

The Heart of Healing™

A New Approach To Ambulatory Health Care™



WELL☯MED™ - A Whole new way of thinking ... about
health care! ... *human-centered, evidence-based,*
wellness-driven, comprehensive medicine

A New Approach to Ambulatory Health Care™:
Patient Centered, Wellness Driven, Cost Effective

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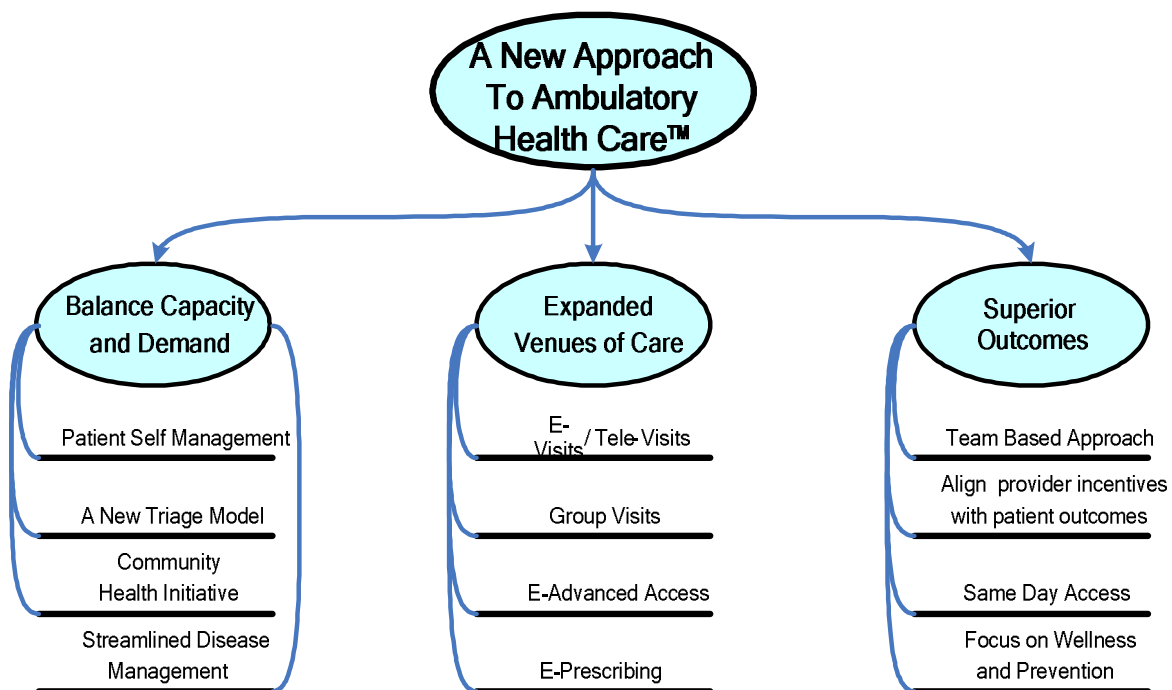
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A New Approach to Ambulatory Health Care: Human-Centered, Wellness-Driven, Cost Effective

Health care delivery is ideally a patient centered process. However, the influences of governmental regulations, traditional health insurance organizations, and the administrative burden of insurance claim submissions under twenty plus years of *managed care* have come to shape the health care delivery process in the United States. Clinical and professional resources are diverted from the care of patients and redirected toward satisfying myriad regulatory, organizational and financial needs. This emphasis has led to higher health care costs and reduced the quality of care patients receive. Patient and clinician satisfaction are low, and nationally there is awareness that our health care system is both inadequate and prohibitively expensive. WELL@MED™ is attacking these problems by reestablishing upon an entirely new foundation the important role of primary care medicine, wellness programs and state-of-the-art technical infrastructure in the effective care of patients using *evidence-based, wellness-driven* comprehensive medicine. This document describes the new approach in more detail. Additional information is available from Dr. Jason Mitchell at WELL@MED™ .

WELL@MED™ has two fundamental health care business goals: 1) improving the quality of medical care; and, 2) reducing the costs of direct medical care by 30-45%. To accomplish them, we have designed an entirely new evidence-based clinical model for primary medical care called *A New Approach to Ambulatory Health Care™* ("*New Approach™*"). Figure 1 - A New Approach to Ambulatory Health Care outlines the new model. The new approach developed by Dr. Jason Mitchell, the Medical Director of WELL@MED™, is now being adopted by a major provider of health care in the Southwest; it also is being used in work-site clinics for large self-insured businesses, and for community based medical clinics and small medical practices.

Figure 1– A New Approach to Ambulatory Health Care



The *New Approach*[™] is conceived to provide superior outcomes through state-of-the-art medical practices and an adaptive delivery model that matches capacity and demand in real-time. The keys to the effectiveness of the new model are clinical and administrative processes, technology and other innovations which promote clinician and patient satisfaction and efficiency across multiple dimensions, achieving improved quality of care and at the same time achieving new levels of effectiveness and administrative efficiency by managing overall capacity and utilization over the course of a patient's life through the flexible use of expanded venues of care. These aspects all discussed in more detail in the following sections. Figure 2 — Clinical Practice Design Goals shows what we are trying to accomplish.

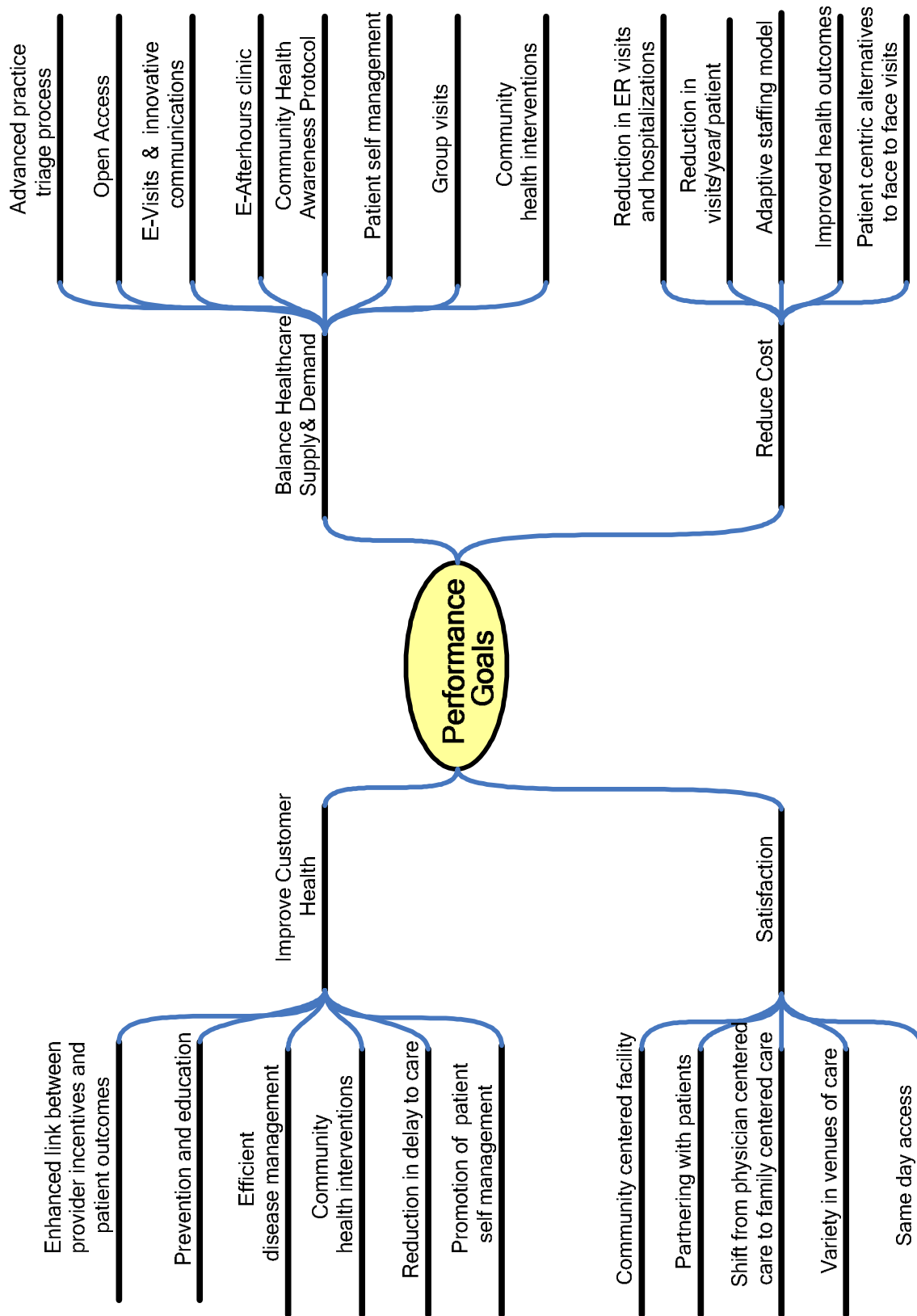
The *New Approach*[™] as conceived by WELL●MED[™] is an essential and potentially invaluable innovation for managing the health care costs of large populations of Americans like *Big Labor*, i.e. the United Autoworkers, the employees and retirees of General Motors and Ford, *governments* and other *corporations* undergoing major restructurings such as the airlines, etc. including possible bankruptcy which place in jeopardy the health care of retirees and entire workforces. After decades of downsizing, off-shoring, "*lean and mean*" management, globalization and the like, American competitiveness, and core values of fairness and respect for human dignity have eroded to the point where basic access to affordable health care for all Americans remains a contentious political and social issue.

These problems threaten the very basis of American's hopes for the future. The deteriorating social contract in America between workers and their employers and the government, raises red flags in the realm of domestic politics witnessed in our grappling at the state level with issues of universal health care coverage. We at WELL●MED[™] think our clinical innovations improving quality and reducing direct medical costs also contribute innovatively to the public discourse on universal coverage by introducing "win-win-win" alternatives which potentially mitigate the unbounded and unfunded liabilities for the poor and the elderly via Medicare and Medicaid programs, Veterans via the Veterans Administration, Native Americans via the Bureau of Indian Affairs and for government and *Big Labor* retirees at all levels.

This document describes the clinical approach and design features which distinguish the *New Approach*[™]. Of singular importance, is the need to bring about constructive changes in primary care without necessitating the immediate replacement of all existing legacy concepts, infrastructure and systems. WELL●MED[™] has defined a comprehensive clinical infrastructure and delivery architecture which enables new innovations and components to blend effectively with legacy components preserving capital investments and providing transformational stability. This is described in a separate document *The American Medical Information Repository Trust Company* available from WELL●MED[™]. This architectural approach reduces significantly the risk of losses and failure to complete the transformation in health care clinical practices required to stay-in-the-game.

Systemic changes are difficult to achieve or even to conceive in the current health care climate. Fortunately, the changes under discussion here are achievable if only because health care is one of the largest markets in America. So, there is abundant focus on the problem and many interests are affected. Finally, health care choices affect each one of us personally giving us a avenue to maintain our interest and familiarity with key issues concerning our care.

Figure 2 — Clinical Practice Design Goals



Most moderate to large business entities provide health care insurance for employees. Large premiums are paid to an insurance organization and are subsequently used to support administrative and regulatory costs of the insurance carrier, all downstream administrative costs, and finally the cost for the actual health care delivered to the patient. The value left for the patient and the satisfaction for the provider or doctor at the end of this process is very small. Patients are often subjected to short health care visits oriented toward only addressing the immediate illness. Resources are too limited to address overall health, wellness, and prevention.

Allopathic medicine has become exceptionally sophisticated. Rapidly advancing technologies, medications, disease management tools, and communication modalities combine to create an inordinately complex and dynamic operating environment. The ever increasing regulatory burden and antiquated reimbursement methodologies contribute to the complexity and mitigate against meaningful improvements in effectiveness. These are powerful forces shaping physician behavior and innovation in clinical practice. Our approach to innovation in contrast is to align clinicians, caregivers and patients around direct action to improve the quality of care and satisfaction of each. We have done this by focusing on the common goals shared among communities, families, patients, providers, clinics, medical, insurance and health care delivery organizations using them to shape our action plans.

We believe that the solution lies in The Wellness Model, a paradigm shift toward patient centered care that focuses on disease prevention and individual wellness. Large employers who participate in an internal health care delivery system, can decrease overall organizational cost of employee healthcare. Additional savings can be wrung from dramatic reductions in employee absenteeism due to illness as well as improved productivity from an overall healthier work force. The Wellness Model consists of key components that ensure cost savings, employee wellness, and superior health care outcomes. These components are: 1) The Patient Centered Wellness Program; 2) Patient Centered Care – A Superior Delivery System; 3) Cost Saving Technologies, and; 4) Strategic health care partnerships.

The Patient Centered Delivery System design shown in Figure 3 is comprised of a high efficiency, self sufficient clinic located within an organization, see Figure 4, or organized as a self-standing community serving primary care practice or clinic. With this design the cost to deliver health care is reduced dramatically through practice efficiencies as well as reduced regulatory and administrative overhead. The clinic is designed to exclusively serve the organization's employees and their dependents. It provides full scope health care including urgent care, primary care, preventive medicine, immunizations, occupational medicine, and mental health. It is also equipped with point of care equipment to provide common laboratory tests, perform spirometry and electrocardiograms, splint sprains and fractures, and repair lacerations. The clinic is staffed with one primary care physician serving as the lead clinician and medical director. Additional mid-level health care providers are added to the team according to size and demand of the organization. The health care providers are supported at a 1 to 1 ratio with nursing or medical assistant staff.

We have defined our *New Approach to Ambulatory Health Care™* based on the needs to both improve the quality of care and to reduce costs. We also have documented the need to improve the level of satisfaction and engagement of the medical providers and patients in bringing about changes in health care. We anticipate integrating multiple cost saving technologies as shown in Figure 5. We also anticipate establishing key strategic partnerships as shown in Figure 6.

Figure 3 — Patient-centered wellness-driven Clinic Design

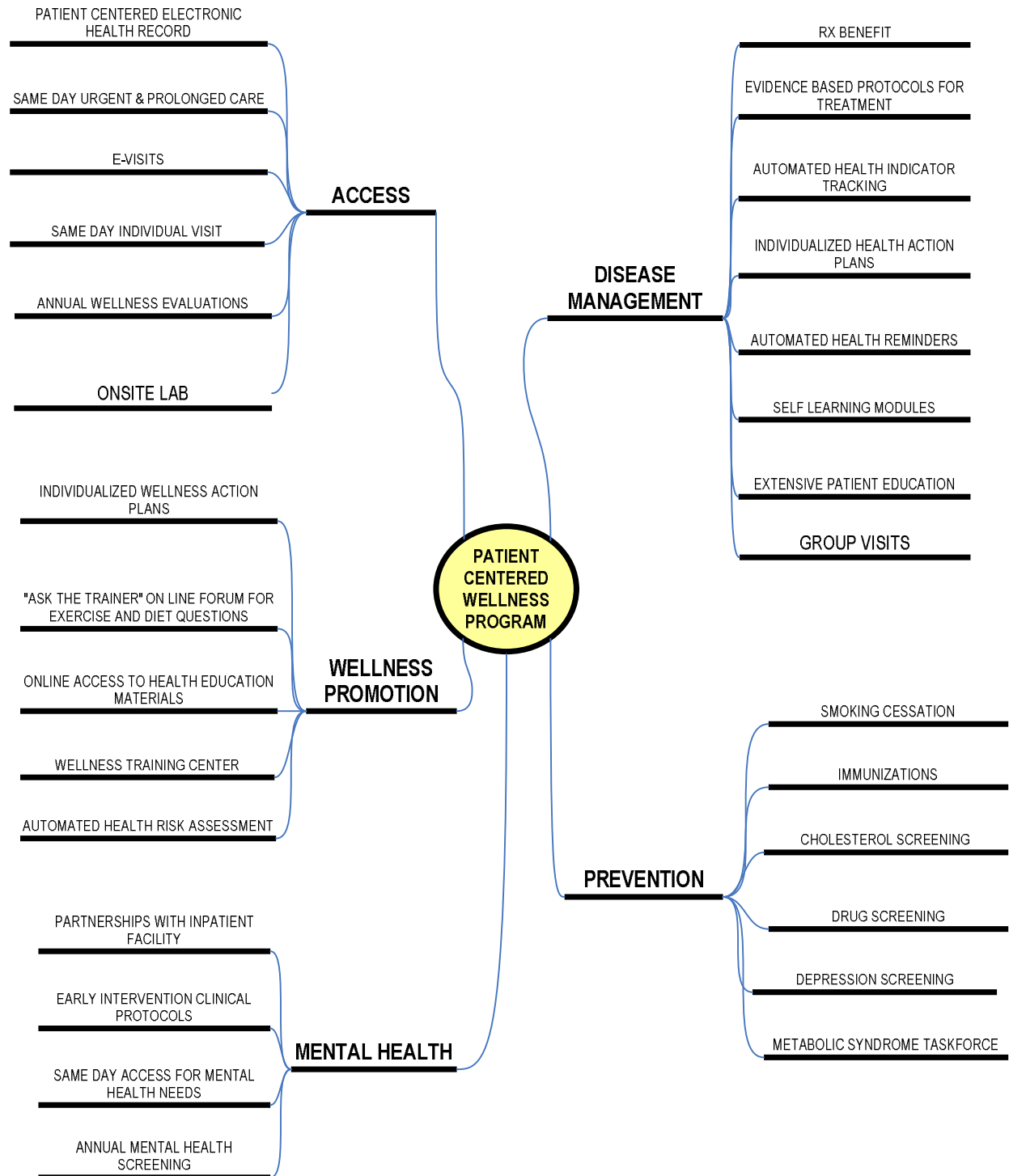


Figure 4 — Patient Centered Work-Site Delivery System

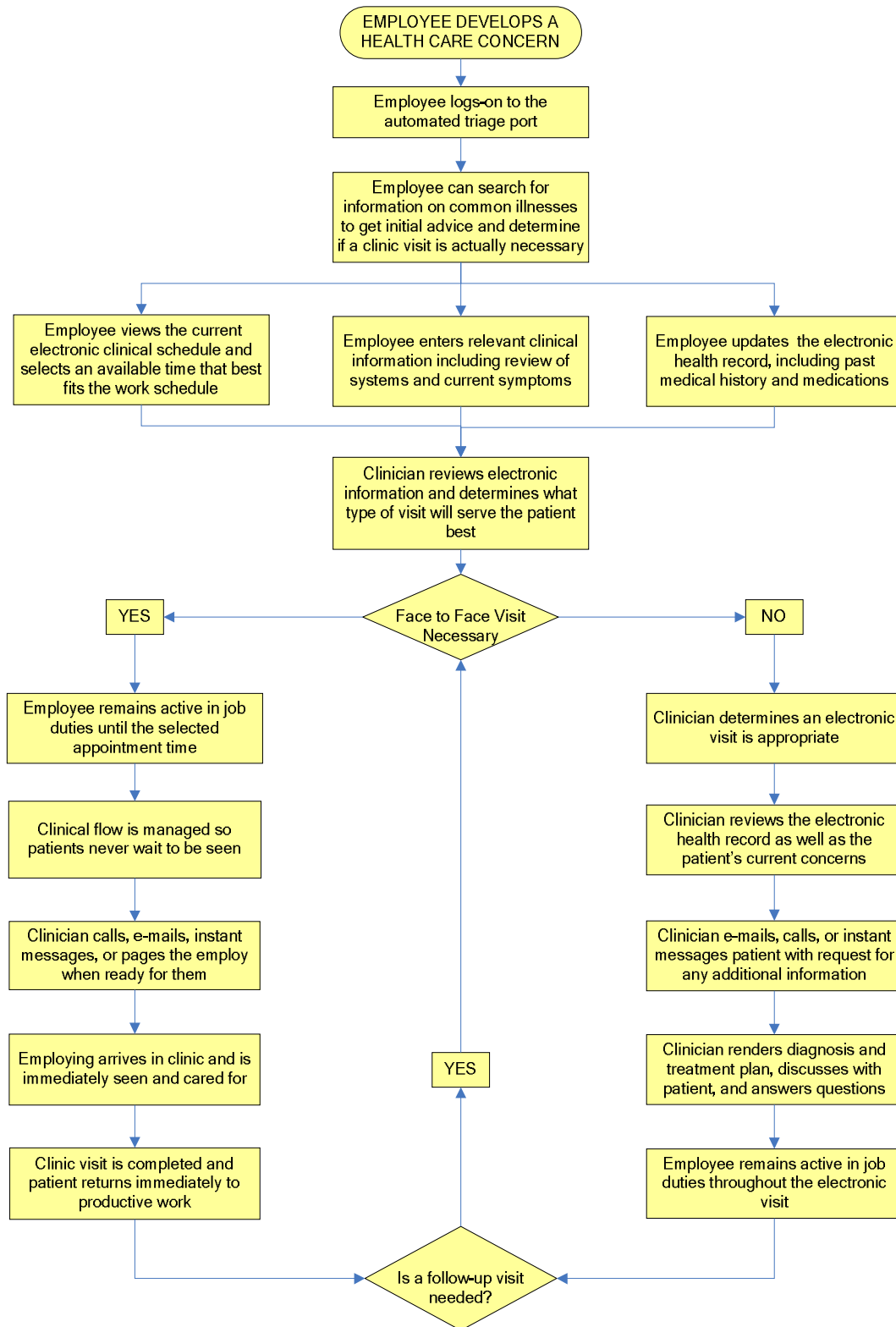


Figure 5—Cost Saving Technologies

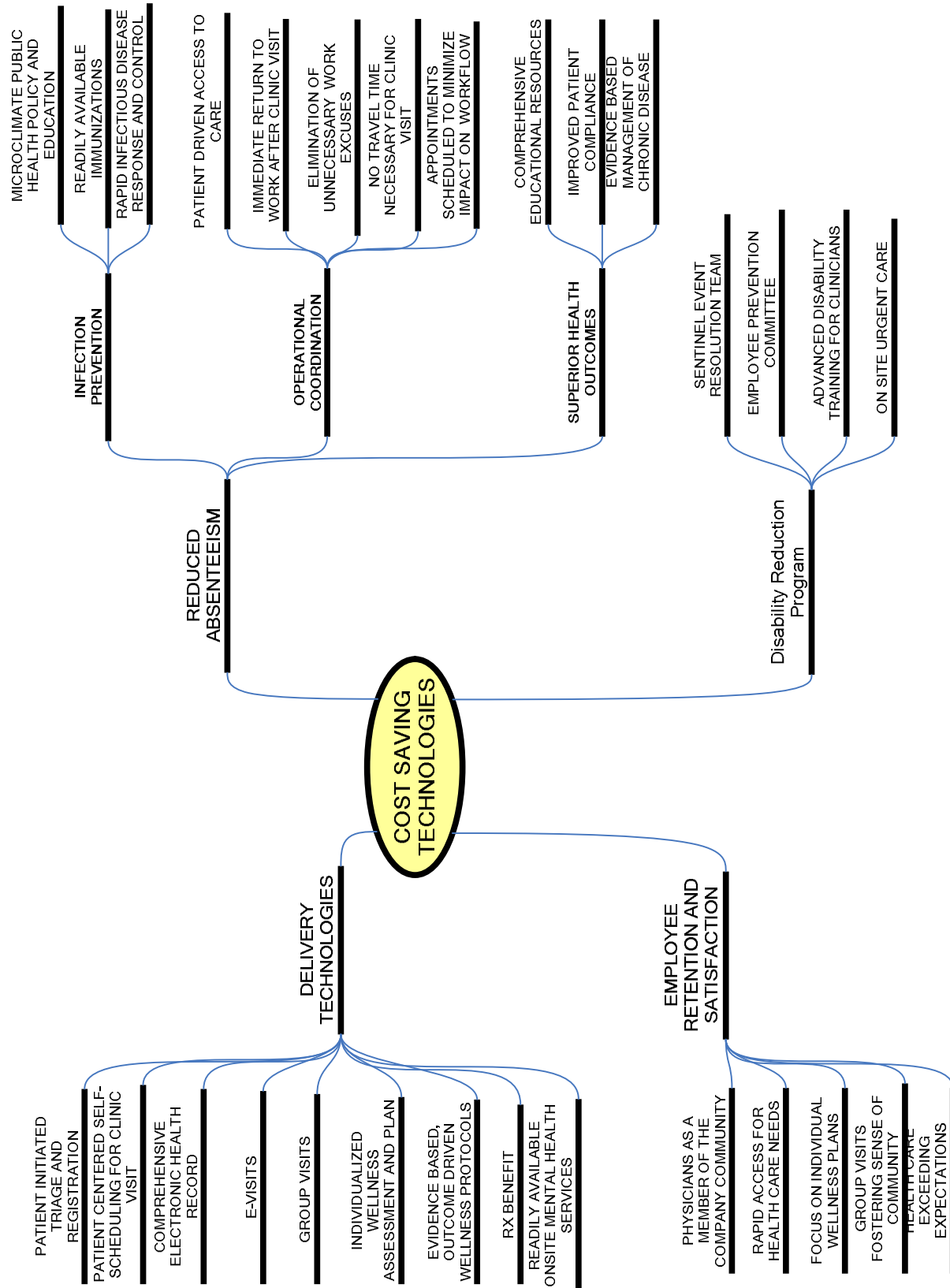


Figure 6—Strategic Partnerships

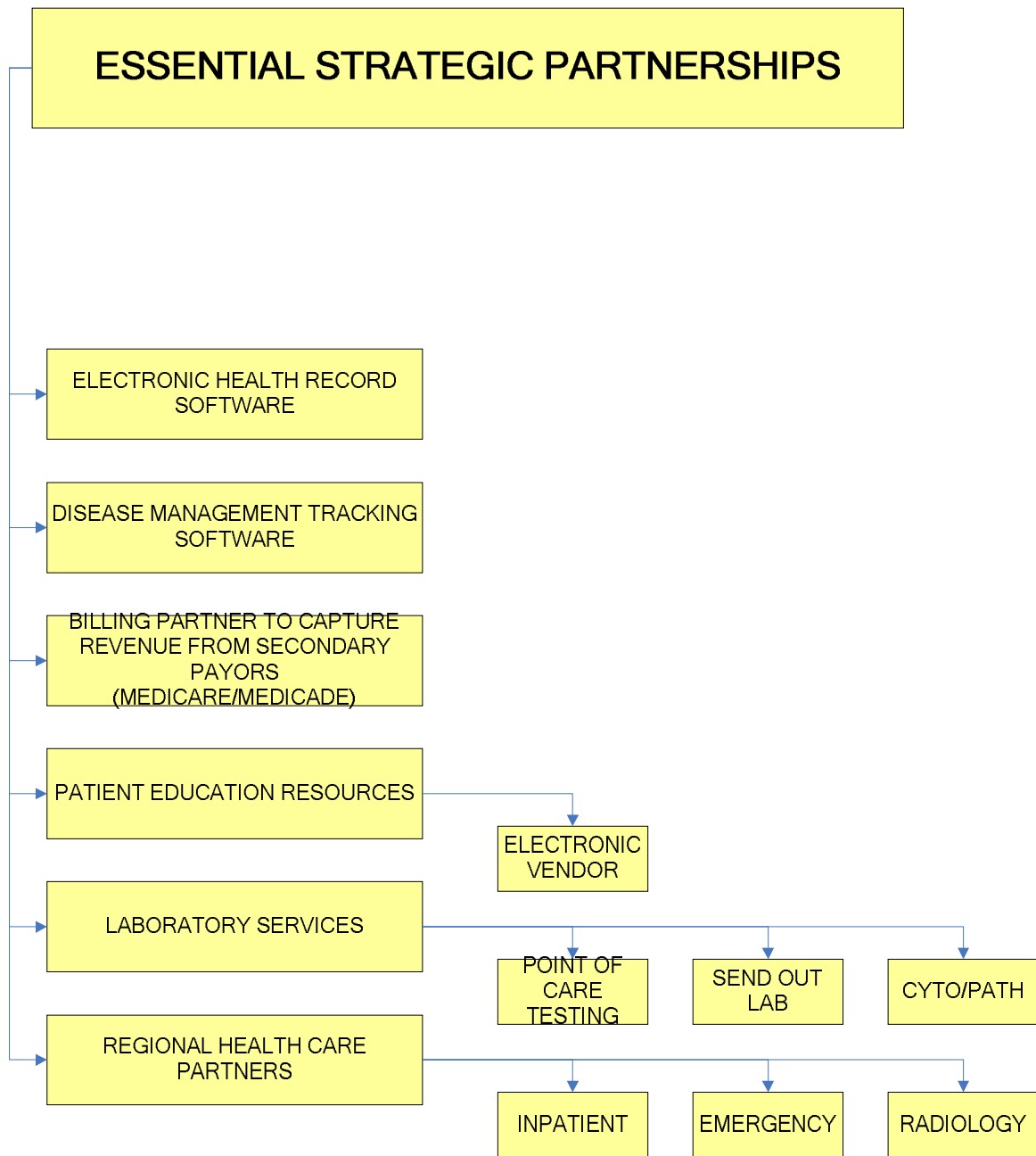
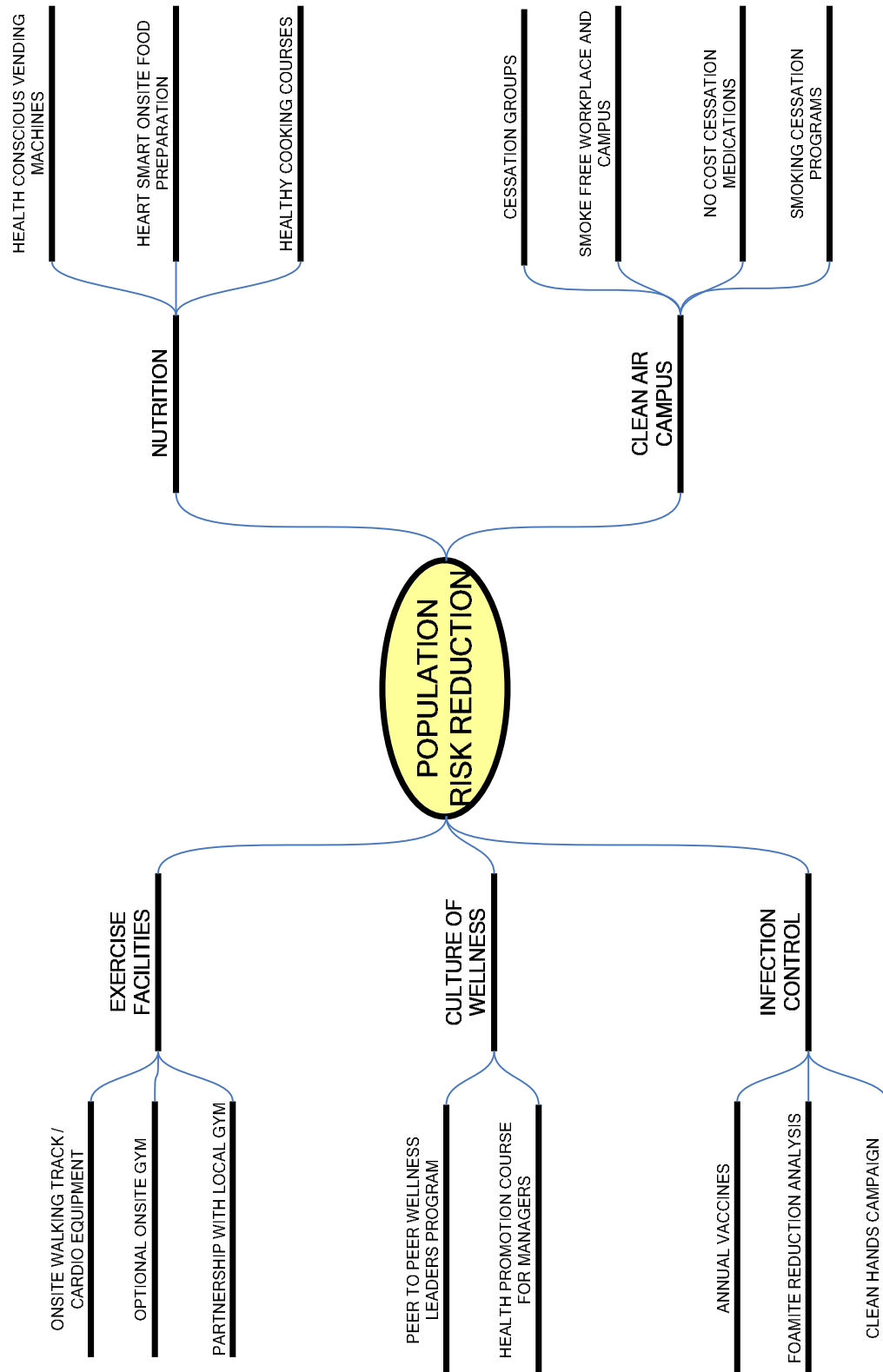


Figure 7—Population Risk & Loss Reduction



Our answer to the issue of improving medical quality and reducing direct medical costs is a new way of thinking about the clinical and business processes and the human being. At WELL@MED™, we call this human-centered evidence-based wellness-driven comprehensive medicine. **Figure 7—Population Risk & Loss Reduction** exemplifies our wholistic approach to improving health care across the spectrum of possibilities. Effective action to improve the health and quality of life of our patients is essential to our reducing direct medical costs.

We intend to pervade our initiatives and to build our health care activities on core values which acknowledge and are shaped by the recognition and respect for the dignity of every human being. We think this is the only way to engender a culture of human creativity producing the regenerative force and moral purposefulness needed to bring about constructive changes in health care profitably.

About the New Approach to Ambulatory Health Care™

Allopathic or conventional medicine has become exceptionally sophisticated. Rapidly advancing technologies, medications, disease management tools, and communications modalities create an ever more complex operating environment. The acceleration of the pace, scope and scale of change in our society and times is unparalleled in human history. Medicine is a prime example of this phenomena. Business is another. At the intersection of Medicine and Business we find the nexus of driving forces dominating our lives and shaping our futures. No where is this more evident than in America.

It only makes sense now to see the approach of the health care crises now upon us. For it embodies the twin human failings of pride and arrogance in the face of reality, a reality that is no longer affordable nor healthy for any of us. The solution to this compelling problem is a business driven strategy which we call *A New Approach to Ambulatory Health Care™*. It arose out of the legitimate needs of human beings, the practical needs of doctors and allied health professionals, and the fundamental needs of businesses for a healthy and productive workforce. The *New Approach to Ambulatory Health Care™* is designed to overcome the barriers to improving the quality of medical care and lowering direct medical costs to individuals and to businesses while also preserving investments in legacy infrastructure. In this way WELL@MED™ seeks to lead the way in bringing about fundamental changes in health care in America.

We must undertake a thorough rethinking of clinical and administrative practices to wring out additional efficiencies in health care. However, they alone will not reliably yield the improvements in quality and reductions in costs we seek. Our expectations are to reduce existing costs by 30-45% and contain them going-forward to approximately the level of changes in consumer prices. There is a practical limit of about 30% in cost reductions related to clinical and business process redesign and improvements. Separately in our collateral materials we have described our human-centered approach and comprehensive medicine. These also are necessary to achieve our goals. We are innovating in clinical practices with our *DiagnosticCues™* and *CognitiveCues™* as part of our efforts to realize the maximum effectiveness in our actions. And finally, we anticipate using evidence-based results to shape extensions in our treatments encompassing and including safe, effective modalities and medicines from the realm of complementary and alternative medicines. At WELL@MED™ we take into account the Whole picture and possibilities of healing and caring for our patients. This is our "Heart for Healing" which we will develop further to provide the coherence and sufficiency to meet our aims and goals.