Global Spa & Wellness Summit
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The Aspen Health Innovation Project: Barriers to Innovation and Promoting Innovation

General Session: Aspen Institute Panel
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Paepcke Auditorium Walter Paepcke Memorial Building, The Aspen Institute

Moderator:
Dr. Kavita Patel, Managing Director for Clinical Transformation and Delivery, Engelberg Center for Health Care Reform, Brookings Institute, U.S.
Panelists:
Dr. Joseph Hutter, Fellow, Institute for Health Care Delivery Research, Intermountain Healthcare, U.S.
Dr. Anjali Jain, Managing Consultant & Researcher, The Lewin Group, U.S.
Dr. Brent Parton, Director, Health Programs, SHOUTAmerica, U.S.

Transcription:
Taylor Gannon, Assistant Marketing Coordinator, Global Spa & Wellness Summit

DR. KAVITA PATEL: I want to make sure I've got the task of trying to keep us on time but also keeping the spirit of dialogue open. I want to set some ground rules. There are no stupid questions, and especially from our panelists, there are no ideas that are too bold. I want to take you on a bit of a journey; the bios of our panelists are in your program. I do want to emphasize some key points as I introduce each of them. Our ground rules for today for all of us, including all of us, [I] and the panelists, is that no ideas are too crazy, too radical, because this is about innovation. Two, we have to suspend our judgment. I think that's what we try to do by coming to a beautiful place like Aspen, Colorado. It's getting out of our silos, but we tend to talk to each other and what is familiar to us, but I'm going to ask you, all of us, to suspend our reality a bit and suspend our judgment, and we're going to have a good time. We're going to keep it to lively, interactive discussion. We'll just see how time allows us, and people can shout out some questions, and I'll try to do my best to moderate.

Starting with Dr. Anjali Jain: She is a senior researcher and managing consultant at the Lewin Group, but perhaps more importantly, she is a pediatrician, mother of two, and has spent her life dedicated to this intersection of being a caregiver as a mother, pediatrician, as well as someone who has to think about the system of health care.

Next to her is Dr. Joseph Hutter, a practicing physician radiologist and a Fellow at the Institute for Health Care Delivery Research and Intermountain Healthcare. For those of you who are not familiar with Intermountain Healthcare located in Utah, it's considered one of the most health care premier locations that does exactly what we're gathered here to talk about…innovation. If you're not familiar with it, you should be because it has been cutting edge; however, cutting edge in health care is not necessarily cutting edge in the world. So we have a lot of work to do.

Last but not least, Brent Parton, who cofounded SHOUTAmerica. I've known Brent for a couple of years now, and he looks young, but I can tell Brent has been in D.C. long enough that it is starting to show. He is getting some age; he'll be in my good company not too long from now. And he's been spending his life trying to bring the youth voice not just to health care but a lot of the social issues in which a lot of us are saying, "Do the youth care about these issues?" Yes, they do, and people like Brent are trying to lead them.

So with that I wanted to start off — I'm not John and can't play the piano, only my iPod — I wanted to start with something for our panelists as rapid fire as we can be. What is the one thing each of you would do — no limits, no judgments and no constraints of any nature — that would radically change the health care system? Just in fairness I asked them this question a couple of days ago, so they had some time to think about it (probably when they were stuck in the Denver airport or trying to survive the puddle jumper that brought us here). Starting with Anjali, give us the one thing you would do that would radically change the health care system as we know it.

DR. ANJALI JAIN: Thank you for having me today. This is the first time I've been to anything related directly to the spa industry, but I do think that we are in the same business. We are trying to help people be healthier and lead more meaningful, productive, high-quality and longer lives. I've been sort of struck as a pediatrician and a mother. I think about kids a lot. I was a child myself as we all were, but I try to take that perspective, and one thing that I think I haven't heard here is really any mention about children. We are operating an adult world, we're fixing adult programs, but if you think about it, all the good and bad habits we all have and fight to change really began during our childhood.

If I were to do one thing, it would be to really refocus the center of the discourse, the discussion and the perspective of thinking about what that child sees and what children see currently in our world. That might be able to prevent some of the problems that we're dealing with. For instance, if you think about the child as a consumer — and I have to say, I've always resisted that; I think children should not be seen as consumers; they're not consumers; they should not be exposed directly to

marketing — but the fact is they are. They are a lot. They see a lot of ads; they see a lot of modeling behavior. They see, they hear, and [they] touch all kinds of things that if you really thought about, they shouldn't. For instance, children as young as two years old recognize a lot of brands and associations of them. They know the golden arches above everything. The most widely recognized public figure for a toddler is Ronald McDonald, second only to Santa Claus. So if we think about the world from their eyes, I feel like a lot of the other problems would solve themselves, and adults could take care of themselves. What I would try to do is really change the perspective that we operate in, and think about how we create the lives for children that they're going to want to continue throughout their lives for lifelong health, and would then carry on for their families in return.

DR. JOSEPH HUTTER: It's an honor to be here with you. Two health care worlds are emerging. There's the world of care coordination organizations, ACOs or accountability care organizations: the medical homes, health homes, community health teams. You all are aligned with that world. Then there is the old world dominated by fee for service. The problem is there is only about 20 to 30 ACOs, which Kavita actually helps design, but there are over 5,000 hospitals out there. So how do you reach the rest of them? How do you reach the other 98 percent? That's one of the key questions we have to deal with in the delivery system reform part of this. How do you take ideas that emerge in those new models of care and transplant them and diffuse them across the nation? That is how we are going to improve quality for the majority of Americans in this country. That is how we are going to render Medicare and Medicaid solvent in our generation, and some say that is actually the challenge of our generation. It's the biggest threat that we face in the United States and for some time to come.

The innovation center I'm sure many of you have heard of: It's in the CMS, Center for Medicated Services and Government, often called the crown jewel of the health care law. That actually doesn't do the job; what's needed is a translation or an innovation diffuser center. Fortunately, such a center exists; they just don't know it yet. It's actually called—it's another government office: the Coverage and Analysis Group. The legislation authorizing them to do this type of transformational change has already existed for the last 50 years; it's in the original Medicare law.

What is that language? It's called reasonable and necessary. What we do, what we prepare for as a nation in terms of services, treatments and devices—and treatments, as you know, should be more aligned with prevention, the things that reduce stress and other things. So what determines reimbursement basically is what is reasonable and necessary. There was a time when the doctor, as a standalone expert, would determine this based on [his/her] experience. Today, multidisciplinary teams working

with evidence-based, pure-viewed literature-developed protocol, and that's how it's determined. You've got this dichotomy where the practice of medicine has evolved, but the way we pay for medicine has not.

I'll give you a very quick example. To rule out an ailment, a doctor is going to write CP (chest pain), or shortness of breath. That's good enough for payers, public or private, but it's not actually what we do. At Intermountain, we have rather long evidence-based protocols that are not handed down by government or insurance companies. We develop them bottom up, multidisciplinary teams, based on evidence where it exists, and that's what we use. What the solution is then is very simple. We need to catch up on the payment side with how we are actually practicing medicine on the forefront, and the way to solve the diffusion problem is really that when such protocols emerge, when they are demonstrated to work, then we need to insist that that process for determining in the words of institute of medicine, the right care for the right patient, at the right time, be used by everyone, and not just a handful of locations [that] are striving to become even more excellent. Will that improve quality of health care globally? Yes, it will. Can it actually solve by itself the problem of Medicare and Medicaid in solvency, probably the greatest challenge in the U.S.? Yes, it can.

DR. BRENT PARTON: My solution drifts a little outside the health care realm. There has been a lot of work done by the OECD, as well as by Robert Putnam, about the connection between the concept of what's called social capital and health. Social capital is more or less the ability of a community to ridge its own differences, and at its core is the concept of trust. A lot of this work is talked about—maybe we can enforce trust on a more local level. Don't think about the U.S. as having one health care crisis; it has 25,000 health care crises in each city, town, village, and so on. If we can do that on a local level, maybe we could improve social capital and trust. The one thing that I want to come back to is that: The local approach is going to be necessary; this is how you affect social and economic determinants that people face, but on a national level, the issues are: what is eroding trust in our institutions and our ability for our leaders to address our health care issues, as well as a number of other issues in its campaign finance reform, in my opinion. I think that's something that would restore trust; it would put trust back in the fine experts that we have in Washington that deal with the health care issues and know what the exact fixes are that we need for the problems. And it's something people need to have to trust them to do it, and I think getting a lot of the money out of politics, especially the health care money that goes around, is going to go a long way to start the rebuilding that trust in the country, enhancing the social capital and eventually enhancing our health outcomes.

DR. KAVITA PATEL: So you're getting a little bit of a flavor. We are just getting revved up, and I'm going to ask our panelists to tell a little bit—each of them represent kind of different perspectives, and as we worked on this topic of reinventing health care, we wanted to try to understand how some of these various pieces fit together. Each of them is going to do a couple minutes on what they do and how they see wellness fitting into what they do in terms of reinventing the health care system.

I'll talk moderator's prerogative to tell you my idea, which comes from Richard Feynman, [whom] some of my friends know, my husband is obsessed with, the physicist, and he once said that he "Cannot understand that which he did not build." When you apply that to health care it shows you why everything is so absolutely misperceived in our health care system. None of us really understand it. We all see it from one viewpoint. Even as a patient we probably understand it the least.

My radical idea was instead of how we now pay doctors and health systems and insurance companies are used to leverage those payments, let's actually pay patients. Then we have to be forced to audition sort of speak and try to show our worth to the patients in terms of what they need and where they need it, so they're not forced to wear humiliating gowns in a sterile environment in a waiting room and wait for hours to receive lab results, which are based on their blood work. My radical idea would be to take all that money, the trillions of dollars that we're using in health care, [and] divide it across everybody that lives in this country. I'm thinking about the U.S., but you could apply this to other countries, regardless of immigration status, regardless of some of the other things that we tend to put artificial barriers on as human beings and let them decide. And I can promise you that we'll have a culture of hospitality, wellness and true service and bring the best of medicine to that. That's my idea, and there's no chance in hell that anyone would do it, but that's again the beauty of it. If we can think about what we want—what the utopia would be—and work backwards, maybe we could make some small, marginal changes, but then have something big that leaps out from that. Take that home.

So, Anjali, on the topic of thinking about reinventing our health care system and what you do in that process, where does wellness fit in?

DR. ANJALI JAIN: I try to think about wellness throughout my work. I think about a variety of things. I mostly have been previously in the obesity research field and very much among low-income families especially, and looking at parenting. This line of work got started because I was working with families in the south side of Chicago and really tried to get them to be careful about the food and activity level of their children, and I realized some of the barriers they were up against. So I feel like my role as a physician and a researcher is to almost be a steward for the patient and the family and

then sort of microcosm what they're living in with a real central importance to what happens every day.

DR. KAVITA PATEL: Would you agree though that most doctors do not think about wellness? Is that fair or is that unfair?

DR. ANJALI JAIN: Yes, I would say that's fair, but it's also that we weren't trained to think about wellness. It's only now really trickling in, and I mean that very literally. Only little bits and pieces of things like nutrition, wellness overall and prevention are becoming part of medical school training. You used to hear a lot of these kinds of statements: "I'm a doctor. I'm not a social worker." That kind of attitude—"Well, I fix disease," rather than "I really take care of the patient to live a healthier life." I think that is a change that's slow and coming, and our institutions of higher learning that are training young physicians are slow. So it's happening, but it's taking a long time and probably a lot longer than it should.

DR. JOSEPH HUTTER: Basically, what do I do every day, and how does it sort of overlap and touch your world? In a book called *Cybernetics* the mathematician, Robert Weiner, observed that some of the richest areas of innovation lie in the gaps between the structured disciplines. I live in that space or try to live in that space. I work at Intermountain Healthcare, and one of the guys I work for [is] our mentor, Brent James, the chief quality officer of this 22-healthcare system that has an institute devoted to trying to do clinical innovation and transformation. One thing that's interesting is the whole point of the QI process (quality improvement process), which was really started by W. Edward James, the statistician that we didn't listen to in America; Japan did. The point of this is to solve problems before they happen. So you keep pushing interventions upstream in the quality improvement process. That is the core of prevention. That is the space that you guys live in. The idea is trying to get ideas that are emerging these new models of care and trying to diffuse them throughout the system.

So what do I do on a daily basis? I work in quality improvement but there may be an opportunity for me actually emerging to go into government to do exactly that task. A little bit early to announce that. I would still make my affiliation with Intermountain, but that's a possibility that will be very exciting.

DR. BRENT PARTON: So I guess it would be easiest to describe what we do because wellness is really at the core of it. What I mean by that is we were founded to really represent the industry of this 18-34 demographic in health care issues. Back in 2007 when we were first founded, it was really because they were thought to be the group that was disenfranchised by health care. They were the least insured group, they

didn't care necessarily about accessing the resources because they thought, "Hey, I'm healthy." Now we found that to be a problem unto itself; obviously, we want to get everybody into the system to at least have a stake. The other main problem is of a symptomatically wider problem of health care. The fact that the types of services and the needs of this population weren't necessarily available or they weren't really the core work of what the health care system does—in the sense that you have an acute-based system that tries to treat what you have once you're ill. A lot of what we do might have been an insurance issue, especially during health care reform. Now it's a lot about making sure the preventative services and access has opened up to what this core constituency needs, and what this constituency needs is prevention and wellness in large part.

Another piece of work that we've done is around the concept of health literacy 2.0. Health literacy is a concept that's been tossed around a little already this morning. We've tried to expand the scope a little bit, meaning that to navigate and be a participant in health care means a lot more than knowing where your doctor is and knowing what the directions are on the prescription label. It's about being able to navigate this broader health care ecosystem out there. I think that's a lot of the idea we are trying to move towards in terms of creating communities that are more conducive to health and make sure people are able to navigate choices in a way that produces better outcomes. A big piece of that is what we call health citizens who are health literate at another level.

The last thing is something I've picked up on just being here. It's that there is really a cultural underflow concept of wellness and health, and it's been somewhat restricted to some groups I think. There are huge inequities in terms of who gets to participate in that, but we're working with a documentary that's coming out this October; it's called *Escape Fire*, and the idea is that it's a documentary, a cultural piece, and we want to make the health care delivery system something that is cultural. I think that is going to give us the opportunity to weave this together: This cultural wellness aspect with the problems that we have in our delivery system, and maybe it could yield some solutions.

DR. KAVITA PATEL: We have a couple of other things planned, but I wanted to see—you're such a large group here—if you have any questions.

AUDIENCE MEMBER: The spa world to the wellness world. That involves—and I'm talking to global, I know the U.S. is very different—the problem that we're coming up against all the time is the resistance by the medical world to complement the medicine and alternative medicine, and obviously, the cost of it to the consumer as well. My personal passion is wellness and complementary health, and I wonder how

we can expedite that process to integrate the two. Integrative medicine, as far as everyone in this room is concerned, is the way forward, but we're all meeting barriers and blocks. This is in every country. I work in 55 countries, and it's not unique.

DR. KAVITA PATEL: I have some answers to that, but I'll defer to some of the panelists.

DR. ANJALI JAIN: I think that, medicine-wise, it is very patronizing in its roots—especially western medicine. I think that having the premier voice in decisions about what they're looking for is starting to become accepted in a very traditional field. I do think that one way to expedite attention to alternative and complementary medicine is using research and showing that's what patients want, this is what works for them, this is the way forward with data, with results, with opinions of qualitative research around what patients are really looking for. Everyone is asking the question in health care today: what do patients want? There is a patient-centered outcomes research institute, yet very few people are reaching out to patients, and so you guys could be the first and try to make that happen.

DR. KAVITA PATEL: Let me just say, globally speaking, do not diminish the power of the medical industry to fight back against these things; however, if you've looked—I think Susie and Peter put out a study around this, I know McKinsey has put out reports—over the last few years, traditional, out-of-pocket spending on health care has decreased; however, out-of-pocket spending on alternative and complementary medicine has increased. We've seen those trends worldwide; however, the medical franchise—physicians primarily because as long as we hold the pen or enter button for therapeutics, we still hold a lot of power—not only is the research important, but I think there's a real case to be made around the return on investment in integrative medicine. Places that do it well—I trained at UCLA, where we had an east-west institute that brought that into disease and chronic disease management—they were able to do show reduced hospital stays, they were able to tie it to very hard financial metrics that even the most conservative of medical staff and chief financial officers could not argue with. The challenge there is then, how do we assure? There's also a discrepancy, I think, in the perception of your training, and I don't mean yours, in this wellness movement. There has to be a clear set of standards for the workers in the field, and I know that is something your profession is dealing with. When you all come together and think about what those criteria standards are—this is very similar to the discussion that took place in the early 20th century for the medical doctors. They used to have no restrictions. I think you're seeing a lot of interesting parallels. My prediction is pegging this to some of the financial metrics, as well as patient outcomes through some of this rigorous measurement, which you are already doing in certain areas, will yield the success.

DR. JOSEPH HUTTER: In Kavita's world where people are voting with their feet, I think that they would want to have a product that includes your wellness act as part of a more general thing. I think in that future as you move from spa to wellness, you're not selling a checklist of services where different types of massages are 70 percent of that; you're going to be selling an active philosophy of how to live, and that combines exercise, nutrition, meditation, stress relief, hot stone massages—if you ask my wife and myself, medicine and science. I would say go form those alliances where people are at the leading edge, whether UCLA, or we have colleagues who do value-based assurance design, an economist, MIT and a group of doctors at University of Michigan. The concept there is going to pay for prevention, we're going to incentivize you to change your lifestyles, whether it's staying adherent to medications to losing weight, that type of thing. And what you want to do is align yourselves with those types of people, so when they're in a program that says, "Here's the program, and here's your coach who's going to guide you or a group of you through this," instead of just focusing on their hemoglobin for diabetes or systolic and diastolic blood pressure for hypertension, they're also going to include a package of these other things. That's where you play, and you'll be part of the incentivization for living better lifestyles because that's probably the thing of the future that's going to make the biggest change.

DR. ANJALI JAIN: I would try to co-opt a few of the doctors that might quietly agree with you.

DR. KAVITA PATEL: And I will say, as a medical profession, that obviously it's so difficult. You know that firsthand; however, again, financial metrics. There is no question in my mind—I mean we're seeing doctors being pushed into the corners for engagement with community health workers that have minimal training; however, they do have standards and accreditation from certificates that are issued to them—because we know that community health workers can do far more than I can do in seven minutes in a white coat.

I will say that I have seen just in the last five years, a trend in which scares doctors and scares my friends because it worries them that they will be out of business. One thing you can do is reassure them—and we all try to do this—they will not be out of business sort of speak, they will just have to think about health and wellness in a different way, and I do believe that it's this generation that is going to have this done; this isn't several generations away, and I believe it because people are making financial decisions in the U.S. Like India, Brazil and China in which some work we do, as part of Brookings, especially India. India, China and Brazil have all had increasing rates of obesity, as well as an aging gap in which they have a much older generation of people

that don't have caregivers, that don't have infrastructure for caregiving. Now, interestingly enough, in other countries, they're trying to ask the U.S. how [it] dealt with these issues, and we said we didn't—and look what has happened to us. I think getting in front in other countries by saying, "here are some solutions to what we think, going back to Philippe's talk this morning, the geopolitical crisis of health care is a huge way for your industry to be put in a position where you're not just being forced to be reactive to what the medical industry is saying, but you're saying, 'this is what we know and here's how we are dealing with some things in the global economy that are not being dealt with.'" Certainly I can tell you that in other countries, as they're starting to struggle with, what I'd say are western diseases, is because we exported it (as they talked about this morning).

AUDIENCE MEMBER: I'd like to address a couple more social determinants of poor health, which are increasing: social isolation, loneliness and depression as well. We all look at diabetes and obesity, but as a medical anthropologist said, "Look at the social, cultural view. And I wonder what you could see within health care and partnerships with spas to maybe address social isolation and loneliness as true risk factors now."

DR. BRENT PARTON: There's one example I can speak to. The U.S. military transformed American health care before—it happened after WW2; this was mentioned earlier today. If you want to talk about an area where there is concentration of a lot of these issues that you're talking about, where they are trying to figure out how the military can start to deliver care to the new issue in their core in terms of what people are facing when they get out of combat, a lot of these are mental issues. I know they're trying to put together a health task force with the health core. I know that is a strong example of them sort of looking outside the box. I think even just speaking or looking at how that model would replicate into something—that would be a good step forward.

DR. ANJALI JAIN: I feel like a lot of these problems really track to that, and one of the reasons I got very interested in obesity is because it's about all of life—what you eat, what you do, how much you sleep, all of those things. I think the failure of sort of traditional medical medications, surgeries, procedures, to solve these problems, has actually caused a lot of movement towards the community level, and the community role in dealing with some of these issues. The CVC for instance is funding—most of [its] efforts are in schools and communities, including churches and so forth. So I think that solving one problem often helps the others. I can see that wellness initiatives and the spa industry would have a role in all of that actually.

DR. KAVITA PATEL: I'll say something about spas and loneliness. I think that loneliness is a social determinant that we don't acknowledge. Our next speaker is from Google, and in this ironic age where we should be the most connected in our society, we've actually been seeing an emerging trend now where we are more isolated than ever. Now I'm not arguing with the connectedness; it's just the implications of that are serious. We know in health care that there have been some studies that show this link—between isolation and this concept of loneliness.

Spas are the only place I have been to where there is this kind of immediate cultural acceptance when you come in the doors. I don't know if it's because you all realize that you share a mutual emotion and that brought you there, or it's a shared set of experience backgrounds because you are willing to go and make the appointment and be a part of it.

I've been to the Korean spas in Korea town and I thought, these women are just ready to get naked in front of each other, and they have no concern or cause to pause. How do we reproduce that? How do we reproduce the confidence in a community that comes together? So I think that in your spas, as well as in your hotels and in your line of business, you've somehow identified something that is a community, yet I don't think that you've successfully leveraged that to deal with as you merge from—in your words—spa to wellness. How do you successfully leverage that into the wellness phase? I think what I would perceive the lack of acknowledgement in the traditional medical model a huge opportunity in what I think you all have been doing in day-to-day business, but it's more than that, and that might be where you are stretching as an industry I think a little bit.

AUDIENCE MEMBER: I just want to reiterate when you talked about solutions to fix other problems, and how one of the areas appears to be about food systems. It links with why we're here today, and that's energy and carbon footprints. One of the radical changes is working with the urban agriculture movement and getting community guidance in schools and kindergartens. When people get involved in their own food production, it can be for food security, for the population, but also it creates social capital because you get people from different generations and different cultures all working together for food; nutrition, because you're getting organic, whole foods, and it also helps with Vitamin D, exercise and getting out and connecting with nature. That's one thing that also brings the spa experience to children and to the public—eating organic food and going out to the garden and connecting with nature. I think that's something this industry could help foster and promote is that connection with nature, food production and building social capital around that. I think that whole urban agriculture movement is building such a capital through local, resilient, 25,000 systems we're talking that each [has its] own problems. Well,

communities come together around food production, and it might have the touch of that spa experience in there. And it might have the potential to move forward.

DR. JOSEPH HUTTER: That's a really interesting idea. A lot of ideas have come out, and I think that's the first time I've heard that today. When you think about it you're tapping into leveraging the social capital idea bottom up and that produces your 25,000 microsystems, which emerge and the whole is bigger than the parts. I think it's a great idea.

DR. ANJALI JAIN: The little bit of discussion earlier today about cities and walk-able cities, where you actually see each other, get to know each other, trust each other, feel less lonely, come together around food and activity in a way that's very natural to the way at least our bodies are designed to live—in our hearts and minds as well. I do see those sorts of oases sprouting up, and it is part of a larger movement, and it will get better, but it takes the social forces to change, as well as the grassroots, and they all will reach a critical mass I hope sometime soon.

DR. JOSEPH HUTTER: An organic restaurant or café that buys its food from that place—it's part of the whole marketing strategy.

DR. KAVITA PATEL: So rapid fire—I'm going to ask you to do this in 30 seconds or less. We have leaders around the world here, we talked about some of the challenges, and we always tend to concentrate in the U.S., but please try to think global about this. Building on this concept of innovation, how would you encourage them to think about being innovative in this space, and this transition as well, from spa to wellness and health and wellness?

DR. BRENT PARTON: We have these things called education institutions and the concept of education—you want to go from sort of being enclaves of innovation to what I would call beachheads of innovation, your stake into claim, you're able to scale out and move. So how can you do that? How can you leverage your stake into claims to do that? One, I think that what has been said already in the last comment and this morning, about how do you bring more aspects into the spa experience earlier on in life in smaller doses, whether it's helping work on gardens or something like that to start to get people used to this being something that is valuable, something they want to continue to experience over the course of their lives. Second point would speak to thinking about your workforce and the type of people you want to lead in the industry going forward. Looking at an issue, a global issue like youth unemployment mentioned over lunch—if you could create those standards and competencies for all these different occupations.

I've worked in workforce development policy with the World Bank. They say that there's a bias against vocational and technical education because everybody thinks that they're going to be a plumber. No, it doesn't have to be that way. There are a lot of other soft skills, and there are other industries out there that use people that are able to bring certain skills to the table, and you could certainly provide for them and give them certain competencies. Investing in that workforce and bringing them up to that level to be really the human capital of innovation—I think that's something that you could really look to do.

DR. JOSEPH HUTTER: I think the best advice I could give is just the one that we discussed already—where you're not selling a checklist of services, you're really selling a philosophy of how to live and this multidisciplinary. It involves medicine, science and stress relief, which is sort of your core. On the point of stress, I think you're on the right track on dealing with that, and the rest of us have to catch up. I think stress is one of the most underrated mental and physical diseases. It impacts all other diseases, perhaps even more than obesity. We can measure obesity; it's harder to measure stress. We haven't discovered it; you all already have. At some point when we do discover it—five years or 10 years from now, who knows—we'll find it's a continent, not an island, and you've purchased land on that continent.

DR. ANJALI JAIN: This came up at lunch a little bit. I was talking about the role of a family and how—at least in my conception—spas work. It's usually an individual, a woman or a man who is going to get [his/her] spa treatment in this little bubble, which is often a good community and very comforting, and they often go back to a regular life. I wonder if there's a way that there could be a little bit more that they could carry out of their spa treatment that might influence the rest of their life both to be a role model for their family and their children, but also to carry the lifestyle forward. That can then transform their communities and the sphere of influence they have—more of a ripple effect. I wonder if you can conceive the wellness in spas on that community kind of level.

DR. KAVITA PATEL: I've spent a lot of time doing work in mental health, and we've got one in eight Americans that have depression, one in a hundred that have schizophrenia and other serious mental illnesses; however, we know that some of the best therapies are around cognitive behavioral therapy. A challenge to their wellness movement would be how to identify the best principles in what works in those therapies and apply it. You have regular consumers of care who are also affected by these disorders, who also need to find a place and a space in which there could be thoughtful evidence driven; however, humane center treatments that they can somehow have as part of their entire wellness package we talked about. That's another bold idea—hopefully not too bold.

Join me in thanking our panel.