

## DESPATCH FROM:

Wellthcare Explorers' Meeting 1

# Discovering Wellth

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The Wellthcare's Explorers' meeting described in this Despatch was held on Friday 13th September 2013 and this report was published on Thursday 26th September 2013. The next Wellthcare Explorers' meeting is on Tuesday 8th October 2013.

The Exploration Correspondent, Leigh Carroll, a Research Assistant with the Institute of Medicine's Board on Global Health prepared this report. Leigh has worked on projects covering chronic disease, HIV/AIDS and violence prevention. Before working at the IOM, she taught high school science in rural Tanzania through the Peace Corps and is interested in how neighbourhoods can support education in primary and secondary schools.

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# SUMMARY

## Exploration Correspondent: Leigh Carroll

The need for health care has outstripped supply and will continue to do so. This simple thought fuelled Pritpal S Tamber to consider how we might find new health-related value distinct from the current health care system.

He hypothesises that there is health related value that can be harnessed from communities and relationships. Network analysis seems to suggest we are influenced by a small number of people – our “nano network”, as Pritpal calls it. Understanding nano networks may enable us to harness the health related value.

Pritpal calls the new value Wellth, and the process of its delivery, Wellthcare. To help him explore whether Wellth exists, he has recruited a small group of thinkers and doers to debate it. This Despatch is a report of their first meeting.

The Explorers felt that to define Wellth they needed to first define health and health care. In parallel they needed to define what it means to feel “better”, and to be explicit about whose perspective was being used, the health care provider’s or the patient’s.

To be able to say that new value has been created the Wellthcare Explorers felt they needed to understand what people valued when it came to their health and how it is influenced by circumstances, timing and demographics.

The Explorers discussed the need to align daily activities with creating health, including how one’s network and the connections within them may build resilience. This could be extended to greater personal awareness to maximise the value that people already have but may not realise.

There was some concern that people would not engage with Wellthcare, perhaps seeing it as another fad. To counter this, the Explorers suggested the need to make the economic case as much as the human and social one, including ensuring that the conception of Wellthcare was flexible enough to remain relevant in our ever-changing world.

In forthcoming calls the Wellthcare Explorers will define some key terms, such as of health, health care, and value, in order to answer more searching questions about whether and where Wellth exists in communities and how it may be harnessed.

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Wellth, the reclaimed currencies of health that are created, delivered and nurtured by intimate communities, is being explored by its Pioneer, Pritpal S Tamber, with a view to delivering it in 2014. To contact Pritpal email: [pritpal@wellthcare.com](mailto:pritpal@wellthcare.com).

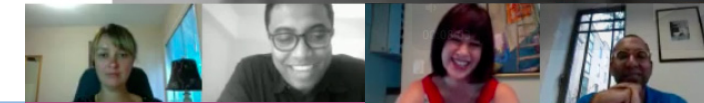
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This image and similar ones below are screen shots of the Wellthcare Explorers' meeting, which was conducted as an invite-only Google Hangout.

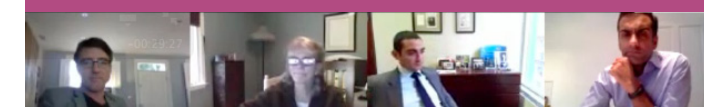
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## THE WELLTHCARE EXPLORERS

### PRITPAL S TAMBER

The Pioneer of Wellthcare and the Clinical Editor of TEDMED, a community of innovators and leaders in health and medicine, Pritpal’s background is in how information can improve care, which is not only about how it is created, validated and delivered, but also about cultural readiness to change. Pritpal is based in London, UK. See Pritpal’s [LinkedIn profile](#) and follow him on [Twitter](#) and via the [Pioneer’s Log](#).



# LANDSCAPE

The need for health care has outstripped supply, and will continue to do so as we live longer and treat more. This simple thought fuelled Pritpal S Tamber to consider how we might find new health-related value distinct from, but aligned to, the current health care system. His contention is that health care cannot keep growing unchecked; indeed, he says, many countries are already rationing care, although largely covertly.

He hypothesises that there is health related value in communities and relationships. This is based on the observation that companies like AirBnB have been able to harness dormant value, in the case of AirBnB enabling people to rent their spare rooms. This has come about partly through the use of the Internet but perhaps more importantly through our changing attitudes towards trust and personal space.

In parallel to this, Pritpal observed that the Holy Grail in “wellness programmes” is changing behaviours and sustaining such change. At present it seems that our networks are the most influential in defining our behaviours, changing them, and sustaining such change.

Network analysis seems to suggest this influence is exerted by only a small number of people – our “intimate community” or “nano network”, as Pritpal calls it. Understanding nano networks may enable

us to harness the health related value that sits in communities and relationships. Pritpal further hypothesises such value is likely dependent on our personal aims and social environment.

Pritpal calls the new value Wellth, and the process of its delivery, Wellthcare.

Existing health expenditure does not cover Wellth. This differentiates Wellth from “wellness programmes”, which, Pritpal contends, are designed to save money from existing health care expenditure, albeit in the future (note that the difference between Wellth and wellness will be discussed in forthcoming meetings).

To help him explore whether Wellth exists, he has recruited a small group of thinkers and doers to debate it. Each member of the group represents one or more discipline that will be required to fully understand what Wellth is – and is not. This Despatch is a report of their first meeting.

If, after a few meetings, the Explorers agree that Wellth exists, Pritpal hopes that together they will be able to create a “mental model” that will help others see it. The mental model will then inform a “framework” that will help communities and organisations to create this new value.

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*“One plus one in Wellthcare, we don’t know what it will equal”*  
– Maneesh Juneja

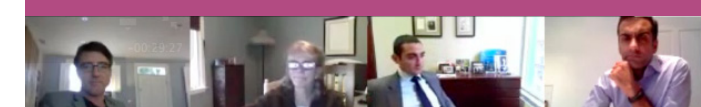
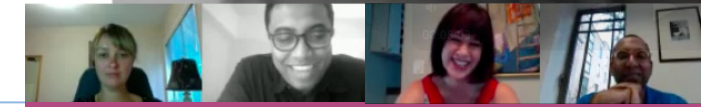
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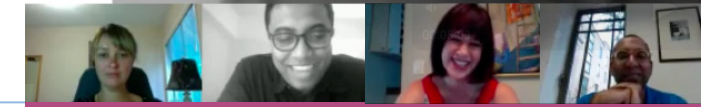
## THE WELLTHCARE EXPLORERS

### MANEESH JUNEJA

With almost two decades of experience of turning observational data into real world evidence, Maneesh is a digital health futurist and the founder of Health 2.0 London, part of the international Health 2.0 movement. He is also an alumnus of Singularity University’s FutureMed programme and runs his own data analysis consultancy, MJ Analytics. Maneesh is based in London, UK. See Maneesh’s [LinkedIn profile](#) and follow him on [Twitter](#).



# EXPLORATION



## THE PIONEER'S EXPERIENCE

Pritpal S Tamber set up the discussion by describing his recovery from having back surgery. His sole aim was to get back to playing football, and to that end he coordinated and leveraged his support network, including friends, family, colleagues and employer. By contrast, an elderly relative who had a similar operation had more modest aims and yet his recovery has been limited, partly because of how small his support network is.

Pritpal was surprised at how much of his full recovery was achieved through informal services rather than the formal health care sector. Even then, although he describes himself as “better”, he continues to have pain associated with his back and is still coordinating his own care, sometimes using formal health care but often by leveraging the time and understanding of his friends and peers.

Some of the non health care services, like personal training, were available to both him and his elderly relative, but they accessed and valued them differently. All of this made him reflect on the fact that, while there is value in our networks, quite what that value is depends on our individual aims and/or the social environments we live and operate in.

## THE POWER OF WORDS

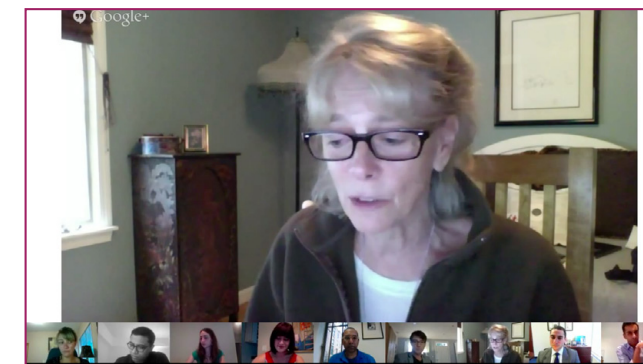
Sally Okun opened the Exploration by suggesting that Wellthcare would contribute greatly to the conversation on health if the Explorers dismantle and redefine the words “health” and “care”. She noted that there are many ways to measure “health”—some gauge health based on their perception of wellness, others see it in relation to the intrusion of illness, and still others agree that one can have health in the presence of illness. Sally added that there are also many dimensions of “care”, saying: “it’s really how you care for your health that... is going to create the ecosystem that’s either going to help you maintain it...or not.”

Throughout the discussion, several other Explorers expressed the need to understand perceptions of health in order to better define what health care is; doing so would determine the role of Wellthcare. Naomi Adelson commented on the need to discern the ways in which health and wellth are distinct or overlapping. The German philosopher Hans-Beorg Gadamer considered health to be the silence of the organs, and Naomi encouraged to Explorers to contrast this with Wellth. “Wellth engages the community? What else?” she asked. Leigh Carroll suggested that Wellthcare look to communities and cultures where care is provided in the absence of a powerful formal health system in order to inform these definitions.

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*“There is not an over-arching belief that health is something that we can understand in terms of its value to individuals”*  
– Sally Okun

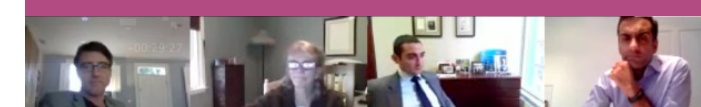
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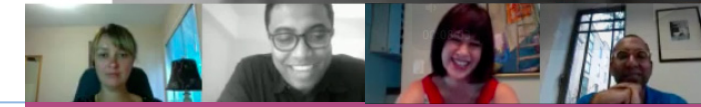
## THE WELLTHCARE EXPLORERS

### SALLY OKUN

A former palliative care nurse, Sally has spent much of her career learning what people really want during illness and caregiving, especially during complicated aging and at the end of life. At Patients Like Me, a platform that lets patients share their experiences creating opportunities for real-time research, she has overseen how patients’ words are turned into data, which led to her TEDMED talk, “Does anyone in health care want to be understood?”. Sally is based in Cambridge, MA, USA. See Sally’s [LinkedIn profile](#) and follow her on [Twitter](#).



# EXPLORATION



## WHOSE DEFINITIONS?

Rupert Dunbar-Rees explained that he is particularly interested in understanding perceptions of “feeling better” and how these definitions shape health care. He noted that it is important to identify who is defining “better”; the clinical community’s definition might drive care in a different way to a patient’s definition. Rupert pointed out that Pritpal talked about being better after recent back surgery despite continuing pain, and wondered whose definition of “better” he was using.

Rupert encouraged Explorers to consider which groups of people will be defining Wellth and driving the direction of Wellthcare. He pointed out that in the current health care system, success is to a large extent defined by the people who provide care rather than those who receive it. It is important to identify the groups of people who determine outcomes that are measured in health, as their metrics might reflect the values and biases of these groups. Rupert asked Explorers, “Who defines Wellth? Is it people who receive Wellth or create Wellth? And are there specific groups of people who may define Wellth in different ways?” Kingshuk Das suggested that Explorers needed to identify the people who are and should be providing health care in order to better understand who will

provide Wellthcare. He said that in Silicon Valley the prevailing view is that “the traditional health care system is totally bonkers” and the future system will be about technology, not doctors. Against this backdrop, he noted that to move forward in creating a new way in which to think about health, Explorers had to decouple ideas from traditional notions of providers and explore more complex and rich models of care.

## WILL PEOPLE CARE?

As Explorers wrestle with understanding how the current health care system defines health and provides care, they will need to identify what makes Wellthcare interesting and different from the this system. Maneesh Juneja asked, “Do people actually care about Wellthcare as a new concept?” He asked Explorers about the relevance of Wellthcare and what it will do to grab people’s attention if it does not change the fact that at the end of the day people are still faced with, for example, a one in three chance of getting dementia. As Wellthcare develops, Maneesh emphasized that it will be important to define the outcomes and impacts of this type of care, and learn how to convey the importance of these impacts if they are different than those that typically catch one’s eye.

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*“Who defines better? Is it the clinical community? Is it the patient community?”*  
– Rupert Dunbar-Rees

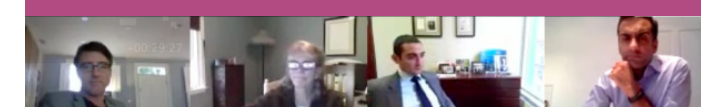
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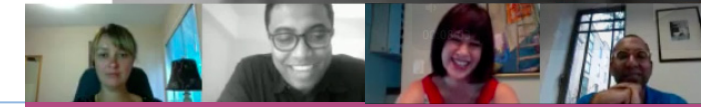
## THE WELLTHCARE EXPLORERS

### RUPERT DUNBAR-REES

A former primary care physician, Rupert has worked at England’s Department of Health and BDO, an accountancy and advisory firm, as a finance-trained clinical leader in the commissioning of health services, including measuring their effectiveness. He now offers strategic advice on value-based approaches to health care through his organisation, Outcomes Based Health care. Rupert is based in London, UK. See Rupert’s [LinkedIn profile](#) and follow him on [Twitter](#).



# EXPLORATION



Perhaps Wellthcare will have its impact on communities and relationships, where, as mentioned in Landscape above, Pritpal hypothesizes one can find health related value. In order to understand how communities and relationships can be used for better health, Explorers emphasized the need to better understand what it is that people value within these structures.

## UNCOVERING WHAT PEOPLE VALUE

Though not everyone values health in itself, Scott Liebman noted that everyone has something that drives them to stay healthy, such as the desire to enjoy friends and family, play sports, or go to work. By identifying the relationships and activities that motivate people, perhaps Explorers can better understand what is at the root of motivation as well as ways in which people can reach their goals through health.

Understanding what people value may require more than asking them directly what they find meaningful in their lives. "Are people ready to begin defining value?" asked Sally. It may be the case that they are not, and if so, Explorers will need to determine the right questions to ask in various communities to uncover the words and concepts that people use to talk about what Explorers call "value" or "health."

Sally asked Explorers to think about how to personalize the experience of identifying what is valuable to people and then put it into a context that provides momentum for integrating a community ecosystem that supports those values. She added that it would be a challenge to bring this dialogue about health into communities, because "there is not an overarching belief that health is something that we can understand in terms of its value to individuals."

Lisa Shufro similarly stated that "everyone cares about something, the question is what, and where do you engage them where they're at in a way that's receptive." She mentioned a recent visit to a start-up company where she gave a talk on creating a healthy work-life balance. She observed that the young staff were not necessarily concerned with dementia or diet, but they were interested in questions such as how to take breaks in the middle of a work day. Lisa noticed that often people think about health as something that needs to be addressed outside of daily life, whereas what people really need to be doing is seeing that health is actually related to everything they do. If health care can start to meet people in their routines and be integrated into their daily lives it might have a better chance of success in a variety of populations.

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*"What is it that we value in our health? We have to go to the root of what we want to achieve"*  
– Scott Liebman

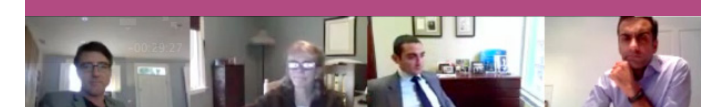
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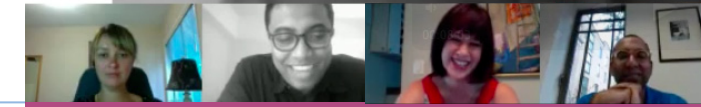
## THE WELLTHCARE EXPLORERS

### SCOTT LIEBMAN

A health care compliance lawyer, Scott has a deep understanding of FDA and state rules and advises pharmaceutical, device and biotechnology companies on how to satisfy federal and state mandates, while advancing the organisations' health care missions. He is Vice President of Porzio Life Sciences, LLC, and Chair of its Compliance Committee. Scott is based in New York, USA. See Scott's [LinkedIn profile](#) and follow him on [Twitter](#).



# EXPLORATION



## ALIGNING ACTIVITIES AND HEALTH

As the Explorers uncover the relationship between health and the activities that people and communities care about, they can build an ecosystem that motivates people in the direction of better health.

Lisa suggested that a large part of this process would be identifying where to make new connections and skilfully leveraging existing connections both at the individual and community level. Lisa discussed a time when she strengthened connections within herself as part of her healing process following an injury that made it difficult for her to walk. As she became more aware of the physical connections within her body she learned how to strengthen them and began to use them differently in order to develop new behaviours.

A similar model can be used within a community—increased awareness of how people interact and complement each other will inform Explorers of how to better connect people to create stronger support networks. To better understand community connections, Leigh suggested that Explorers attempt to identify the elements that fill the space between people to form a relationship. Explorers will then need to ask how to better change or enhance the components of these spaces in a way that will result in better connections and, ultimately, better health.

## CONNECTIONS AND RESILIENCE

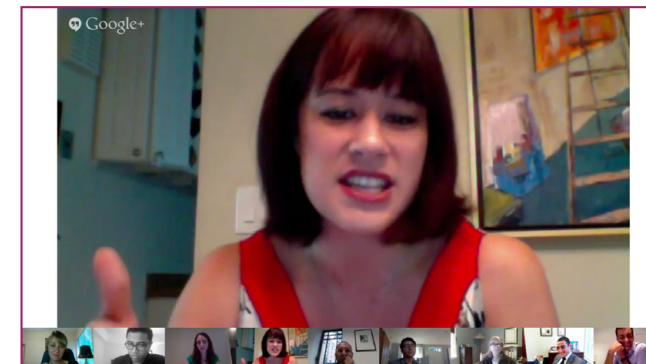
Stronger connections—between muscles and bones, mind and body, or one person and another—will lead to stronger individuals and communities. Lisa noted that this focus on connections creates resilience, or the ability of an individual or community to respond to difficulty, and that this resilience will be enhanced the more people become aware of how to listen to and use what they already have. Again, if health care is to arise from within communities through the relationships and activities that people value, Lisa stated that it would be necessary to make people aware of how to maximize their health by using and connecting what they already have in their current situation.

Scott went so far as to look not only at the connections and relationships that Wellthcare hopes to address in the future, but reflected on the connections being made through the Explorers community itself. He noted that “there’s beauty in the perspectives that [Pritpal] has compiled here,” and emphasized the importance of continuing to find value outside of silos and traditional ways of thinking as Wellthcare develops. “Maneesh,” he said, “I think data is some type of a solution, but it’s certainly not the only solution. Pritt, I think community is part of the solution, but it’s not entirely the solution. And Lisa, resilience is part of the solution, but it’s not entirely the solution.”

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*“Restore a sense of resilience, the ability of an individual and community to respond to a difficulty”  
– Lisa Shufro*

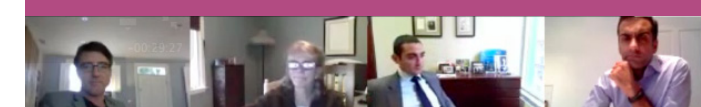
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## THE WELLTHCARE EXPLORERS

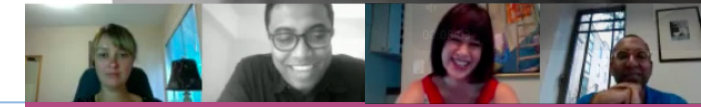
### LISA SHUFRO

As the recently appointed Magic Awesomeness Catalyst of the Downtown Project, Lisa will be focussing on integrating health-related efforts outside of the clinic walls. In her previous role as the Managing Editor and Producer of TEDMED she led the organisation’s efforts to identify, select, and prepare presenters for the stage programme, reviewing nearly two thousand nominations for the stage each year. Lisa will soon be based in Las Vegas, USA. See Lisa’s [LinkedIn profile](#) and follow her on [Twitter](#).





# EXPLORATION



## NETWORK MODELS OF CARE

Kerry Byrne noted that she is especially interested in maintaining community connections by building products, organisations and cultures that will help to mobilise support networks. Her organization, Tyze Personal Networks, builds tools to flex social support and Kerry focuses her work on research for the development of better tools.”

Such tools and other methods of strengthening connections can drive a transition from individual models of care to network models of care. Kerry noted that when people are young, they reach out to and rely on social networks constantly, but as they age these networks become weaker. She asked Explorers to consider how to keep support networks strong as people age, and ultimately how to shift the discourse from focusing on aging and independence to aging and interdependence.

## TIMING MATTERS

Kerry also emphasized that “we need to be better at meeting people where they’re at” and should identify the right time to introduce someone to Wellthcare. Usually people rely on social networks and health care immediately after or during a crisis, but perhaps Explorers can identify a way to reach people earlier. Kerry suggested that Explorers determine how to reach

people when they are already thinking about health but have not yet encountered a crisis. Perhaps one example is at the Google search bar when a caregiver is searching for information online. Kerry noted that Explorers can develop an ecosystem for delivering Wellthcare, but a challenge will be to know the personal and context-specific ways in which individuals are ready to receive it.

## DEMOGRAPHICS MATTER

Maneesh added that Explorers should identify groups of people who will be the most and least receptive to Wellthcare. For example, will the younger population find it easier to accept than old groups of people living with chronic conditions? The extent to which Wellthcare is embraced could be influenced by a variety of factors, including, as Maneesh suggested, age of the recipients or the type of health concerns they face.

To be attractive to people with various backgrounds, perceptions, conditions, and situations, the Wellthcare model must be disseminated in a language that is understood across diverse communities. Leigh noted that too often health advocates push other sectors to think in terms of health and adopt policies and practices to promote it. However, health is not necessarily the first priority in economics, agriculture, education, politics, and law, for instance. Explorers should learn more about what these other sectors

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*“How do we create cultures that shift from individual models of care to network models of care?”*  
– Kerry Byrne

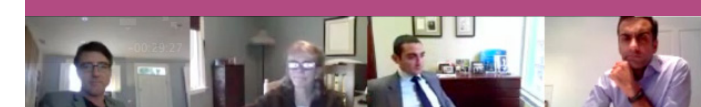
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## THE WELLTHCARE EXPLORERS

### KERRY BYRNE

With expertise in health and home care, care transitions, family caregiving, network models of care, online networks and the adoption of technology in health and social care, Kerry is the Director of Research at Tyze Personal Networks. At Tyze she has built a programme of research focused on measuring the impact of Tyze on family caregivers, clients and care provider organisations. Kerry is based in Vancouver, Canada. See Kerry’s [LinkedIn profile](#) and follow her on [Twitter](#).



# EXPLORATION

want and incorporate these wants into Wellthcare, rather than demanding that other sectors consider health as one of their priorities.

## NEED TO DO THE MATHS

Maneesh wondered how Explorers would convey the worth of Wellthcare to an outside world of specialized and narrowly focused innovators, particularly those who prefer to think in terms of traditional quantification. Maneesh reflected on his own conversations with Pritpal leading up to the first Explorers call in which he revealed his conviction that problems can be solved with more data, collected through new technologies. Pritpal pushed back and asserted that data and technology are just modalities and will not solve problems unless communities are also strong and functional.

Kingshuk encouraged Explorers to determine a focused starting point for Wellthcare to build upon in order to make it sustainable across human, economic, and other dimensions. He noted that currently Wellthcare's hypothesis focuses on communities, which can be large and complex (as well as small and simple). It is reasonable to suggest that health solutions will be found within the community, as medical problems often come from community influences such as family, friends or lack thereof, infrastructure, geography, and

demographics. However, by focussing on community, Wellthcare becomes a diffuse model, which may be more difficult to sustain beyond dependence on philanthropy and good will. Kingshuk noted that most health care models that people are investigating are more focussed—Iora Health concentrates on primary care, for example—and he challenged the Explorers to figure out how to find economic value in the Wellthcare model in addition to human and social value.

## BEHAVIOUR CHANGE

Kingshuk explained that he is especially interested in how Wellthcare can explore ways of developing a new model that will drive its consumers to change their behaviours. Each new idea, he pointed out, involves two cohorts—the innovators who make assumptions about behaviours, take a leap, and start a business that was previously unproven; and the consumers who start behaving differently in response to the new business model. The creators of AirBnB, for example, presented the world with a new model of renting spare rooms in one's house, and consumers responded by opening their doors to others and renting rooms to strangers. Kingshuk shared a quote of A. J. Jacobs: "It is easier to act yourself into a new way of thinking than to think yourself into a new way of acting." The idea of the AirBnB model directed consumers into a new way of acting, and Kingshuk challenged Wellthcare to do the same.

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*"If we can decouple our ideas from traditional notions of who is going to provide health care it'll be an interesting place to think about what is provided"*  
– Kingshuk Das

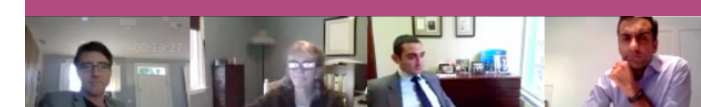
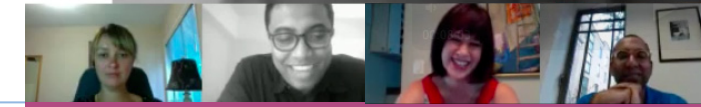
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## THE WELLTHCARE EXPLORERS

### KINGSHUK DAS

A well-versed translator between the worlds of strategy, social research, and design methodologies, Kingshuk is the Director of Health care Practice at Jump Associates, a growth consultancy. In his work he has helped numerous organisations, from health care to consumer goods, create new markets. In health care he has worked with folks like the Mayo Clinic, Medtronic, and the American Red Cross to identify new care delivery models, create medical navigation systems, improve patient experiences, and design new facilities. See Kingshuk's [LinkedIn profile](#) and follow him on [Twitter](#).



# ANALYSIS

*This first meeting of the Wellthcare Explorers highlighted concepts that need to be defined in forthcoming meetings in order to drive the development of Wellthcare.*

## WHAT DO EXPLORERS MEAN BY “VALUE”?

To ensure that Explorers are using a common language to develop Wellthcare, it would be useful to define various terms, beginning with the word “value.” Explorers used this word often throughout the discussion—some equated it with monetary worth while others equated it with a broader type of importance. Lisa mentioned that everyone cares about something, so perhaps a useful starting point for Explorers would be to discuss what people care about. From there Explorers could look at what the current health system cares about, and eventually they could discuss the meaning of the word “value” and come to a shared understanding of the term.

## WHAT DO EXPLORERS MEAN BY “HEALTH CARE”?

A recurring theme throughout the call was the need to break down the words “health” and “care.” Explorers could compare perspectives of these terms and try to better understand why certain groups of people use particular definitions. This discussion should include deliberation on how the current health care system defines “health” and “care,” and will be informed in part by identification of how health is measured and who measures it. Eventually, Explorers should agree on a definition of health care to use moving forward.

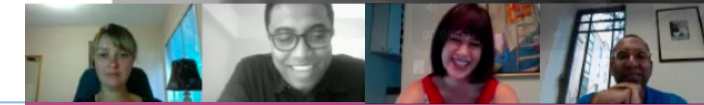
## WHAT ARE THE NEEDS THAT WELLTHCARE CAN MEET?

As Explorers discern the breadth of the current health care system they can begin to identify how Wellthcare will overlap with and differ from this system. Explorers should identify the groups of people that will be providing and defining Wellthcare, as well as determine the relationship of Wellthcare to wellness and health promotion services.

## HOW DO THE THINGS THAT PEOPLE CARE ABOUT RELATE TO HEALTH?

Once Explorers have determined how Wellthcare is different from the current health system, they can start exploring how people’s personal aims and social environments drive them to stay or become healthy. To do this, they must develop illustrative questions that will allow them to gather information from communities rich enough to help them discern what people care about and what keeps them healthy.

These questions will inform the agenda of the next Wellthcare Explorers’ meeting, which will be communicated in another Despatch. If you have a question for the Wellthcare Explorers send it to [prtipal@wellthcare.com](mailto:prtipal@wellthcare.com).



## THE WELLTHCARE EXPLORERS

### NAOMI ADELSON

As an Associate Professor of Anthropology at the Faculty of Liberal Arts & Professional Studies, York University, Toronto, Naomi’s theoretical interest lies in the critical examination of cultural meanings of health in social, cultural and political contexts. Since 1989 she has conducted research in collaboration with the James Bay Cree of northern Quebec, Canada, and her current research includes the uses and integration of e-health as a resource for First Nations women and the digital mediation of discourses of health. See Naomi’s institutional [page](#).

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The views expressed by the Wellthcare Explorers and the Exploration Correspondent are their own and do not reflect those of their institutions. At the time of writing the conflicts of interest of the team have not been collected but they will be as the meetings progress.

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