

*The Heart of Healing™*

The American Medical  
Information Repository  
Trust Company  
(AMIRTC™)



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

The American Medical Information  
Repository Trust Company

*A conceptual proposal by*

The WELL ☉ MED™ Corporation

320 Osuna Road NE

Suite C-3

Albuquerque, NM 87107

*For additional information please contact*

James D. Johnson

Managing Partner

Level Three Performance Solutions

[www.L3PS.com](http://www.L3PS.com)

Tel: 775.828.6161

e-mail: [jjohnson@L3PS.com](mailto:jjohnson@L3PS.com)

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## **Introduction**

This concept paper describes the business needs and opportunities for WELL ● MED™ and its business partners and strategic investors to create and to operate the *American Medical Information Repository Trust Company* (“AMIRTC™”).

WELL ● MED™ provides *human-centered evidence-based, wellness-driven* comprehensive medical care (“comprehensive medicine”). Our approach to primary care is described in: “*A New Approach to Healthcare™*” by Jason Mitchell, MD. Additional information on the clinical model is available on the Internet at [www.L3PS.com](http://www.L3PS.com). This new state-of-the-art proprietary clinical model is designed specifically to meet the needs of worksite clinics for self-insured businesses and to improve medical quality and to reduce direct medical costs in primary care clinics and among primary care physicians.

In recent years, there has been an exodus of primary care physicians from the field; additionally, fewer physicians are coming into primary care from medical school. It is common knowledge that this phenomenon is occurring because current market conditions and payment mechanisms limit the ability of primary care physicians to practice healing, to gain any sustainable sense of satisfaction in their work or to meet their financial goals. WELL ● MED™ intends to pursue the regeneration of primary care medicine through its comprehensive medicine. It will create a viable economic model within which primary and family care physicians can fulfill their desire to heal, and will recruit, physicians with a demonstrated interest in comprehensive medicine.

WELL ● MED™ envisions AMIRTC™ as a private sector business focused on information technology (“IT”) for health care. It will provide products and services used by consumers, physicians and other health care providers, payors, and self-insured businesses. The initial market focus includes Arizona, Colorado, Nevada, New Mexico and Utah, which will be followed by the remainder of the Western United States.

AMIRTC™ will assume the role of creating, licensing and operating the technical architecture and infrastructure, i.e. computers, software and integrated secure communications, (the “Technical Infrastructure”) needed to support WELL ● MED™ ’s business concept—using primary care medicine to drive fundamental change and improve the effectiveness of the health care system in the United States.

The Technical Infrastructure provides the basis for delivering an entirely new way of thinking about health care: where, when and how prevention and treatments are needed and delivered, in a more cost-effective way. Improved quality, practice efficiencies, innovative modalities, and reduced regulatory and administrative overhead are keys to improving the efficiency and effectiveness of health care outcomes. For employers who bear the burden of health insurance premiums, other important financial measures include reduced *presenteeism* and indirect costs, combined with workforce productivity improvements. These business outcomes bolster the cost effectiveness and return on investment for adopting the WELL ● MED™ approach. The Technical Infrastructure, clinical and business processes, and technical services capabilities are essential to accomplishing these objectives in a sustainable way.

WELL ● MED™ is looking to AMIRTC™ partners to provide \$8.0M—\$10.0M in business development funding. The funding can be collateralized or secured by rights to provide the Technical Infrastructure. for AMIRTC™, provided funding takes the form of recoupable advances against royalties and licensing payments related to implementing and operating the Technical Infrastructure.

AMIRTC™ is located at 320 Osuna Road NE, Suite C-3, Albuquerque, NM 87107. For additional information about the WELL ● MED™ Companies please contact Bill McCormick at 505.424.8890 (bmccormick@L3PS.com); Jim Johnson at 775.828.6161 (jjohnson@L3PS.com ); or, Bradley Day, CLU, ChFC at 505.344.1100 ( brad@dfg.com ).

## **1.0 About the Potential Income Sources**

This section describes the sources of potential income to the owners and operators of the AMIRTC™ Technical Infrastructure.

- A. Medical Care: - AMIRTC™ will provide the Front Office and Back Office systems and capabilities, computer and communications technologies needed for: primary medical care provided by the individual physician and clinics; consumer management of medical information; and, business management of health benefits plans and work-site clinics. AMIRTC™ will sell or arrange for the sales of applications, services and related applications functionality to patients, doctors, clinics, businesses and other potential users of the health care information in compliance with all applicable statues and regulations.

These processes include but are not limited to electronic health records; appointments, calendars, and scheduling; disease management, medication management, and medical quality monitoring; health risk and psychographic change appraisals; insurance plans, claims processing, billing and collections; data mining; regulatory and compliance reporting; other essential front/back office, clinical and business process activities; and, human resources and workforce productivity applications.

Hardware, software and support may be provided on a fee-for-service basis or by using transactional pricing (with possible options to purchase hardware, software and support) or via an Internet or applications service provider (“ISP” or “ASP”) model.

- B. Medical Quality Improvements: The AMIRTC™ infrastructure will provide opportunities for quality improvements and reductions in errors via *CognitiveCues™* and *DiagnosticCues™* which will monitor health care events in real time to suggest solutions based on observed conditions, participants and context, changes in treatment plans, next steps and the like. The benefits of these improvements can be quantified and monetized.
- C. Providing Technical Support and Related Consulting, Planning and Technical Advisory Services to WELL ● MED™ associated entities.
- D. On-line Advertising: – The AMIRTC™ infrastructure will enable *on-line advertising* selectively to all participants; i.e., patients, providers, businesses, etc. based on psychographic profiles, health, risk factors, diseases, conditions, symptoms, allergies, locale and other market factors and segmentation of interest to marketers.

In recognition of the developing values-based consumer market, including for example the LOHAS (“Lifestyles of Health and Sustainability”) segmenting model, we expect to create a unique identifiable physician and customer experience by adopting marketing and customer-focused service approaches and techniques used successfully in retailing by Starbucks, Target, Best Buy, Walgreens, Wal-Mart, Whole Foods, Wild Oats and others. We expect that by targeting physicians and consumers we will become ultimately the primary or preferred pathway in connecting most of them. We also fully expect our value-based perspective to become a clear market differentiator that will enhance our clinically-based value-creating perspective.

- E. Click-Through Fees: The AMIRTC™ infrastructure will provide fees for services for referrals to providers and retail or purchase sites, for orders placed for products and services, or for information requests and other interactions where AMIRTC™ is the introducing party.

- E. Data Mining: – The AMIRTC™ infrastructure will provide an excellent and broad data mining platform with abundant opportunities for product development. We expect to capitalize on market initiatives such as the recently announced Intel/Wal-Mart consortium standard for electronic health records to expand our data mining possibilities more rapidly. Additionally, our use of the University of Michigan, Health Management Research Center *Health Risk Appraisal* instrument provides additional potential dimensions for data mining in conjunction business and provider information.

We plan to capture all pertinent information flowing through the infrastructure. The data will be “sanitized” or “masked” by removal of patient specific identification, unless specifically authorized and in compliance with pertinent legal and regulatory requirements. It can then be used for WELL ☉ MED™’s own research and development of innovative healthcare practices, and also be *sold* for commercial purposes and market research.

The AMIRTC™ Infrastructure will provide *Big pharma* and others the ability to perform research that features interaction in real time with patients, providers and businesses.

Longitudinal studies can be conducted by businesses, government agencies, non-governmental organizations (“NGOs”) and other interested parties via the Technical Infrastructure. Local providers can obtain market specific information for competitive positioning, differentiation, and for stimulating, shaping or pulling demand. It can be used by marketers for other purposes. The Technical Infrastructure can provide quality of care, cost, service level comparison and other unique and differentiated data services, including “new” knowledge which can in turn have very high value, creating barriers to entry, as it is only available via the AMIRTC™ infrastructure.

The AMIRTC™ infrastructure will permit entirely new types of market and industry research that is highly valuable in a consumer-driven, competitive, volatile and changing health care industry.

- F. New Products and Services: The AMIRTC™ infrastructure will provide the opportunity for development of new products and services. For example, consumer and business data companies can both introduce and recommend alternative providers on-line; they can also provide new information to offer to business customers with marketing power with marketing power.
- G. Transaction Fees: The AMIRTC™ infrastructure will provide all participating parties with the ability to charge, collect and remit transaction fees for services of all types, including ASP and ISP services, vendors, etc.
- H. Disintermediation Premiums: The AMIRTC™ infrastructure will be used to interdict and change payment flows, thereby eliminating associated paper transaction costs and producing fees and royalty streams as a result.

- I. Insurance Products and Services: The AMIRTC™ infrastructure will provide the opportunity for development of new wellness-driven insurance products and services. For example, business, individual and HMRC data can be combined to produce strategic assessments of alternative plan designs that achieve business goals including HR and workforce productivity.
- J. Market Power: - The AMIRTC™ infrastructure will provide hospitals, clinics and doctors in competitive markets with an entirely new wellness-driven health care approach that can be packaged and sold to local businesses, creating a value network relationship with the hospitals, an increased flow of patients and potentially higher utilization levels. Insurance and payment plans can be offered to take out most of the financial risk of innovative plan designs.
- K. Sales of Human Resources Capabilities: The AMIRTC™ infrastructure will provide the opportunity to sell HR, worksite and workforce-directed systems and services, and related products to improve workforce effectiveness around the new paradigm.
- L. Providing Patient Flow and, Cash Flow: The AMIRTC™ infrastructure will enable WELL ☉ MED™ to provide physicians and clinics adopting our business model and *A New Approach to Health Care™* with increased patient and cash flows and new competitive capabilities.
- M. Providing Technical Consulting - The AMIRTC™ infrastructure will create opportunities to provide technical services, support and related consulting, planning and technical advisory services to WELL ☉ MED™ associated entities.
- N. Spot Market Transactions - The AMIRTC™ infrastructure will foster the opportunity to provide diagnostic, treatment and surgical referrals in real-time based on idle or excess capacity, lower fees, or superior quality in a particular market or region, resulting in potentially significant cost savings.

## **2.0 About the Primary Care Market**

### **About the Ramp-Up**

WELL ☉ MED™ anticipates a seven-year timeline for its growth trajectory in terms of market penetration (i.e., number of physicians), and market share. This growth trajectory drives the IT planning.

The primary drivers of growth are the acquisition and operation of primary care physician practices and clinics, the creation of worksite clinics and creating referral networks around developing walk-in retail clinics at retail outlets; the secondary sources of growth are through licensing and franchising, or adoption of the WELL MED™ business model. Candidate primary care practices are in four medical specialties: Family Practice, General Practice, General Preventive Medicine and Internal Medicine. According to statistics from the American Academy of Family Physicians there were about 800,000 physicians in the U.S. in 1999. About 27% were in the targeted specialty areas, a total of about 210,000 physicians. More recent data places the number around 193,000 with revenues of \$245B employing 1.8M people.

WELL MED™'s Ramp-Up Plans envision a likely penetration by acquisition of 25% of an adjusted total of 90% of this market, or a total penetration target of about 180,000 physicians ultimately. We estimate the lowest penetration rate at 2.50%, the likely penetration rate at 5.00% and the maximum penetration rate at 13.50%, with likelihoods of .25, .50, and .25 respectively.

The penetration curves shown in *Figure 1 — Market Penetration* depict the expected upper and lower boundaries of growth in terms of numbers of primary care physicians. The overall adoption curve for primary care physicians is shown in *Figure 2 — Market Adoption*, which depicts the S-curve for market adoption, with *critical mass* being achieved in years three (3) to five (5). *Figure 3 — Offices Visits and Utilization* shows the expected aggregate office visits or market share captured by WELL MED™ physicians based on similar assumptions about expected occurrences.

**Figure 1 – Market Penetration**

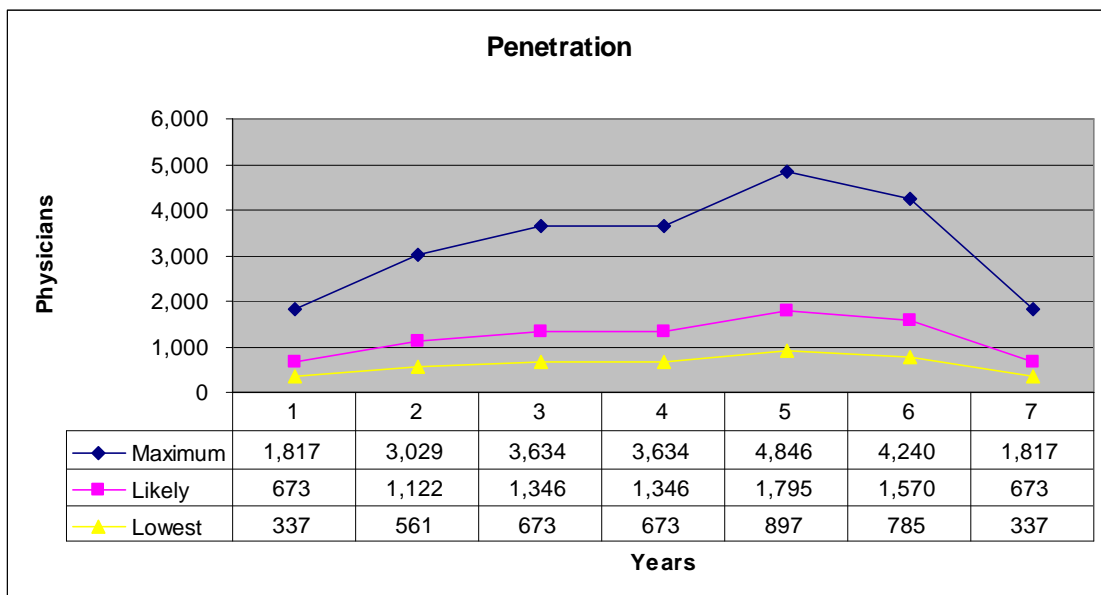


Figure 2 – Market Adoption

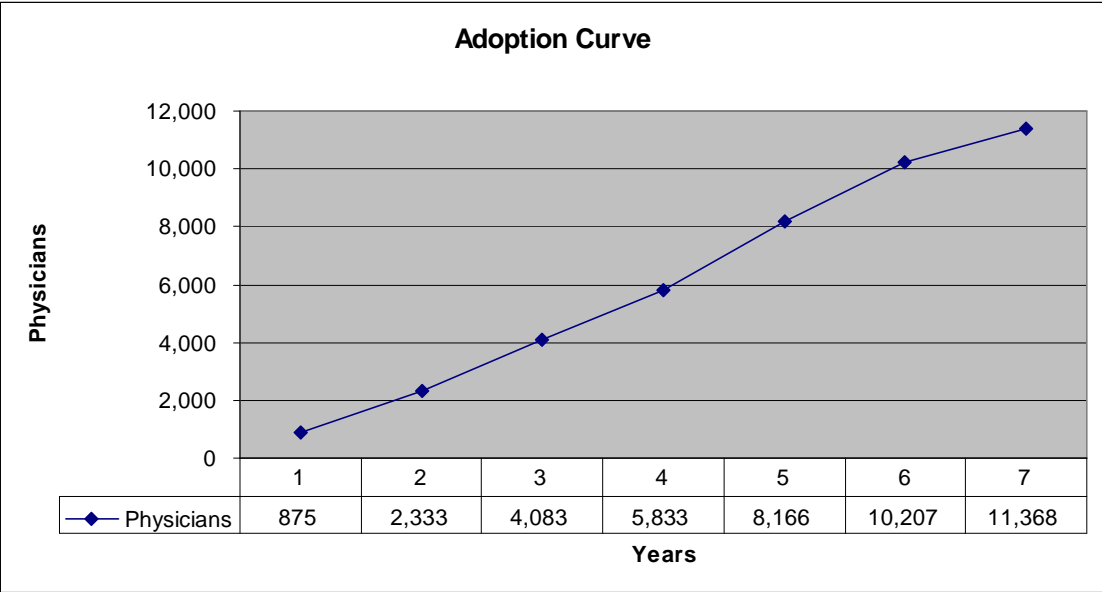
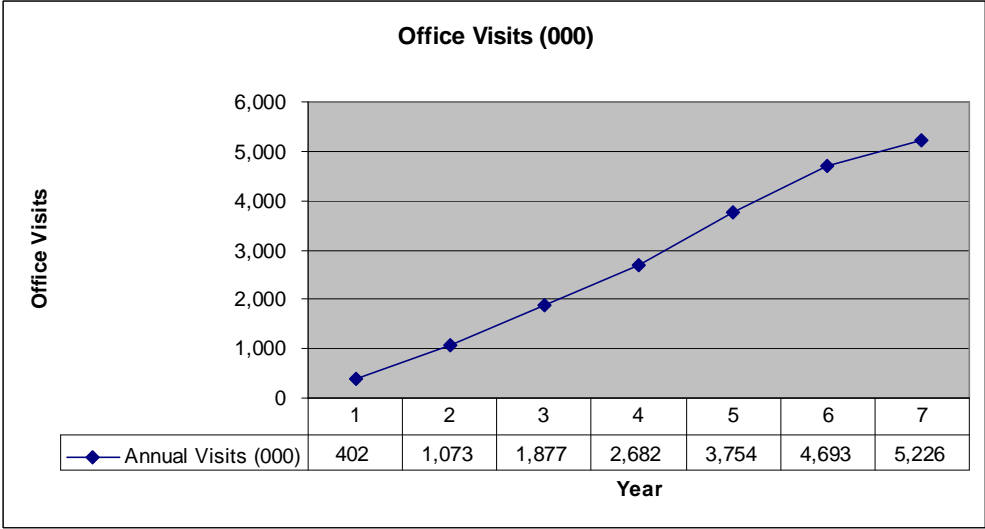


Figure 3 – Office Visits and Utilization



These figures establish WELL ☉ MED™’s fundamental operating basis and scale needs in terms of physicians and market share.

This analysis highlights the need for a ramp-up or roll-out plan with a great deal of flexibility at the margins due to the risk for miscalculation or error in adoption rates, market timing and market share, all of which may vary significantly. These volume and quality factors, combined with the business transformation or change process issues involved with each acquisition, means that WELL ☉ MED™ needs a technology strategy which is highly mutable depending upon the circumstances of each acquisition. In other words, the strategy needs to adapt at the pace and scale of the market in order to support WELL ☉ MED™ ’s business aims.

### 3.0 About WELL MED™

WELL MED™ is a Nevada-based enterprise promoting a human-centered, wellness-based comprehensive medicine for businesses, hospitals and primary care physicians with an entirely new approach to managing the health care process. It was created to pursue disruptive innovation in health care through three primary means: 1) Primary care medical practices including retail clinics encompassing clinical, administrative and operational activities; 2) health insurance plan designs and financing; and, 3) business management related to human resources and workforce effectiveness and productivity.

WELL MED™'s fundamental business aims are as follows:

1. Provide primary medical care using a human-centered, wellness-based comprehensive medicine model:
  - a. Provide a new approach to delivering and managing health care for businesses;
  - b. Deliver a 30-45% reduction in health care costs to businesses and communities by the third year of their enrollment; subsequent cost growth will track the consumer price index ("CPI");
  - c. Provide innovative insurance and employee benefits designs, financing and risk management plans for businesses; .
  - d. Provide integrated workforce and human resource solutions to improve the productivity and competitiveness of businesses via improved health care.
2. Develop new and improved modalities, and diagnostic and therapeutic approaches by mining *extensive* data for evidence of improved effectiveness, efficacy and efficiency of health care modalities using electronic health records, health risk assessments, psychographic change assessments, and related data and instruments. Combine actual treatment results and, quality and cost data in longitudinal research; provide evidence for improving the quality of medical care, expanding the scope and reach of comprehensive medicine and reducing medical costs based on our proprietary, wellness-based primary care model;
3. Join patient, provider, business, quality and cost data for facilitating, tracking and managing medical referrals, disease management, other medical programs, surgeries and other interventions, to yield more cost effective patient care;
4. Provide businesses, communities and other groups of health insurance buyers with information to more effectively manage workforce productivity through innovative insurance plans and self-insurance designs and financing;
5. Provide the means for marketing data-driven products and services to specific health care market segments; , i.e., patients, providers, payers and businesses; and,
6. Capitalize on the development of values-based consumer behavior to differentiate and develop health care businesses.

WELL ☉ MED™ 's principal business activity is developing and implementing market-based solutions in health care using the Technical Infrastructure to improve the effectiveness, efficiency and productivity of primary care thereby improving medical quality and outcomes, resulting in lower health care costs.

WELL ☉ MED™ consists of the following components:

1. A *physician practice management* ("PPM") company, headed by James D. Johnson, focused on innovation in clinical practices and primary medical care activities including work-site clinics, owning and operating primary care clinics and practices, servicing referral streams from walk-in retail clinics, and on franchising or licensing medically related products and services for primary care. The clinical approach and innovations for the medical practice are defined in *A New Approach to Health Care™* by Jason Mitchell, MD, WELL ☉ MED™'s Chief Medical Officer. In conjunction with the PPM, there is a doctor owned medical company, headed by Jason Mitchell, MD, to operate in states where physician ownership is required by law;
2. An *operating company*, headed by Bill McCormick, that provides advisory and consulting services related to transforming health care approaches for businesses, clinics and hospitals, and also including the Technical Infrastructure or the AMIRTC™ ; and,
3. An *insurance company* or brokerage, headed by Bradley Day, CLU, ChFC, that provides human resources based benefits designs, medical insurance and self-insurance plan designs, and financing products and services to support the WELL ☉ MED™ businesses.

#### **4.0 About Health Care Costs and Potential Savings**

In the United States today, health care costs exceed \$1.9 trillion per year, or 17% of GDP. According to the National Survey of Employer-Sponsored Health Plans by Mercer Health & Benefits, health benefits costs rose 6.1% in 2005 and 2006. They expecting a similar increase in 2007. PricewaterhouseCoopers reports that health benefit costs are expected to jump 10.7-11.9% in 2007, more in line with increases in the 2001-2004 periods. Smaller businesses have generally incurred increases in the realm of 12% annually. According to a recent Kaiser Family Foundation study, the 7.7% increase in health insurance premiums in 2006 was twice the inflation rate. This is a particularly difficult issue for businesses in which the indirect costs of health issues are 3 - 4 times higher due principally to presenteeism; i.e., direct productivity losses related to workforce health issues. Prescription drug costs have also continued to soar, averaging 14% per year increase between 2001 and 2003.

The data have confirmed our own experience that businesses can reduce employee health care utilization and claims, productivity and effectiveness lost through presenteeism, and total health care related costs by creating proactive health management environments and practices. The same approach can be adapted for individuals and their families.

We tested our theory of the business by commissioning an actuarial study by Lee M. Smith, of Paradigm Shift in Chicago, a nationally known and respected actuary, to assess the market potential of WELL ☉ MED™'s Human-centered Wellness-based Comprehensive Medicine. The study affirms that, at minimum, 27% of all medical costs can be eliminated by adopting this new approach.

Based on the study findings, we project potential national savings in the range of \$540 billion annually, exclusive of the indirect costs to businesses. We believe that the potential total cost savings and competitive benefits that will result from the combination of improved medical care, expanded consumer awareness and preferences for value-based buying will lead inevitably to other new opportunities for innovation and change.

At WELL ☉ MED™, we believe we can capitalize on the approaching changes immediately, leading to reduced direct health care costs and improvements in the state of the health of the nation's workforce. This makes a compelling story for our business concept and architecture. We also believe this approach necessitates the aggressive use of IT outsourcing to reduce time to market, increase scalability and market coverage, and lay off technical and financial risks to more mature, established and well-financed information technology companies.

## **4.5 About the Health Care Crisis and Business Opportunity**

The sheer size of the health care market presents significant opportunities for businesses that have the necessary capabilities and financing to position themselves to drive internal change. The increasingly upward health care cost spiral poses a serious threat to the U.S. economy and a consequent crisis relative to the overall health, wellness, productivity and competitiveness of U.S. businesses.

Large and small employers, faced with pressure on margins and earnings, are passing along an ever-increasing portion of these increased health costs to employees and retirees by, reducing benefits and limiting eligibility. Consequently, employees and their families receive less and less in the form of quality medical services. This leads to broad opportunities for new plan designs and for associated workforce, productivity, cost reduction and competitiveness initiatives at the “C” Level in Operations, Finance and Human Resources. Intel, Wal-Mart, British Petroleum and other businesses have recently announced their intention for consumers to coordinate their own health care among doctors and hospitals by providing digital health records in a data warehouse linking hospitals, doctors, and pharmacies.

Dr. Dee Edington of, at The University of Michigan Health Research Management Center (“HRMC”) has created the most widely researched *Health Risk Appraisal* (“HRA”) in the U.S. Since 1976, the Center has collected health and lifestyle behavior data on over 2 million individuals and has consulted with over 1,000 worksites.

Their research clearly demonstrates that “what drives up health care costs are the risk factors you can’t see—like how you feel about your job and life, and whether you feel stressed or in control.” Longitudinal research is a powerful and compelling dimension of the Center’s work, and shows that it is the cumulative effect of various risks that most impacts health care costs over time.

On the basis of the Center’s evidence, we intend to use the HRA and others to build powerful new analytical and predictive methods to measure and track change readiness and velocity; i.e., the ability of individuals, groups and businesses to change, the likely pace of change, and sustainability of the changes.

Our research shows how key attributes such as employee trust, engagement, and satisfaction are strongly and positively correlated with improved and sustainable business performance. To facilitate our change programs for individuals and groups, we plan to adding, assessing and investigating the *soul* dimension of the group or business using new questionnaires, techniques and values and behavioral survey instruments called *Psychographic Change Appraisals*.

## 5.0 About Market Data

Developing, providing and charging for *market data* is a proven legitimate way to stimulate and to pay for the required Technical Infrastructure. It leverages incumbents and their existing investments to create a *market information structure* providing the means for effectively communicating useful information among all market participants. Over time, new innovators in the on-going process of creative destruction will stimulate further new developments. The long-term result is multiple self-defined, generating and regenerating, independent associations of consumers and producers of goods and services creating new loci of economic activity and market power—*communities of interest* manifested in *value networks*.

## 6.0 About *Communities of Interest*

A better understanding of the role of groups and their power to influence behavior through *communities of interest*, through complex, multiple human connections and human emotions formed in these connections, is essential to understanding the revolutionary power of WELL MED™ to influence and change behavior. These *communities of interest*, at the granular level are patient-centered, disease-centered, provider-centered, and so forth. They may intersect and overlay one another in certain respects without losing their identities. Social networking, blogs, wikis, open source, peer-to-peer data exchanges, eBay, are among the technologies which serve the development of these types of communities.

Each community view has its own unique role and purpose, as determined by the needs of the participants. So there is an *elective affinity* aspect among them, as individuals are free to join and to participate or not.

The role of AMIRTC™ is to enable these community activities to germinate, culminating in maturing and developing communities that providing intrinsic value to their members. In the markets, this gesture to permit growth and development is balanced against the desire to control and shape them, which is characteristic of incumbents—and which destroys innovation.

All of the communities, in whatever forms, multiplicity and dimensionality eventually develops, have an effective way through the technical infrastructure to communicate, with one another and within themselves, information and data to search for opportunities and new information or evidence, to reveal new needs and underperforming approaches, and to raise the effectiveness of existing activities based upon evidence derived from the activities of the health care market.

As a result of this market activity, all parties—, individuals and organizations, interest groups and businesses—, seeking new ways to innovate, shape and influence the health care markets, can target consumer audiences and market participants with advertising and promotional communications, infomercials, browser displays, factoids, blogs, podcasts, and other forms of communicating inducements and persuasion.

The companies also can mine insights or pay for mined insights about communities using actual data, predictive modeling and informatics of all types. Additionally, consumer and business data companies can mine and redeploy their existing data stores in new ways to create new revenue opportunities in this health care milieu.

## **7.0 About *Open Submission***

To accomplish our aim of information fluidity, we propose to use an *open submission*, architecturally driven approach which permits these varied participants as components to plug into or interface and communicate with other participants by way of the Technical Infrastructure. While each community will be self-directed and self-determining in terms of access, rules, and behaviors, it may still have birth parents or be conceived *in vitro* only achieving emancipation as young adults. In this way their focus and coherence is established and maintained.

We also propose establishing certain financial and operational incentives and costs for participating which may influence the pace and scale of adoption of *open submission* via the technical infrastructure. We see the potentiality of interest, in all or in part, by incumbents in IT outsourcing and off-shoring, in health care operations and technology, in insurance, in consumer marketing, in consumer and business data, and in financial and entrepreneurial circles.

We intend to build the IT capabilities for these components, including innovative ideas proven by search firms such as Google, Yahoo and other new technology firms. What we imagine is a hybrid browser-based tool set that will integrate *wikis*, business intelligence and custom applications. We call this new applied technology a *wikiT™* (Note: in our terms a *wikiT™* is an advanced or meta-knowledge repository; one which may be physical, virtual or both. See footnotes for additional discussion).

We envision this as a seamless, integrated, fast response time, high performance environment spanning multiple display devices, if needed. In addition, this *wikiT™* platform will provide us with the ability to integrate and to deliver real-time information about processes, status and state information, giving the providers, patients, consumers and business users accessing the system consistently fast response time and the ability to configure work and display stations for specialized medical and business process needs and functions.

## 8.0 About Data Collection

We envision collecting data using *bots* traversing all nodal components; i.e.,— physicians, hospitals, insurers, business and other providers—, in the Technical Infrastructure to collect, categorize and organize data. In the process of collecting data, we envision creating new knowledge (i.e., instances of, and relationships among, data which can be combined with existing knowledge about markets, providers, payers, plans, utilization, medicines, therapies, treatments and other data which may exist or only emerge later). This process creates and loads data into the *wikiT™*.

The *wikiT™* can be both self-regulating and self-correcting for higher value knowledge, given community values and governance criteria. These *bot collections* are passive and non-intrusive in that they make use of and collect information at nodes and components, which is permitted by the owner or holder of the information, or at vector intersections and loci within the Technical Infrastructure.

Owners and holders of information also may elect to submit information via *bot submissions* using established protocols which govern the way information is presented and used. These submissions are proactive and consensual within an established community governance framework. These *wikiTs™* are complemented and augmented by other technologies, for example; e.g., today's business intelligence capabilities, existing specialized and specific function applications, plus *Cognitive Cues™* and *Diagnostic Cues™*.

The net result is an all encompassing, comprehensive *wikiT™* which can be used with *Cognitive Cues™* and *Diagnostic Cues™* to improve the quality of care and to reduce errors. A secondary effect is to disseminate diagnostic information more quickly so that new innovations are immediately and widely dispersed immediately. This *Cue™* technology can potentially reduce errors and waste, thereby improving effectiveness, efficiency and outcomes in a health care process.

Lastly, the Technical Infrastructure offers the possibility for disintermediating the flow of payments and moneys among parties by a process analogous to the Depository Trust Company ("DTC") in the securities industry. In this process, payers and payees both affirm payments in full, permitting them to be exchanged electronically without further human intervention. This will, eliminating float and transaction costs while transiting on existing banking networks like the Automated Clearing House (ACH), SWIFT, and Credit/Debit Card networks, VISA and MasterCard, etc.

This collection of new functionality will be extended by the use of *complexity systems*, *predictive* and *agent based modeling* and other existing and emerging technologies in the Technical Infrastructure. They will operate on the *wikiT™* to produce new knowledge and understandings based upon the patterns, pace and flows of information about health and moneys within the *wikiT™*.

Imagine, the whole of the information about health care being analogous to the Earth whose surface is predominantly fluids—, oceans, lakes, rivers and the clouds and moisture in the atmosphere. By observing the floors and surfaces of the fluid domain—, the currents, the vortices and whirlpools, systemic changes and the perturbations induced at the surfaces and within the fluid realm—, evidence is produced suggesting new ideas, potentials, models and behaviors—a regenerative force. Of course, we have to keep in mind that the human being is predominantly fluid as well, and has an essential role as a generative force in the whole system. Using this dynamical concept within the fluid realm, patterns become potentially visible and useful in creating knowledge and value—, in producing evidence—, with commercial and societal value from improving the effectiveness of health care in America.

## **9.0 About Potential Sources of Financing**

We are in the process of preparing detailed business plans for each of the WELL ☉ MED™ businesses. They are scheduled for completion on or before March 1, 2007. Basic information shaping these plans is presented in this document. A snapshot of key financial information and assumptions follows.

Table 1 – Joint Venture and Strategic Investor Targets shows the current list of targets for AMIRTC™.

Table 2 – Initial Funding Plan shows anticipated funding needs during the first year ramp-up.

Table 3 – Development Plan shows the breakdown of first year expenses by line item tied to the initial funding.

Table 4 – Aggregate Funding Requirements by Business Line shows the anticipated initial spending plan by company.

Table 1 – Joint Venture and Strategic Investor Targets

| Technology Innovators  | Outsourcers                     | Insurance Companies            | Individuals                       |
|------------------------|---------------------------------|--------------------------------|-----------------------------------|
| Google (Goolge Health) | Perot (Tenet)                   | UnitedHealthcare               | Andy Grove (DeForest)             |
| Yahoo                  | ACS                             | AETNA                          | Steve Case                        |
|                        | IBM Global Services             | CIGNA                          | Bill Gates (Lanier)               |
|                        |                                 | Stop/Loss and Excess Loss Co.s |                                   |
| Off-Shoring            | Consmer/Business Data Companies | AON                            | Technology Vendors                |
| InfoSys (India)        | ChoicePoint                     | CNA                            | McKesson                          |
| TATA                   | Axiom                           |                                | Cerner                            |
| WiPRSO                 | Reed-Elsevier                   |                                | GE Centricity<br>Physician Office |
| HCL                    |                                 |                                | Misys                             |
|                        |                                 |                                | WebMD                             |
| Health Care            | Domestic Vendors                | Technology Innovators          | Allscripts                        |
| Hospital Operators     |                                 | Consortium                     |                                   |
| Tenet                  | Microsoft                       |                                |                                   |
| Banner Health (AZ)     | Sun                             |                                |                                   |
| Centura (CO)           | IBM                             | Wall Street                    |                                   |
| Presbyterian (NM)      |                                 | Cantor Fitzgerald              |                                   |
| InterMountain (UT)     |                                 |                                |                                   |

Table 2 – Initial Funding Plan

|                          | 1         | 2         | 3         | 4         | 5           | 6         | 7 - 12      | Total \$s   |
|--------------------------|-----------|-----------|-----------|-----------|-------------|-----------|-------------|-------------|
| Funds IN                 | \$250,000 | \$0       | \$750,000 | \$0       | \$2,000,000 | \$0       | \$2,000,000 | \$5,000,000 |
| Compensation             |           |           |           |           |             |           |             |             |
| Staff                    | 26,000    | 34,000    | 48,000    | 48,000    | 48,000      | 48,000    | 504,000     | 756,000     |
| Guidelines               | 0         | 25,000    | 50,000    | 150,000   | 150,000     | 250,000   | 275,000     | 900,000     |
| Business Processes       | 0         | 25,000    | 40,000    | 80,000    | 120,000     | 120,000   | 365,000     | 750,000     |
| Adjustments              | 0         | 0         | 0         | 0         | 0           | 0         | 0           | 0           |
| Subtotal                 | \$26,000  | \$84,000  | \$138,000 | \$278,000 | \$318,000   | \$418,000 | \$1,144,000 | \$2,406,000 |
| T&E                      | 6,000     | 6,000     | 75,000    | 75,000    | 160,000     | 160,000   | 433,800     | 915,800     |
| Other Direct Expenses    | 30,000    | 80,000    | 145,000   | 280,000   | 317,000     | 427,000   | 1,243,000   | 2,522,000   |
| Less Guidelines/Bus Proc | 0         | (50,000)  | (90,000)  | (230,000) | (270,000)   | (370,000) | (640,000)   | (1,650,000) |
| Net Other Expenses       | \$30,000  | \$30,000  | \$55,000  | \$50,000  | \$47,000    | \$57,000  | \$603,000   | 872,000     |
| Funds OUT                | \$62,000  | \$120,000 | \$268,000 | \$403,000 | \$525,000   | \$635,000 | \$2,180,800 | \$4,193,800 |
| Funds Flows              |           |           |           |           |             |           |             |             |
| Received                 | 250,000   | 188,000   | 818,000   | 550,000   | 2,147,000   | 1,622,000 | 2,987,000   |             |
| Committed                | 62,000    | 120,000   | 268,000   | 403,000   | 525,000     | 635,000   | 2,180,800   |             |
| Available (Cont)         | 188,000   | 68,000    | 550,000   | 147,000   | 1,622,000   | 987,000   | 806,200     |             |

**Table 3 – Development Plan**

|                     | Month<br>1 | Month<br>2 | Month<br>3  | Month<br>4  | Month<br>5  | Month<br>6  | Months<br>7 - 12 | Total \$s   |
|---------------------|------------|------------|-------------|-------------|-------------|-------------|------------------|-------------|
| Funds IN            | \$250,000  |            | \$750,000   |             | \$2,000,000 |             | \$2,000,000      | \$5,000,000 |
| Draw/Comp           |            |            |             |             |             |             |                  |             |
| Johnson             | 8,000      | 8,000      | 8,000       | 8,000       | 8,000       | 8,000       | 72,000           | 120,000     |
| DeForest            | 6,000      | 6,000      | 8,000       | 8,000       | 8,000       | 8,000       | 72,000           | 116,000     |
| McCormick           | 4,000      | 4,000      | 8,000       | 8,000       | 8,000       | 8,000       | 72,000           | 112,000     |
| Others              | 8,000      | 16,000     | 24,000      | 24,000      | 24,000      | 24,000      | 288,000          | 408,000     |
| Subtotal            | \$26,000   | \$34,000   | \$48,000    | \$48,000    | \$48,000    | \$48,000    | \$504,000        | \$756,000   |
| T&E                 | 6,000      | 6,000      | 75,000      | 75,000      | 160,000     | 160,000     | 433,800          | 915,800     |
| Analytics           | 15,000     | 10,000     | 15,000      | 10,000      | 12,000      | 12,000      | 108,000          | 182,000     |
| Legal               | 5,000      | 5,000      | 15,000      | 15,000      | 10,000      | 10,000      | 45,000           | 105,000     |
| Marketing           | 7,500      | 7,500      | 10,000      | 10,000      | 10,000      | 20,000      | 180,000          | 245,000     |
| Sales/Bus Dev       |            | 5,000      | 10,000      | 10,000      | 10,000      | 10,000      | 150,000          | 195,000     |
| Clinical GuideLines |            | 25,000     | 50,000      | 150,000     | 150,000     | 250,000     | 275,000          | 900,000     |
| Business Processes  |            | 25,000     | 40,000      | 80,000      | 120,000     | 120,000     | 365,000          | 750,000     |
| Other               | 2,500      | 2,500      | 5,000       | 5,000       | 5,000       | 5,000       | 120,000          | 145,000     |
| Subtotal            | \$30,000   | \$80,000   | \$145,000   | \$280,000   | \$317,000   | \$427,000   | \$1,243,000      | \$2,522,000 |
| Funds OUT           | \$62,000   | \$120,000  | \$268,000   | \$403,000   | \$525,000   | \$635,000   | \$2,180,800      | \$4,193,800 |
| Funds Flows         |            |            |             |             |             |             |                  |             |
| Received            | 250,000    | 188,000    | 818,000     | 550,000     | 2,147,000   | 1,622,000   | 2,987,000        |             |
| Committed           | 62,000     | 120,000    | 268,000     | 403,000     | 525,000     | 635,000     | 2,180,800        |             |
| Cash on Hand        | 188,000    | 68,000     | 550,000     | 147,000     | 1,622,000   | 987,000     | 806,200          |             |
| Out                 | \$62,000   | \$182,000  | \$450,000   | \$853,000   | \$1,378,000 | \$2,013,000 | \$4,193,800      |             |
| In                  | \$250,000  | \$250,000  | \$1,000,000 | \$1,000,000 | \$3,000,000 | \$3,000,000 | \$5,000,000      |             |

**Table 4 – Aggregate Funding Requirements by Business Line**

|                   | Year 1      | Year 2      | Year 3      |
|-------------------|-------------|-------------|-------------|
| Initial Capital   |             |             |             |
| Operations        | \$2,000,000 | \$2,500,000 | \$2,000,000 |
| Physician Company | \$2,000,000 | \$750,000   | \$500,000   |
| Insurance company | \$1,000,000 | \$1,750,000 | \$2,500,000 |
| Total             | \$5,000,000 | \$3,000,000 | \$2,000,000 |

## Exhibit A

### A New Approach to Healthcare:

#### Patient Centered, Wellness Driven, Cost Effective

Health care delivery is ideally a patient-centered process. The constraints of governmental regulations, traditional health insurance organizations, and the administrative burden of insurance claim submissions have come to dictate the healthcare delivery process in the United States. Clinical and professional resources are diverted from the care of patients and redirected toward satisfying these organizational and financial constraints. This shift has led to higher health care costs and distracted from the quality of care patients receive. Patient and clinician satisfaction are low, and nationally there is increasing awareness that our health care system is both inadequate and prohibitively expensive.

Changes are difficult to achieve in the current health care climate. Fortunately, necessary changes are achievable in one of the largest health care markets in America. Most moderate-size to large business entities provide health care insurance for employees. Large premiums are paid to an insurance organization. They are subsequently used to support administrative, regulatory and all downstream administrative costs of the insurance carrier. , Finally, the cost for the actual health care delivered to the patient is accrued. The value left for the patient at the end of this process is very small. Patients are typically subjected to very brief health care visits oriented toward addressing only their immediate illness. Resources are too limited to address underlying causes, overall health, wellness, and prevention. Existing reward systems create this imbalance.

The Wellness Model creates a paradigm shift toward patient-centered care that focuses on disease prevention and individual wellness. Large employers that participate in an internal health care delivery system can decrease the overall organizational cost of employee healthcare.

Companies can realize additional savings from dramatic reductions in employee absenteeism due to illness and from the improved productivity that comes from a healthier work force. The wellness model's key components ensure cost savings, employee wellness, and superior health care outcomes. These components are "The Patient Centered Wellness Program", "Patient-Centered Care – A Superior Delivery System", cost saving technologies, and strategic health care partnerships.

The Patient Centered Delivery System is comprised of a high-efficiency, self-sufficient clinic located on a business' site. The cost to deliver health care is reduced dramatically through practice efficiencies and lower regulatory and administrative overhead.

Designed to exclusively serve the organization's employees and dependents, the clinic provides the full scope of health care, including urgent care, primary care, preventive medicine, immunizations, occupational medicine, and mental health. It is also equipped with the necessary 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 round out the team according to the size and requirements of the organization.

## Exhibit B

### Additional Information on Innovation

An essential innovation planned by WELL ☉ MED™ for reducing health risk and inducing sustainable individual and organizational change centers on using the *Psychographic Change Appraisal* (“PCA”) with the *Health Risk Appraisal*. The PCA is designed to capture the wholeness of an individual, group, community or an organization: its identity, potential, worldview, physical and soul constitution, temperament, biography and capacity for self-directed development.

These instruments also take into account key aspects of individual identity and potential in relationship to the collective. They are concerned with individuals in groups in terms of other key attributes such as the development and expression of individuality, compliance to authority, conformance to ideology, and so forth.

For individuals, the PCA (“PCA-I”) also takes into account personal, family, community, ethnic and gender values, worldviews, value induced and constrained behaviors, geography and conditions of birth, life, education, work, symptoms and illnesses, including their available medical history, and other *soul* and *spiritual* factors. The PCA-I becomes an important part of the patient’s assessment and personal medical care program as it does explore the context of the intersection of their lives and their work.

A similar PCA instrument (“PCA-O”) is applied to the group, community, workplace, leadership and organizational culture. Through it we intend to identify and measure group factors, constraints, core values, worldview and behavioral indicators that shape group development and change. Such factors are known to be highly correlated with sustainable performance improvements. With PCAs, we expect to discern new independent factors or variables that contain the potential to bolster individual behavior change. When we do, we will understand the change levers needed to create a healthier workplace and workforce—*improved health*.

PCAs are new and fundamental innovations of WELL ☉ MED™. We believe they may ultimately be central to guiding a human-centered wellness-based comprehensive health care system. They can shape available treatment paths and results, and bolster the potential and capability of the individual and organizations to change. In turn, this will fundamentally lower health risk factors and complexity. The PCA instruments and our sophisticated prospective and predictive modeling capabilities will shape and guide our strategies and efforts to reduce health risks by focusing on values-driven change and its associated potential short and long-term impact on illness and medical costs.

We expect to cultivate and utilize *communities of interest* to involve individuals in new ways of self-directing and reinforcing behavioral change. These communities will foster the creation of complementary emotional connections around the core values of WELL ☉ MED™.

WELL ☉ MED™ expects to improve the quality and effectiveness of health care nationwide, in part by developing communities and more focused local associations or confederations of consumers, businesses and health care providers to shape and reinforce change. We plan to use the development of IT-based *communities of interest* as another key innovation driving change. We will gather evidence through the Technical Infrastructure about individuals, illnesses, providers of medical services, businesses and on other pertinent attributes and dimensions. We will foster the development of these evidentiary capabilities through state-of-the art and emergent technologies (i.e. the Technical Infrastructure) to shape change in medical practices and activities.

Our core values and purpose—creating and practicing a human-centered wellness-based comprehensive health care—are central to WELL ☉ MED™'s success in achieving its aims. Our values-based approach provides a sustainable, coherent impulse for engaging individuals in new ways, encompassing wholly the body, soul and spiritual dimensions of individuals, organizations and community health.

In WELL ☉ MED™'s development scheme, the Technical Infrastructure becomes the central nervous system for a physical organism collecting, processing and producing evidence in practice that will shape future actions and development. Our human-centered wellness-based core values shape WELL ☉ MED™ 's clinical and business practices.

Interrelations among people become the expression of the *soul* of the effort to improve health. Using the Technical Infrastructure, human emotions become the basis for a newly emerging and purposeful effort to create a more effective health care system. The manifestation of the *spirit of the times* is seen in the *entrepreneurial spirit* that drives the development of WELL ☉ MED™ .

Our approach does not rely on any change in the current industry structure. Instead, we expect to attract interest and generate energy for change upon the fact that 60% of U.S. consumers today make buying decisions based upon personal values.

The retail markets and successful, growing, values-based businesses such as Starbucks, Target, Best Buy and Wal-Mart provide proof of consumers' willingness to pay a premium for products and services which meet their individual needs and satisfy their individual values. For example, Wal-Mart decided to carry organic foods in order to compete with Whole Foods and Wild Oats. And what is more personal and essential than health care?

We believe the change catalyst for our plans lies in creating new self-determining *value networks* (i.e., *communities of interest*) which will arise to meet local needs. We see this type of phenomenon today in social networking initiatives. Some combination or permutation of communities of interest/social networking capabilities with blogs, *wikis*, search and other emergent technologies, when combined in fresh new ways, will have far-reaching consequences for change. Using our approach of *creative destruction* and *entrepreneurial action* is both faster and more far-reaching than government intervention and central planning. These only serve incumbent interests and limit possibilities for change. Instead, we believe the market will deliver the solution to the problem. WELL ☉ MED™ expects to play an active part in leading the change via its human-centered wellness-based comprehensive medicine.

WELL ☉ MED™ is committed to exceeding traditional treatment levels of effective health and wellness care at substantially reduced costs—25-50% over three years and tracking or beating the consumer price index thereafter. We aim to achieve these goals by delivering wellness-based health programs to working Americans between ages 18 and 65 and people with chronic diseases.

We seek to regenerate the vitality and viability of the *primary care physician* as essential and integral to achieving our goals. Using innovative insurance plan designs, effective business practices, and the latest in medical knowledge and practice, WELL ☉ MED™ will provide the practical, philosophical and economic drive to disrupt and regenerate the current health care system. IT and Technical Infrastructure are both necessary and essential to accomplishing these ends.

In the WELL ☉ MED™ business architecture, payers, providers, and patients all stand to benefit from AMIRTC innovations and capabilities. Using a meta-system architecture (akin to Services Oriented Architectures (“SOAs”)) makes it possible to produce these benefits through a mutable foundation. The architecture will be scalable without losses of efficiency, entirely confidential, and able to produce evidence of the effectiveness of safe and effective innovative, alternative practices, therapies, modalities and approaches to healing illness by restoring health rather than by suppressing or eliminating symptoms.

In this brave new world of human-centered, wellness-based, comprehensive medicine, primary care physicians lead *practice teams* composed of highly skilled and dedicated professionals and specialists from traditional medical disciplines. Where indicated by efficacy or by patient preference, professionals across the spectrum of complementary and alternative medicines (CAM) will also participate in the teams. From this vantage point, primary care programs are preventative, wellness-based processes that engage the patient as an *active* and *responsible* participant in a personal treatment program.

The proposed AMIRTC IT and Technical Infrastructure alone are not sufficient to achieve the levels of change deemed necessary to provide universal access to high-quality human-centered comprehensive health care. Changes in clinical practice, information technology, industry structure and government regulation and financing at the Federal, State and Local levels also are essential. Fortunately, the commercial rationale for AMIRTC does not require any of these changes; it can be accomplished through effective entrepreneurial action now.

Government, the insurance and pharmaceutical industries, hospitals and medical centers, clinics, physicians and other providers have massive investments and other sunk costs of operating and supporting the current health care system. The WELL MED™ business and technical architectures enable the continued use of existing technologies and proven concepts to be combined in new ways to radically alter the economics of health care in America.

Central to the WELL MED™ approach are the following additional concepts:

1. Combining new technology like *wikis*, advances in video capture and streaming, the general availability of massive bandwidth, with existing health care applications and business intelligence tools and other technical innovations to provide physicians and care-givers with more comprehensive real-time patient information;
2. Providing patients and patient advocates with real-time access to patient, diagnostic and clinical information and comprehensive practice guidelines including complementary and alternative treatment strategies and medicines;
3. Providing improved quality of care and effectiveness using *CognitiveCues™* and *DiagnosticCues™* for physicians and patients, based on evidence across the universe of WELL MED™'s practices, guidelines, infrastructure and experience. *Cues* are real-time information provided to clinicians and care givers for use in treating patients.

*CognitiveCues™* are cues specific to individuals; i.e., patients, physicians and caregivers, in one or another given context. The *Cues* aid learning and apply the experiences to improve quality and reduce errors due to the cognitive limits of a person, group, setting or context.

*DiagnosticCues™* are related to clinical or medical practice and proscribed processes related to detecting potential errors and advising or proposing alternatives to be considered, all with learning from actual experience. With the use of cues we expect to disseminate new learnings, ideas and treatments as quickly as possible, along with information about their efficacy and appropriateness;

4. Providing businesses with the capability to focus and fine tune their return on investments in their human resources as well as the realized benefits of reduced health care costs and demonstrable increases in workforce productivity and effectiveness;
5. Pathways for providing companies—including data companies, consumer retail, agricultural, pharmaceutical companies and local providers of health care services—with new ways to communicate product and performance information to consumers, businesses, patients, physicians and allied health professionals. This business model and the Technical Infrastructure provide consumers with new ways to feed back important market data about their values, preferences and perceptions including the effectiveness of other market participants.

We believe item (5) above provide the way ultimately to fund the WELL MED™ enterprise. Developing, providing and charging for market data is a proven legitimate way to stimulate and pay for the required Technical Infrastructure. It leverages incumbents and their existing investments to create a market information structure that effectively communicates among the market participants. Over time, new innovators in the on-going process of creative destruction will stimulate new developments. The result is multiple, self-defined, regenerating and independent associations of consumers and producers of goods and services creating new loci of economic activity and market power.

These *communities of interest* at the granular level are patient-centered, disease-centered, and provider-centered. Each one has its own unique role and purpose as determined by the needs of the markets. The Technical Infrastructure will provide them with an effective way to communicate information and search for new opportunities, information or evidence to reveal new needs and underperforming approaches, and to increase the effectiveness of existing activities.

As a result of this market activity, all parties seeking new ways to innovate, shape and influence the health care markets can target audiences with promotional communications and other forms of inducements and persuasion. They also can pay for mined insights using actual data, predictive modeling and informatics of all types. Additionally, consumer and business data companies can mine and redeploy their existing data stores to find new revenue opportunities in this health care milieu.

To accomplish this aim of fluidity, we propose to use *Open Submission*, an architecturally-driven approach that permits these participants—as components—to plug into and communicate with other participants by way of the Technical Infrastructure.

We also propose establishing certain financial and operational incentives and costs for participation, which may influence the pace and scale of adoption of *Open Submission*. We see incumbents in IT outsourcing and off-shoring, health care operations and technology, insurance, consumer marketing, consumer/ business data and financial/entrepreneurial circles as prime targets.

We intend to build the IT capabilities needed beginning with ideas proven by search firms like Google, Yahoo and other new technology firms. What we imagine is a hybrid, browser-based tool set which will integrate *wikis*, business intelligence and custom applications. We call this new technology a *wikiT™*. We envision this as a seamless integrated environment spanning multiple display devices if needed. In addition, this *wikiT™* platform will provide us with the ability to integrate and to deliver real-time information about processes, status and state information giving the providers, patients, consumers and business users accessing the system consistently fast response time and the ability to configure the stations for specialized medical and business process needs and functions.

We envision collecting data using *bots* traversing all nodal components; i.e., physicians, hospitals, insurers, business and other providers, in the Technical Infrastructure to collect, categorize and organize data. In the process of collecting we envision creating new knowledge (i.e. instances of and relationships among data which can be combined with existing knowledge about markets, providers, payers, plans, utilization, medicines, therapies, treatments and other data which may exist or only emerge later). This process creates and loads data into the *wikiT™* (in our terms a *wikit™* is an advanced or meta-knowledge repository; one which may be physical, virtual or both. See footnote for additional discussion).

The *wikiT™* can be both self-regulating and self-correcting for higher value knowledge given community values and governance criteria. These *bot collections* are passive and non-intrusive in that they make use of and collect information at nodes and components which is permitted by the owner or holder of the information or at vector intersections and loci within the Technical Infrastructure.

Owners and holders of information also may elect to submit information (via *bot submissions* and established protocols) governing the way information is presented and used. These submissions are proactive and consensual within an established community governance framework. These *wikiTs™* are complemented and augmented by other technologies, for example today's business intelligence capabilities, *CognitiveCues™* and *DiagnosticCues™*.

The net result is an all encompassing, comprehensive *wikiT™* which can be used with *CognitiveCues™*, another innovative concept of special purpose *bots* which provide in real-time, contextually appropriate and meaningful information including quality assurance and knowledge enhancing indications and other information to shape cognitive meaning.

*DiagnosticCues™* are a special feature of the Technical Infrastructure concerned solely with community care standards, clinical guidelines, and other practice related rules; they are displayed when appropriate to improve quality of care and to reduce errors; a secondary effect is to disseminate diagnostic information more quickly so new innovations are widely dispersed immediately. This *Cue* technology can potentially reduce errors and waste, improving effectiveness, efficiency and outcomes in a health care process.

Most important, the Technical Infrastructure offers the possibility for disintermediating the flow of payments and moneys among parties by a process analogous to the Depository Trust Company (“DTC”) in the securities industry. In this process, payers and payees both affirm payments in full permitting them to be exchanged electronically without further human intervention, eliminating float and transactions costs while transiting on existing banking networks like the Automated Clearing House (ACH), SWIFT, and Credit/Debit Card networks, VISA and MasterCard, etc. This will generate substantial savings throughout the entire health care system.

This collection of new functionality will be extended by the use of *complexity systems*, *predictive* and *agent-based modeling* and other existing and emerging technologies in the Technical Infrastructure. They will operate on the *wikiT™* to produce new knowledge and understandings based upon the patterns, pace and flows of information about health and moneys within the *wikiT™*.

Imagine, the whole of the information about health care being seen as the Earth whose surface is predominantly fluids (oceans, lakes, rivers and clouds and moisture in the atmosphere). By observing the floor and the surfaces of the fluid domain, the currents, the eddies, the vortices and whirlpools, systemic changes and the perturbations induced at the surfaces and within the fluid realm, evidence can suggest new ideas, potentials, models and behaviors—a regenerative force. Naturally, we have to keep in mind the human being is predominantly fluid as well and has an essential role as a generative force in the whole system. Using this dynamic concept within the fluid realm, patterns become potentially visible and useful in creating knowledge and value, in producing evidence, with commercial and societal value in improving the effectiveness of health care in America.