

Mission:

To build a network of international workforce, mobilizing communities to be self-sufficient, executing effective and efficient assessments, feasibility studies, and implementing projects for the complete physical, mental and social wellbeing of all.

—Optimal Wellbeing.

What do we do?

A-Kins Analysts and Project Managers, a minority woman owned community based small business, is a specialty provider of Health Consulting Services including:

- Health Impact Assessments
- Health Care Projections & Forecasting
- Preventive Health/Health Economics Consulting & Project Management

Executing efficient and effective, successful international Business Projects.

"Successfully implementing impossible projects in impossible places"

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US —Health Care in Reform

.....Solutions?

A

"ALL OR NONE"



The healthcare system is in a DISECONOMY STATE and the "All or None" Model of Economies of Scale and Scope can fix it.

Let me explain.....

A

"All or None"

The solutions are right before our eyes. They are the **ABC's of health care reform**. Back to the original foundations of healthcare, not business. The care of people, not the act of maximizing profit. A steady healthcare foundation cannot collapse.

The foundation of HealthCare in US has been broken.

In the words of economists, in response to a "**diseconomy**", that is scarcity of capital, labor, resources, and other factors associated with production of goods and services, or the reduction thereof, "All or None" models are usually used to overcome the dis-economy situation, using "economies of scale and scope".

If you are wondering what these are, I will explain.....

In a normal optimal economy, Economies of Scale means having the right size of organization (right ratio of Capital to Labor) in order to optimize production, that is efficiency; while Economies of Scope in a normal optimal economy means the right cost of services/activities (right ratio of cost of activities to cost of production/services) in order to be optimize production that is effective.

In a diseconomy situation, Economies of Scale come to play when the size of organizations/institutions become too large to be efficiently productive. Economies of scope in a diseconomy comes to play when the cost of activities or services become too expensive to be effectively productive.

The correction of a diseconomy situation entails creating changes using the **"All or None" Model**, in order to effect change and optimize production in an effective and efficient way, reducing wastage.

In Health Care (Health Economics), a good balance of those in good health and those in poor health makes for a good health insurance business, that is health assurance. In US, the health insurance companies have three quarters the healthy population by proxy, that is using demographic indices to generate a method of selecting the healthy, that is, preselected "Good Health Customers". This makes for BIG Profits/Good Health Business for health insurance companies.

It is an established fact that most customers with good health end up with the private health insurance companies and those with potential poor health end up with the government (Medicaid/Medicare). This makes for low profit in the Government health care system. Not even a **BREAKEVEN** situation. This is BAD business. The only way out for the Government is "ALL IN" on Health Care or "ALL OUT" on Health Care, the "All or None" Model. This allows a good balance in the health care system and at least a "BREAKEVEN" situation for the Government. This is better than a deep hole each year for the Government run health business.

Using the "All or None" Model, there will be no partial funding of Government Health Systems i.e. No Medicaid or Medicare. The healthy will pay for the sick and the health bill for each individual and the Government remains the same. A fine balance

when compared to the third world countries where the sick rich pay for the sick poor. Here, the difference is seen in the bill for the rich.

In order for the Government to breakeven, all third parties creating inefficiencies and ineffectiveness in the US healthcare system should be removed.....to be continued.

B = Boot the Current System

B

BOOT THE CURRENT COMPLEX HEALTH SYSTEM AND SIMPLIFY



While Critically Ill, why should hard working Americans give all of their hard earned money to "Business" in exchange for good health or life, after paying so much for health care insurance all of their life?

There is a fine balance of health foundation when the large base of the foundation is in the COMMUNITY (see diagram on page 3) and the Tip in the health institutions. Here, that is within Community Health Practice, each person has a medical home based in the community and there are enough FAMILY DOCTORS to take care of families, keeping them healthy. This is cheap and is the basis of preventive health care, the foundation of Health Care Systems.

US has always been known to have over 85% of its Hospitals as Charitable Institutions (not for profit) and over 70% of its community health centers **FULLY FUNDED**. This was good health economics and created a fine balance in the health system.

Currently, the health care system of US is lopsided up (see diagram on page 3), sitting on its head. A very unsteady position that is not sustainable. Therefore the current US health care system cannot last for long in this position. The Government would have to step in and correct.

Community health centers are shrinking in and Hospitals are expanding. These institutions can no longer be classified as charitable neither are they sustainable, and specialist care is usually linked to hospital systems.

Currently, Hospitals are in a diseconomy state (running bankrupt) seeking to change the Healthcare Market from a competitive one to a non-competitive one by use of survival reflexes: MONOPOLY and OLIGOPOLY.

The government, that is Medicaid and Medicare, is the major customer of these institutions, Hospitals. Hospitals by LAW, accept all patients and are quick to identify those who cannot pay signing them up for either Medicare or Medicaid. Once the sick/ill and their families file bankruptcy, that is after maxing out their health insurance policies and their emergency funds, they are also signed up. This is also not sustainable.

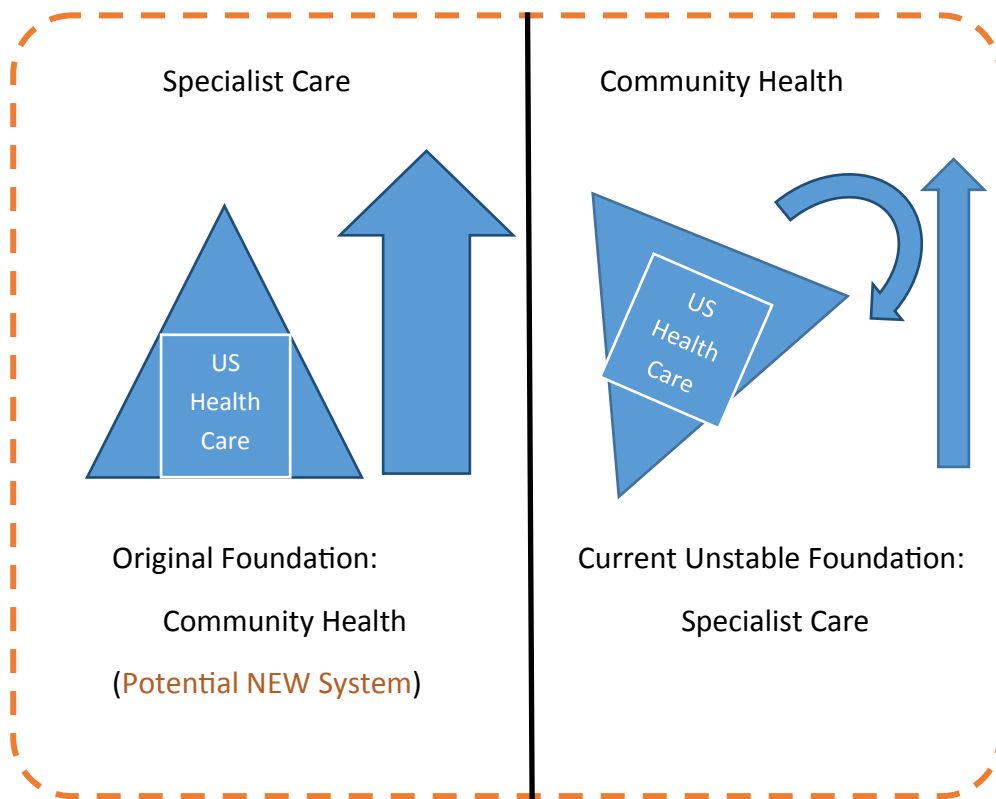
Why the inelastic, unsustainable high price of health care in US?.....to be continued.

C

COMMUNITY HEALTH CENTERS



How should the new simplified healthcare system be structured with community health care centers as the foundation ?



C = Community Health Centers

Community Health Care Centers are currently being phased out due to lack of funding. Community Health centers are however the only institutions that do not discriminate Medicare and Medicaid patients. The centers welcome all members of the community and strive to either treat for free or for less, with an emphasis on **PREVENTIVE CARE**, the Health of the Community. Unlike most private institutions/practices who have very good reasons for not wanting to do business with the government, Medicaid/Medicare. These reasons could be summed up as "less pay for a long wait".

In order to have a stable Health Care System in US, It would be like **going back to the old land marks**. If the Government would consider revitalizing and fully funding **COMMUNITY HEALTH CENTERS**, encouraging healthy communities via prevention; communities will be like every neighborhood/community striving to have a YMCA. Every neighborhood/community should strive to have a Community Health Center. All centers should be connected and all residents should be eligible for health care through these systems. This would encourage **"MEDICAL HOMES"** within the communities.

How should the new simplified healthcare system be structured with community health care centers as the foundation?to be continued.



The Best of Two Worlds: Bar Beach, on the Island, Lagos Nigeria



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Published Letters to the Editor

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Looking forward to hearing from you!

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