data Serfs," seeing little to no value from the multi-billion-dollar data lake industry.

RegenMed's "Circle Datasets" invert this model. We believe physicians should hold unambiguous ownership of their data. Under the Circle model, participating physicians are not merely contributors; they are partners who can receive up to 85% of net license fees.

THE ECONOMICS OF PHYSICIAN DATA OWNERSHIP

The financial implications of this shift are profound for medical practices. By structuring data based on practice-of-medicine clinical hypotheses and capturing correlated long-term outcomes, physicians create an asset that appreciates in value over time.

Consider the economic model for a standard "Circle" implementation:

- **The Investment:** A physician participating in 4 Observational Protocols might incur a total cost of roughly \$4,520 per year.
- **The Return:** With 10 collaborating physicians and just 5 licenses sold per Circles Dataset, the revenue per physician can be approximately \$127,500. (These are illustrative numbers only, and depend on several key variables.)

This transforms administrative burden – often derided as "Pajama Time" – into significant revenue streams.

BRIDGING THE GAP FOR LIFE SCIENCES AND AI

Who buys this data? The demand for "Ground Truth" is accelerating across the healthcare landscape.

- **Pharma & Device Manufacturers:** They require Synthetic Control Arms (SCA) to replace expensive placebo groups. They need "Deterministic" outcomes to avoid regulatory risks associated with inferred claims data.
- **AI Developers:** As Generative AI scales, it requires hallucination-free training data. RegenMed provides the verified "Ground Truth" necessary for Retrieval Augmented Generation (RAG).
- **Payers and Value-Based Care Organizations.**
- **Research Groups.**
- **Others throughout the Healthcare Ecosystem.**

CONCLUSION: THE POWER OF PHYSICIAN CONTROL

The failure of Big Data was not a failure of technology; it was a failure of incentives and structure. By returning ownership to the physician and prioritizing "Schema-on-Capture" data collection, we are not just cleaning up the swamp. We are building a high-quality data lake refreshed in real-time.

This is a powerful clinical and financial combination: minimal clinical burden, superior patient engagement, and a path to financial independence for the private practice.

The paradigm has shifted. Welcome to the era of Physician Data Ownership.

GET INVOLVED OR LEARN MORE – CONTACT US TODAY!

If you are interested in contributing to this important initiative or learning more about how you can be involved, please [contact us](#)*:

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