Health 3.0 Blockchain and cryptohealth unveiled







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- Although I may address business, financial, investment and legal issues, I do not provide any business, financial, legal or investment advice and my claims should not be construed or used as such.
- I shall not be responsible for any loss sustained by any person who relies on this class.



Learn why and what is Healthcare 3.0

Ownership Health

THIS TALK IS FOR YOU IF YOU WANT TO:



Understand self-sovereign identity, data liquidity, privacy-preserving technologies, and federated learning



Know how tokens, NFTs, and DAOs can redesign healthcare and transform patients from health service consumers to health and wealth producers



Blockchange Healthcare
Healthify Crypto

Leapfrog health systems

Dr. Alex Cahana

Pain specialist for 26 years
Built Pain Centers in Israel, Japan, Switzerland, US
Since 2014 decentralized technology and Tokenomics
Blockchain and Healthcare Expert for the UN/CEFACT
Founding partner of ImpactRooms for EMDE
Board member at AdanianLabs Africa and ACHA (Americas
Continental Health Alliance)

BLUF

In a post COVID-19 world

decentralized healthcare is a more resilient system

- 1. Solve the problem of Trust (computational trust)
- 1. Attack-censor-collusion resistant
- 1. Community-Connectedness-Capacity development
- 1. Coopetition and new business models

Lesson 1: Healthcare 1.0-2.0-3.0

BLOCKCHAIN IN HEALTHCARE

Read Write Own



- _ Basic Web Pages
- _Html
- _ Ecommerce
- _ Java & Javascript

1990 - 2005



Web 2.0

- _ Social Media
- _ User Generated Content
- _ Mobile Access
- _ High-quality Camera & Video
- _ Apps
- _ Corps Monetizing Your Data
- _ High-speed Communication
- _ Global Internet Access

2006- PRESENT DAY



Web 3.0

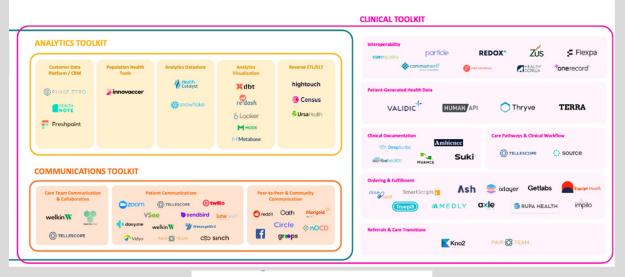
- _ Semantic Web
- _dApps
- _ Users Monetize Their Data
- NFTs
- _ VR & AR (Metaverse)
- _ Permissionless Blockchains
- _ Artificial Intelligence
- _ Interoperability

IMMINENT

Health 1.0 Digital Health

- 1. Health 1.0 (2008-2016)
- 1. "Access Health", analogue to digital records
- 1. Mandatory use of EHR (the HITECH Act 2009)
- 1. Data electronically collected so patients will receive better, timely and personalized care (right patient, right care, right time).

Complex stack Friction User burn out



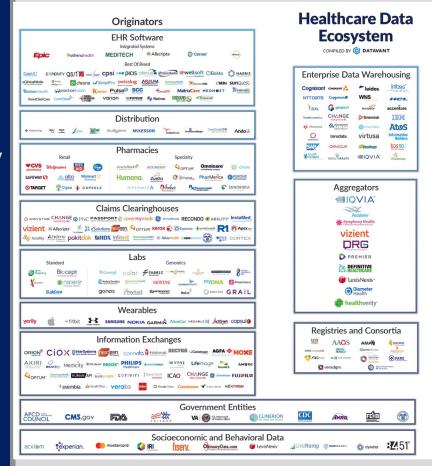


Health 2.0

- 1. Health 2.0 (2016-2022)
- 1. "Personal Choice Health", patient-centric
- 1. Wellbeing health apps, wearables, remote monitoring, telehealth, value-based everything
- 1. Mobile heavy, bio-hacking, data driven
- 1. Value based everything (VBC, VBC, VBP)

Exclusionary data asymmetry

rent seeking data market



Use Cases







Health 3.0

- 1. Health 3.0 (2022-)
- 1. "Ownership Health", patient-driven
- 1. Data privacy, security, sovereignty
- 1. Data as dignified labor and financial inclusion



Patient-driven

Consumer to health and wealth producer

Physical, mental and financial health



Lesson 2: Five use cases of DLT in Healthcare

BLOCKCHAIN IN HEALTHCARE

Current healthtech is NOT interested in blockchain



Optimization - AI / ML / DL / RL / DRL / FL



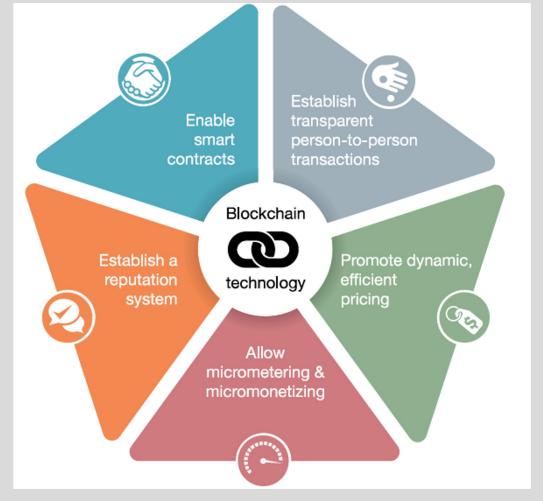
Innovation – Digiceuticals / Pharmaceuticals / CRISPR



Access – Telehealth / Consolidation / Oligopolies

Blockchain is the software solution to solve the problem of (mis)Trust

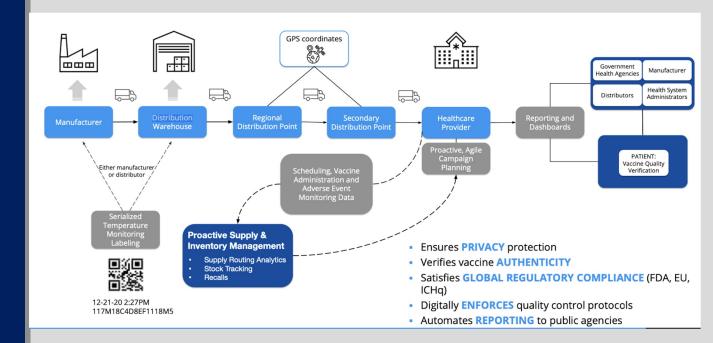




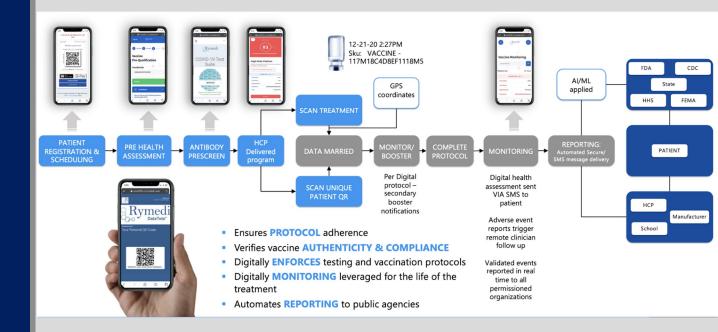
5 uses

- 1. Supply chain
- 1. Decentralized clinical trials
- 1. Credentialing
- 1. Electronic Health and financial Records
- 1. DAOs (professionals, researchers, patients)

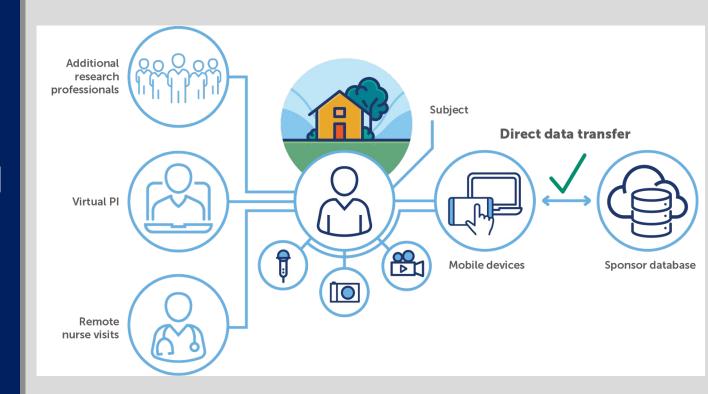
#1a.
supply chain
tracking
material



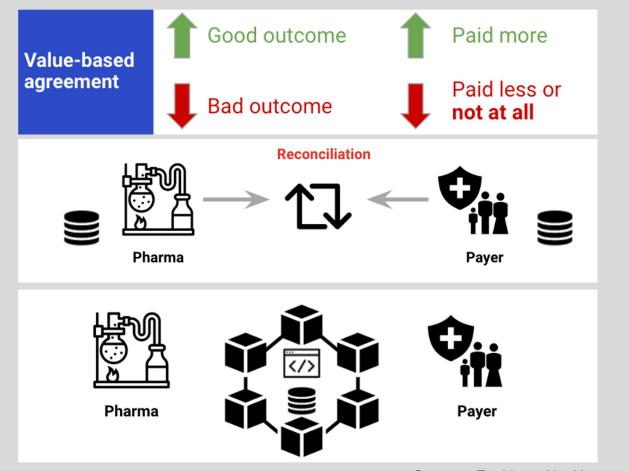
#1b.
Value chain
tracking
people



#2a.
Decentralized
clinical trials

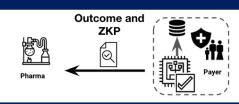


#2b. Value based agreements



Courtesy Equideum Health

#2c. Consortia IP protection









discovery

Announced July 2018; initial focus clinical trials, health data exchange, supply chain



Announced January 2019; prioritized use-cases still confidential, launch took place at <u>HIMSS21</u> in August 2021



UnitedHealthcare



Cognizant





NASCO*

MASSACHUSETTS







AMGEN





BAYER







abbvie

SANOFI



(****)

PharmaLedger



U NOVARTIS





♥aetna



IRM PNC

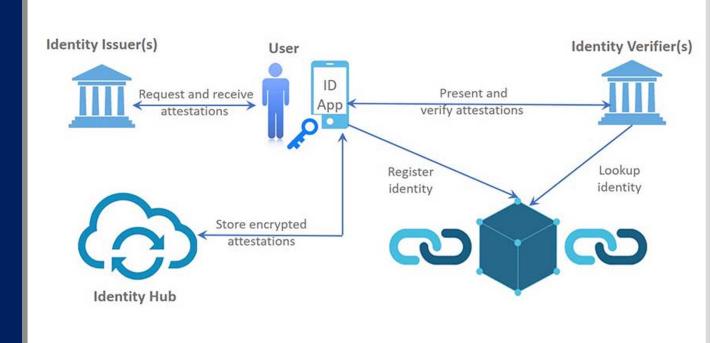
♥CVS pharmacy



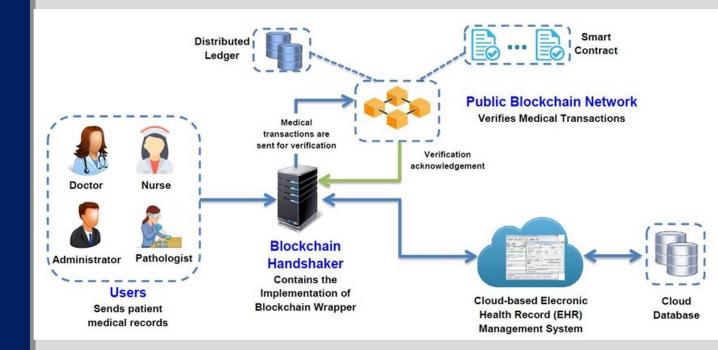




#3. Credentials

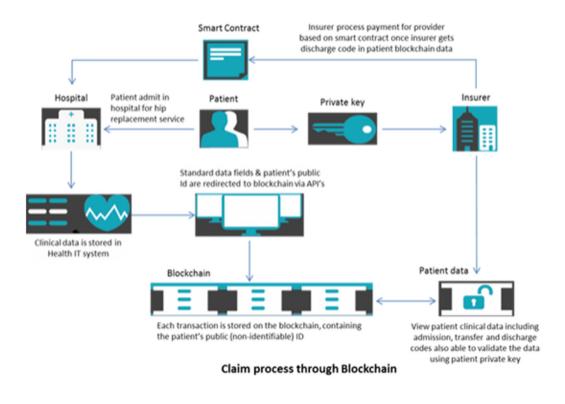


#4. Electronic Health Records

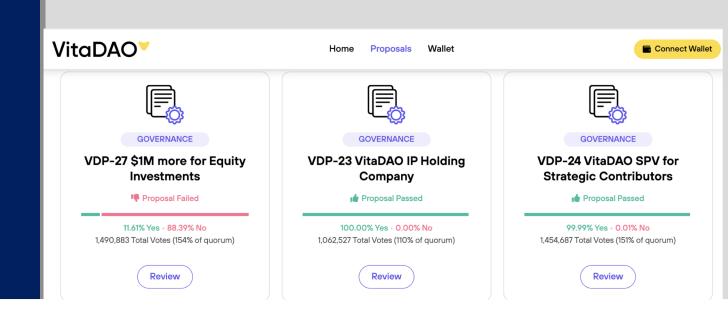


#4b. Financial records and claims

Blockchain Prior Authorization/Claims System







VitaDAO Results

\$9m+

Active Discord members

3000+

30+

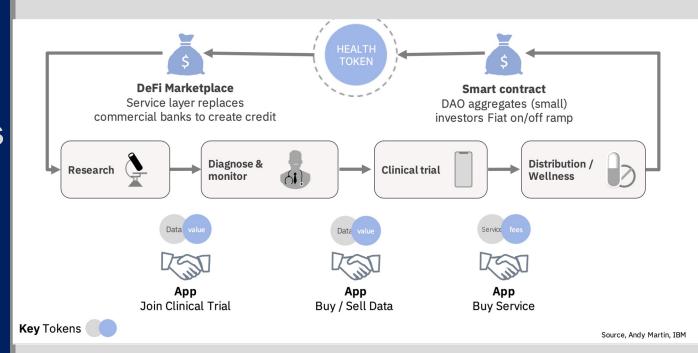
Research projects evaluated

\$1.5m+

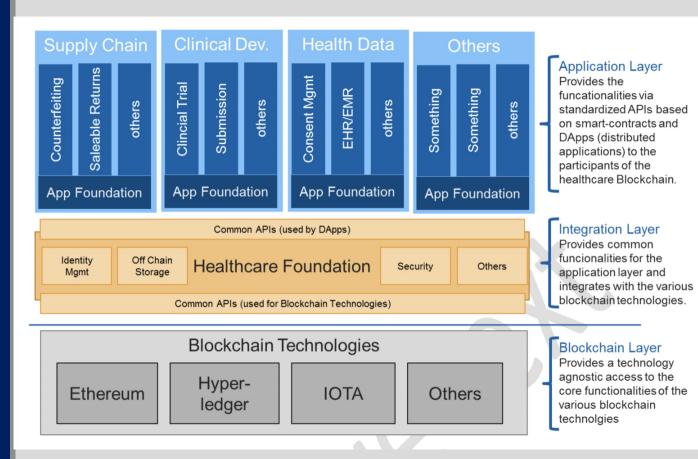
Longevity research funded

Treasury to fund research

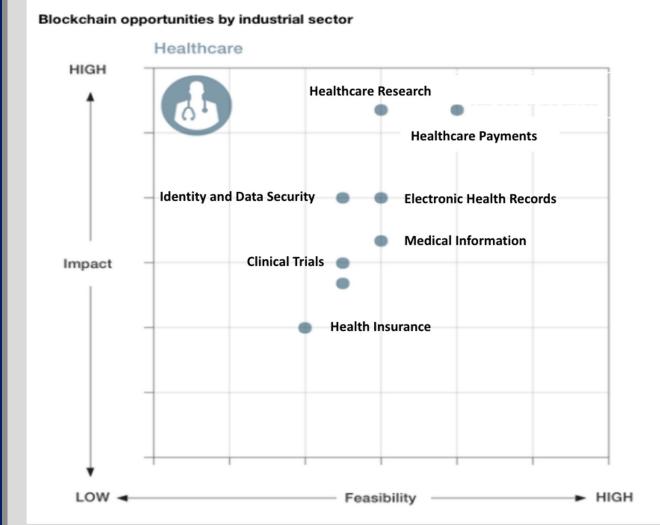
#5b.
Governance as an automated shareholder meeting



UI/UX needs to dramatically improve



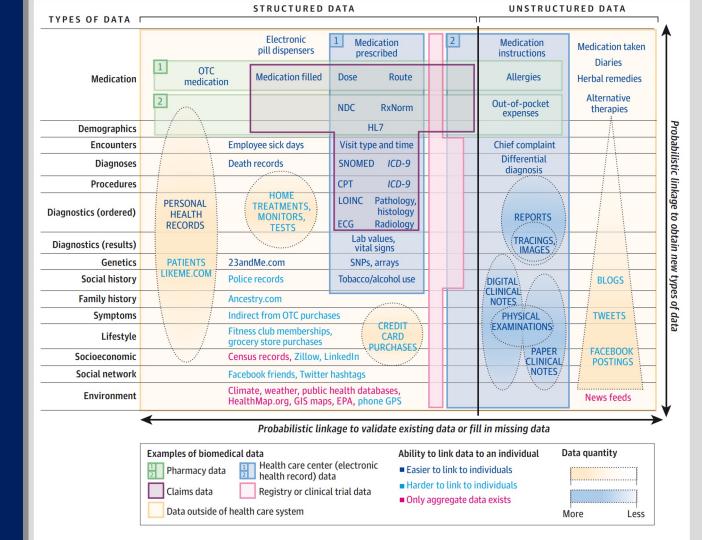
Future implementation is uneven



Lesson 3: Data illiquidity

BLOCKCHAIN IN HEALTHCARE

Healthcare is data rich

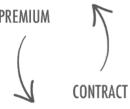


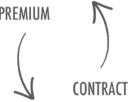
Current stakeholders



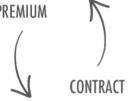






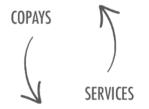










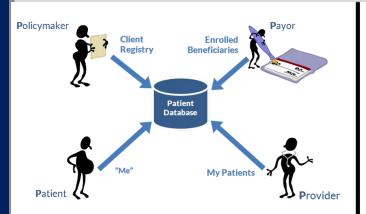




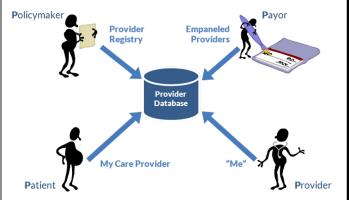
Health Care Provider

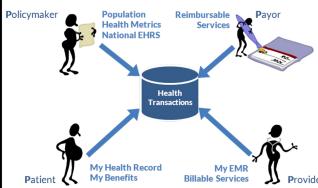
Data silos

No interoperability No inter-cooperability

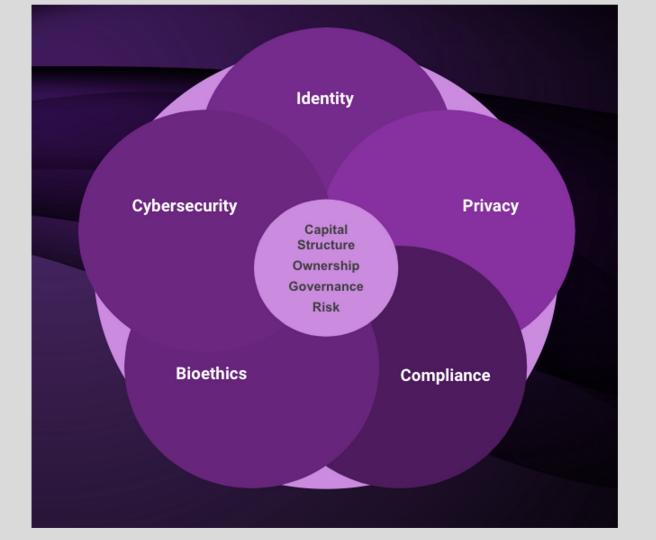








Barriers to implementation



Health 3.0 stack

Decentralized Apps ("dApps")
Web3 User Experience

Optional Tokenized Assets
Secured and Transferred

Smart Contracts
Secure Automation Across
Organizational Boundaries

Blockchain Networks
Public, Private, and Hybrid

Privacy-in-Depth

- Zero-Knowledge Proofs (ZKPs)
- Trusted Execution Environments (TEEs)
- Secure Encrypted Virtualization (SEV)
- Blind Computation
- Verifiable Computation
- Secure Multi-Party Computation
- Differential Privacy
- Homomorphic Encryption
- Quantum-Resistant Encryption

Decentralized Al

- Federated learning in blockchain networks
- Intelligent agent-based automation
- Optimization w/agent-based simulation
- New paradigm in training data provenance

Web2

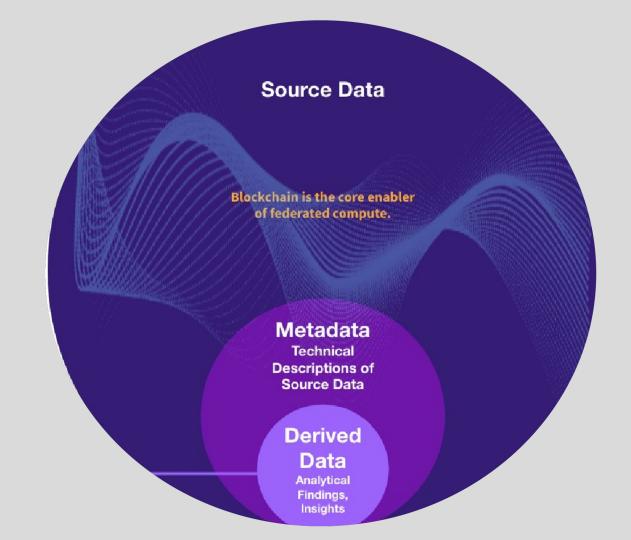
Today's Mainstream Modern Web

Lesson 4: AI/ ML/ FL

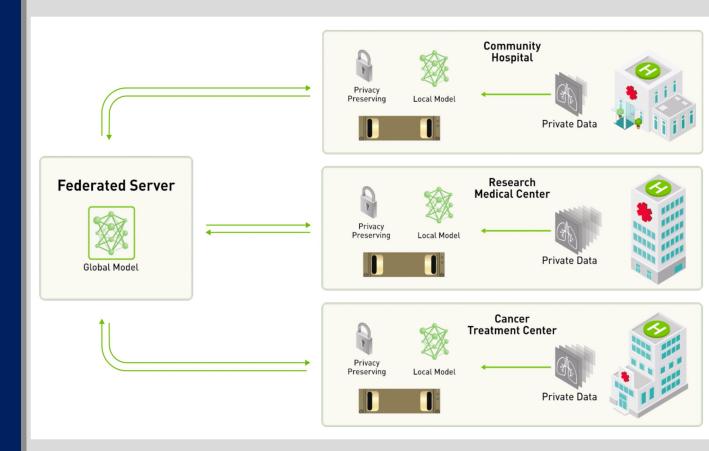
BLOCKCHAIN IN HEALTHCARE

V=Q/C

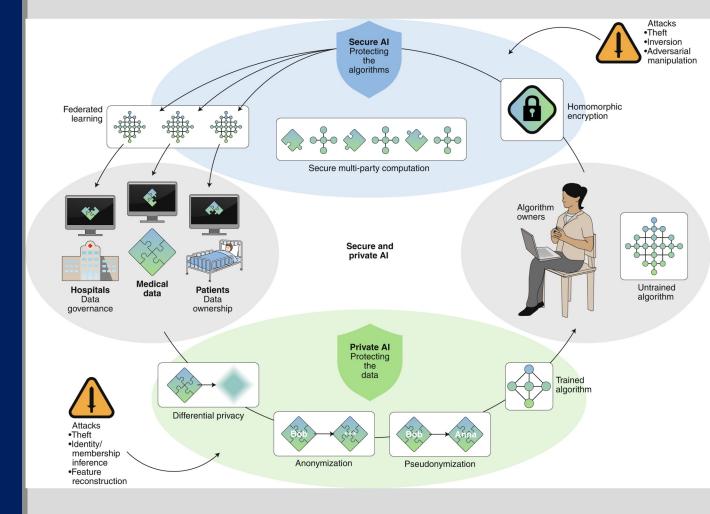
Q = derived data



Federated Learning



MPC and privacy preserving technology



Lesson 5: Tokenization

BLOCKCHAIN IN HEALTHCARE



coin vs. token

A coin is a digital currency similar to the physical currency

Coin operates on its own blockchain with its own protocol

Coins are purely used as a source of payments

For e.g. Ripple and Ethereum

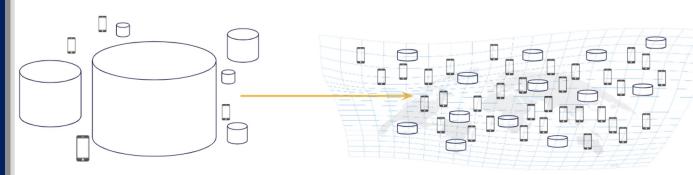
A Token is a digital asset issued on a particular project

Token does not operate on their own blockchain

Tokens are used for payments and signing digital agreements

For e.g. BON and DAO token

Paradigm shift



From Data Silos...

...to Incentivized Collaboration

How does a token look like?

- Name*
- · Address*
- Time At Address
- · Date of Birth
- Utility Bills

m-KYC Attested





- · Home Town
- email Address
- Phone Number
- Social Media Handle



- Exercise Activity Month
- · Calories Burned Month
- Steps Taken Month
- Distance Covered Month



- Outgoings
- Savings
- · Credit card balances
- Loans
- email address





- · Bill Payments
- · Direct Debits
- · Standing Orders
- Charges
- Loan payments





- · Car Insurance Payments
- · Car Service Payments
- · Fuel & Parking Payments
- · Ride Share Payments

m-Mobility Spend



- Savings
- Shares
- Crypto
- · ISA

Pension





- Profession
- · Post Code
- Medical conditions

m-Health Insurance (7)



- · Post code
- · Home type
- · Marital status
- · Family status/size
- · Attested assets value

Insurance (6)



- · Gender · Age Group/Range
- Profession Marital Status
- Location
- . Health Ricks



- Identifiers (e.g. JWT Token) - Digital Signature of parties. Akin to HTTP Header - Terms of data use (specific Smart Contract) Standard mPod metadata 1. Ownership: Individual/Org/Co/Open 2. Association: (n)Parent/(n)Child 3. Provenance: Person/Org/Thing 4. Class: Confidential/Identifiable/No PII **Smart contract** Veracity: Yes/No/1-10 Score Akin to Message Sensitivity: 1-10 Score Header ID State: Identified/Pseudo/Anon 8. Value: Entity + Context + Intent 9. Changeability: Static/Fluid/Mixed 10.mPod State: Draft/Final 11. Transaction State: Data Hash/Timestamp 12. Data Fields Contained: Data fields + sources 13. Access Rules: Standard/Bespoke Core Data Attributes held in Payload **Payload** Akin to Message Content



Smart Contract

Contract Layer

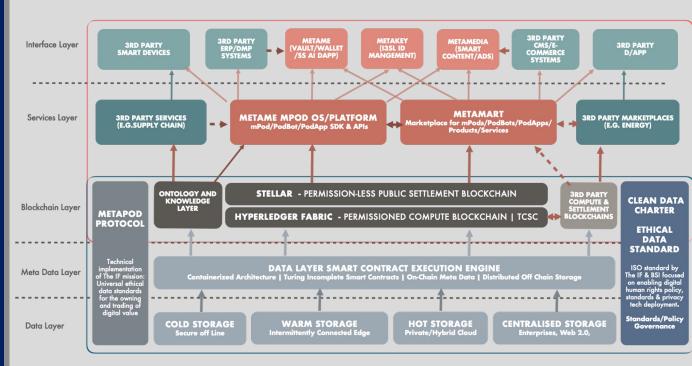


Meta Layer

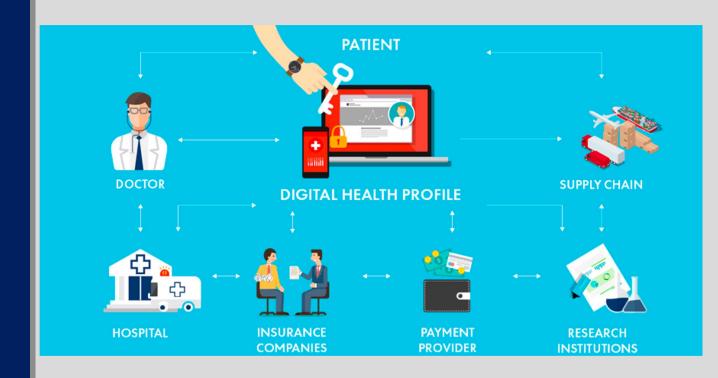


Settlement Layer

"Programmable Money"

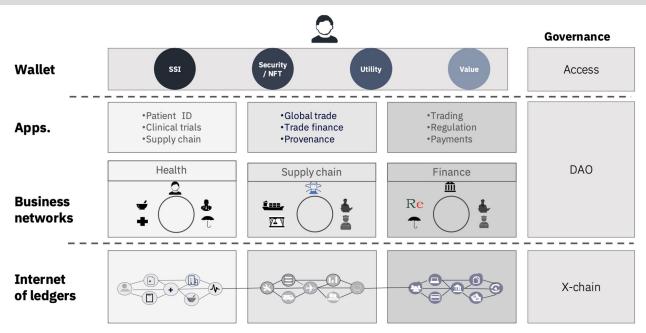


Unique = NFT



Prepare for a multi token world

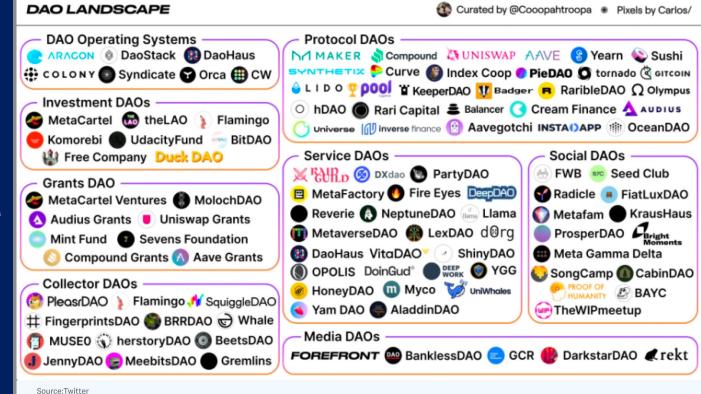
Alex MD
Alex patient
Alex traveler
Alex investor...



Source, Andy Martin, IBM

DAO

Internet native communities



Summary

BLOCKCHAIN IN HEALTHCARE

Health 3.0 is all about ownership

- 1. You are your data and that data is yours
- 1. Your data is valuable in a tokenized asset
- 1. New value can be created in DAOs (network effect)
- 1. DAO behaviors are governed by tokens
- 1. Token value may stay in the DAO or converted to fiat

Data is dignified labor

| Issue | Data as Capital | Data as Labor |
|-----------------|---------------------|-----------------|
| Ownership | Corporate | You |
| Incentives | Opaque | Transparent |
| Future of Work | Shared (gig) | Data work |
| Reputation | Social media | Digital dignity |
| Social contract | You are the product | Creator economy |

Still unanswered questions

Will we have Universal Health Income? (UHI) Who is accountable for shared infrastructures? If their creation can't be led solely from the public sector, how can we align industry, academia, and philanthropy?

If multiple consortia need to be engaged, how do the consortia coordinate among themselves?

How do we validate the sustainability and effectiveness of differing governance, cybersecurity, and ownership structures?

What are we 'owning and governing'?

- 1. Capital
- 2. Risk
- 3. Technology
- . Data
- 5. Intellectual Property

WAGMI!!

Banking







Web 2.0







Trustwallet















Messenger, iMessage











Web 3.0

Steemit, Rally

















Open Sea, Dapper Labs





Venmo / Paypal

Bill of Sale

Dropbox

















Outgrid ,Trustwallet, Celo









Decentraland

SMS

Content

Browser data

Ownership

File storage

Payments

Gaming



QUESTIONS & ANSWERS

BLOCKCHAIN IN HEALTHCARE