ACADEMIC PUBLICATION SET

VIEN GUT MODEL

Integrated Outpatient Care for Complex Chronic Multimorbidity

Part A — Foundation

Vien Gut Model Academic Publication Set

DOCUMENT A.4
OPERATIONAL CONCEPT SET

Identification and definition of all HOW terminology
Unified reference for the entire publication set

Vien Gut Model — Academic Publication Set
First systematic compilation — March 2026
Ho Chi Minh City, Vietnam

AUTHORS & ACADEMIC LEAD

Nguyễn Đình Quang
Independent medical researcher | Founder of Vien Gut | Overall design of HOW — DATA-to-operate / operational layer

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HOW AND DATA-TO-OPERATE DESIGN TEAM — VIEN GUT

Nguyễn Đình Quang Huy Participating in HOW — DATA-to-operate design | System operations management, transfer organization — Vien Gut Model
Huỳnh Phước Đại, **Nguyễn Sơn** Patient-facing language editing | Communications data management, deployment and transfer support — Vien Gut Model

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ACADEMIC SUPPORT & WHAT (GUIDELINE) BENCHMARKING — INTERNATIONAL EXPERT GROUP

Thomas Bardin, **Pascal Richette** Co-authors of EULAR Recommendations — together with experts in cardiology, nephrology, hepatology, diabetology, diagnostic imaging, and biostatistics at Université Paris Cité, France and Sorbonne Université. Transfer of WHAT from gout treatment guidelines and comorbidities, international WHAT benchmarking; HOW design support — Vien Gut Model.

DATA GOVERNANCE TEAM — VIEN GUT

Trương Ánh Dương, **Huỳnh Hồng Đức** Data governance, transfer support — Vien Gut Model
Lê Việt Anh Data governance — Vien Gut

TREATING PHYSICIANS + MULTIDISCIPLINARY TEAM AT VIEN GUT POLYCLINIC

Clinical HOW deployment: Risk stratification, opportunity window, longitudinal monitoring, risk control, polypharmacy management, referral safety valve activation — Vien Gut Model.

RESEARCH SITE

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EXECUTIVE SUMMARY FOR EXPERT REVIEWERS

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Nguyen Dinh Quang — Vien Gut Model

Tháng 3/2026 — Ho Chi Minh City, Vietnam

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1. Purpose and compilation principles

A.4 is the central reference document: any international reviewer encountering a HOW term in any document from A.0 to C.4 can look it up in A.4 and find a precise, consistent definition with international benchmarking. Total of 35 terms, classified into 3 groups by origin:

Group	Group name	Characteristics
A	Existing international terms (7 terms)	Used with exact international definitions, applied to LMIC multimorbidity
B	Terms with equivalent meaning (18 terms)	Equivalent concepts exist, Vien Gut interprets more specifically for operations
C	Vien Gut-developed terms (35 terms total)	Developed from 18 years of practice — no equivalent in medical literature

> *Three compilation rules: (1) Origin transparency — each term clearly classified as group A/B/C; (2) Operational definition — describes practical use, not theory; (3) International benchmarking — compared with the nearest concept in medical literature, specifying similarities and differences.*

2. Group A — Existing international terms

7 core terms: Treat-to-target (T2T), Crystal-free, Multimorbidity, Risk stratification, Integrated care, Chronic Care Model (CCM), Real-world evidence (RWE). Vien Gut does not change meanings, only applies them to the LMIC complex chronic multimorbidity context. Notable: T2T is expanded for simultaneous application across four axes (gout, kidney, heart, liver); risk stratification integrates multiple axes (T1–T4) instead of each disease separately.

3. Group B — Terms with equivalent or differently interpreted meaning

18 terms. Key terms:

Vien Gut term	International benchmarking and differences
HOW gap	Nearest: WHO 'know-do gap', Implementation Science 'implementation gap'. VG emphasis: lacking operational structure, not motivation or knowledge.
Clinical Conductor	Nearest: CCM 'care coordinator', WHO 'case manager'. VG emphasis: proactive coordination, authority for cross-guideline priority decisions, SLA 24–48h.
DATA-to-operate	Nearest: 'actionable data', 'decision-relevant data'. VG distinction: not research data or EMR — but data that immediately activates clinical decisions.
Monitoring SLA	SLA from ITIL service management. VG transfers to chronic outpatient: 4 levels (4h/12h/24h/48h), not yet in outpatient literature.
Phased treatment plan	Nearest: phased treatment in oncology. VG expansion: 4 phases across four simultaneous multimorbidity axes.

4. Group C — Vien Gut-developed terms

Terms with no international equivalent in medical literature, developed from 18 years of practice:

Term	Summary operational definition
Clinical blind zone	Zone where patients need treatment but are not covered by guidelines —

	because evidence was designed for a different reference framework.
Double blind zone	Two guidelines from two comorbidities are both silent on their intersection — the deepest blind zone.
Guideline paradox	Following each disease's guideline correctly yet the combined result is wrong for the multimorbid patient — due to reference framework mismatch.
Referral safety valve	Predefined clinical threshold activating referral per SLA — does not wait for the next visit.
Clinical priority map	Tool determining priority order when single-disease guidelines conflict on the same patient.
Opportunity window (operational)	Longitudinal monitoring state: 4 layers (outpatient safety / HOW deployment / sufficient DATA / outcome anchor point). Assessment: still open / closing / closed.
Sensor–response system	Continuously operating MDT: each component both senses and responds, 7 operational chain roles.
Caliper mm²	Urate crystal measurement by digital caliper (mm²) — developed 9 years before OMERACT 0–3.
Conflict resolution matrix	Matrix tool supporting arbitration when guidelines require opposite actions on the same patient.
Visual Medicine	Standardized clinical images/videos = operational data + adherence enhancement tool + verification evidence.

> *Strategic argument: Clinical blind zones exist not because medicine lacks evidence — but because evidence was produced within a reference framework different from complex patient reality. Vien Gut builds a new reference framework: blind zone map + integrated outpatient operational layer — shifting from 'treatment dependent on individual competence' to 'treatment based on structured system capacity, data, and safety valves'.*

5. Position in the document system

A.4 is the central reference document for the entire A.0–C.4 publication set. Key links: A.1 (EBM framework), A.2 (three-layer definitions), A.3 (gap evidence), B.1–B.5 (operations), C.1–C.4 (verification targets). A.5 (standardized glossary) supplements with a bilingual quick-reference table.

REFERENCES (abbreviated)

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Note: Complete list (28 references): see full A.4 document.

Vien Gut is ready to share the entire model with the international medical community as a public good, serving the goal of improving complex chronic multimorbidity care in 129 low- and middle-income countries.