

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 Care Advisory & Support Services
 - Health Care Strategic Plans/Project Management
 - Business Plan Development/Financial Resource Planning/Analysis
-Health Care Systems

Development; Research; Analytics; and community based social determinants of health -

Economics
"Successfully implementing challenging projects in challenging places"

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US: Healthcare in Reform

Are Illusions from Delusions?





US Healthcare in Reform

Basic Scientific Concepts: **Observed/Expected**

Now that we all agree US Healthcare in Reform is in a "Depressive phase, let us work toward overcoming the illusion that all is well with healthcare in US. In order to get past the illusion, the US needs knowledge of what the illusion is and why the illusion happened.

What caused the US Healthcare Illusion?

Delusion!

Where does the US Healthcare Illusion come from?

Life Illusions are often caused by delusion in individuals with unwavering belief in the existence of a perceived reality that contrary to all evidence does not exist, causing the individual to exhibit poor judgement and symptoms of pathological obsession mirroring psychopathic egocentric personality with criminal tendencies.

A Delusion is:

- Unwavering belief
- Perceived realities contrary to all evidence
- A perception of reality causing poor judgement
- Pathological obsession
- Criminal tendencies

When a group of individuals become delusional and begin to see illusions as perceived reality, it is called a shared-believe, which constitutes a group of individuals with a shared reality that is non-existent.

The Delusion in the Illusion of US Healthcare System

The Delusion in the Illusion of US Healthcare System

Observed

Structure

The US Healthcare structure is the physical model of US Healthcare

Unwavering belief

The unwavering belief that all is well with the US Healthcare physical model, and that the US healthcare foundation is unbreakable and unshakable, even over time is false.

Perceived realities contrary to all evidence

The unrealistic perception of the wellbeing of the US healthcare structure, even when the physical model points towards a breakdown over time, contrary to the US healthcare report-card, and warning signs including the COVID-19 pandemic.

Perception of reality causing poor judgement

The unwavering belief of the wellbeing of the American people, a perception that is unrealistic, causing poor judgement by individuals at home, their healthcare providers, the US healthcare system and the US government.

This unrealistic perception of wellbeing makes no room for change, resulting in poor health of the American people, which is the reality of the US healthcare report-card.

Pathological obsession

There is a pathological need to be excellent all the time, and an obsession to do things the same way without room for change, and an unwavering belief to have the same unrealistic perceived outcome of excellence each year. The evidence has shown otherwise, decade after decade, with the US report-card



US Healthcare in Reform

US Healthcare System: **Observed/Expected**

dwindling, yet the structure of US healthcare remains the same, with broken foundations patched-up, and business-as-usual-dealings year after year.

Criminal tendencies

These obsessive compulsions to be excellent at all times, without room for change to effect excellent outcomes, leads one to believe that the intent here is criminal. The criminal intent here is, an unrealistic perceived reality of the same excellent outcome each time by all means, without much effort, change or intervention.

System

Operational model of Healthcare

Unwavering belief

The unwavering belief that all is well with the US Healthcare operational model, and that the US healthcare foundation is unbreakable and unshakable over time. However, the reality of the day-to-day operation of US healthcare is customer selective and this is unethical.

Perceived realities contrary to all evidence

The operational reality of the US healthcare system is exposed in the day-to-day reality experienced by the American people. A selective operational model worsens over time with poor healthcare outcomes in select healthcare customers compared to others.

The Delusion

1) Unwavering belief

2) Perceived realities contrary to all evidence

3) Perception of reality causing poor judgement

4) Pathological obsession

5) Criminal tendencies

Perception of reality causing poor judgement

In healthcare, poor judgement can be caused by dis-information from perceived healthcare operational experts. Those with unwavering belief in unreal-perceived knowledge not-gained or attained by an expert education. Yet these perceived operational experts, with unreal-perceived knowledge, are allowed to assess what needs to be done for the wellbeing of the American people. This perceived knowledge, that is untrue and unrealistic, is then passed as poor healthcare judgement to individuals at home, their healthcare providers, the US healthcare system and the US government. This type of delusion is called a **grandiose delusion**.

Pathological obsession

There is a grandiose pathologic need to be observed as the expert at all times, while lacking the knowledge thereof and ignoring the healthcare report-card. The US Healthcare operation launches the same interventions the same way year-after-year without room for change. Yet, having the unrealistic expectation of an excellent outcome each time.

Criminal tendencies

These healthcare interventions from lack of expert knowledge resulting in poor judgement, that is, grandiose delusions, cause adverse healthcare outcomes each time. When lives are lost, these grandiose delusions should be ruled untrue realities with criminal intent. Connecting the dots from grandiose delusions to poor judgement, and to lives.



US Healthcare in Reform

US Healthcare System: **Observed/Expected**

Strategy

Ongoing heartbeat of Healthcare. Reflects the ongoing operations towards setting long and short-term goals of US Healthcare

Unwavering belief

The unwavering false belief that all knowledge of ongoing healthcare operations towards a set long-or short-term goal has been attained. An unrealistic belief that the US healthcare foundation strategy is set on well-defined goals, with knowledgeable sensitized leadership, and enough to set aside resources for change.

Perceived realities contrary to all evidence

All evidence points to the reality that the current US healthcare report-card is poor. The current strategy, which is to report expectations and observe the American people without much thought to paint the true and complete picture of the healthcare situation or event and intervene, is unacceptable, and produce poor healthcare report-card results. For well-defined goals to be set, and the right interventions launched to produce expected good results, leadership should be sensitized and motivated to set aside more resources for change over time.

Perception of reality causing poor judgement

The perceived reality causing poor judgement is usually lack of knowledge and partnership for change among all customer selections. Each customer selection is a piece of the puzzle in the picture of the healthcare situation. Poor judgement comes from lack of

The Delusion

1) Unwavering belief

2) Perceived realities contrary to all evidence

3) Perception of reality causing poor judgement

4) Pathological obsession

5) Criminal tendencies

knowledge. Question: How can one create a strategy or set resources aside for change without knowledge?

Pathological obsession

It is pathological and unethical to fall into the obsession of selecting interventions based on the highest population of customer selection only, under the guise of the best strategy to “move the needle”, when there are many pieces to the puzzle. Strategies should include maintaining what currently works and correcting what does not work, customer selection-by-customer selection, until all customers are served and “all needles” move towards a better healthcare outcome.

Criminal tendencies

Currently, “all” are served in the US healthcare strategy with customer selection the order of the operational day. Not integrating the healthcare intervention, customer-piece by customer-piece, in healthcare, is unethical and criminal.

Expected Structure

The US Healthcare structure is the physical model of US Healthcare

Unwavering belief

Belief in the reality of dis-integration of the foundation of Healthcare physical model over time, US healthcare foundation structure inclusive. A checkup every ten (10) years and a reform every fifty (50) years (that is 10/50years) is therefore warranted.



US Healthcare in Reform

.....Where we are: Power, Funds & Market

The Community's Health

The Government

Health Care of the
Americans, USA

SYSTEMS

STRUCTURE

SMETSYS

STRATEGY

Health Care

Free Market Specialist Care

Current Healthcare System

US Healthcare in Reform

The Plan: **Observed**

.....Where we are: Power, Funds & Market

Observed	Observed Knowledge of the need for change
<p>STRUCTURE</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection <p>Need for Change</p>	<ul style="list-style-type: none"> • The Government: Government Regulatory Agencies and Government Administrative Agencies: Lost control of Policy, Price and Market • The Health Care Market: Taken over Power, Policy, and Market. • The People and Their Communities: Lost control of Power, Health Care Status and Customer Selection.
<p>SYSTEMS</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection <p>Need for Change</p>	<ul style="list-style-type: none"> • The Government: Government Regulatory Agencies and Government Administrative Agencies: Lost control of Policy, Cost Savings, Price, Funds, Market and Customer Selection. • The Health Care Market: Taken over the Power, Policy, Price, Market and Funds. • The People and Their Communities: Lost control of Power, Funds, Market, Health Care Status and Customer Selection.
<p>STRATEGY</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection <p>Need for Change</p>	<ul style="list-style-type: none"> • The Government: Government Regulatory Agencies and Government Administrative Agencies: Strategic Cost Savings, Price, Health Care Status and Customer Selection. • The Health Care Market: Taken over the Power, Policy, Price, Market and Funds • The People and Their Communities: Lost control of Power, Funds, Cost Savings, Health Care Status and Customer Selection



US Healthcare Reform

The Plan: **Observed**

.....Where we are: Power, Funds & Market

Major Functions of the Health Care System	The People within their Communities	The Government	Health Care Regulatory Agencies	Health Care Market	Government Administrative Agencies
Power	X	✓	✓	✓	X
Policy	X	✓	✓	✓	X
Funds	X	✓	✓	✓	X
Market	X	X	X	✓	X
Price	X	X	X	✓	X
Cost Savings	X	✓	X	X	X
Health Care Status	X	✓	✓	X	X
Customer Selection	X	X	X	✓	X



US Healthcare in Reform

US Healthcare System: **Observed/Expected**

Perceived realities contrary to all evidence

The reality of evidence found in the US healthcare report-card and warning signs, including the COVID-19 pandemic, should drive US Healthcare reform every 10/50years.

Perception of reality causing poor judgement

Good judgement should be made from evidence from the US healthcare report-card, the reality of the perceived health of the American people, the foundation of the structure of US healthcare reform.

A 10/50year US healthcare check-up, with room for change, and restructuring of the US healthcare foundation, to reduce and repair breakdown from wear and tear of the foundation, is important. Accepting the reality of expected aging of the US healthcare foundation over the years.

Pathological obsession

The realistic need for excellence calls for radical innovative change. Innovative interventions where healthcare report-card reads poor, to effect positive change that is measurable (advanced evaluation).

US healthcare deserves 10/50years check-up and repair of the structural foundation. This is most certainly not business-as-usual.

Criminal tendencies

Turning a blind-eye to the reality of a broken healthcare foundation, and a poor healthcare report-card, year after year, leads one to believe that there is

a criminal intent, as these poor report-cards are selective of customers and take lives.

System

Operational model of Healthcare

Unwavering belief

Embrace the reality of the broken US Healthcare operational model and the foundations that have been shaken over time. The day-to-day operation of US healthcare should be a customer selection of "all-or-none".

Perceived realities contrary to all evidence

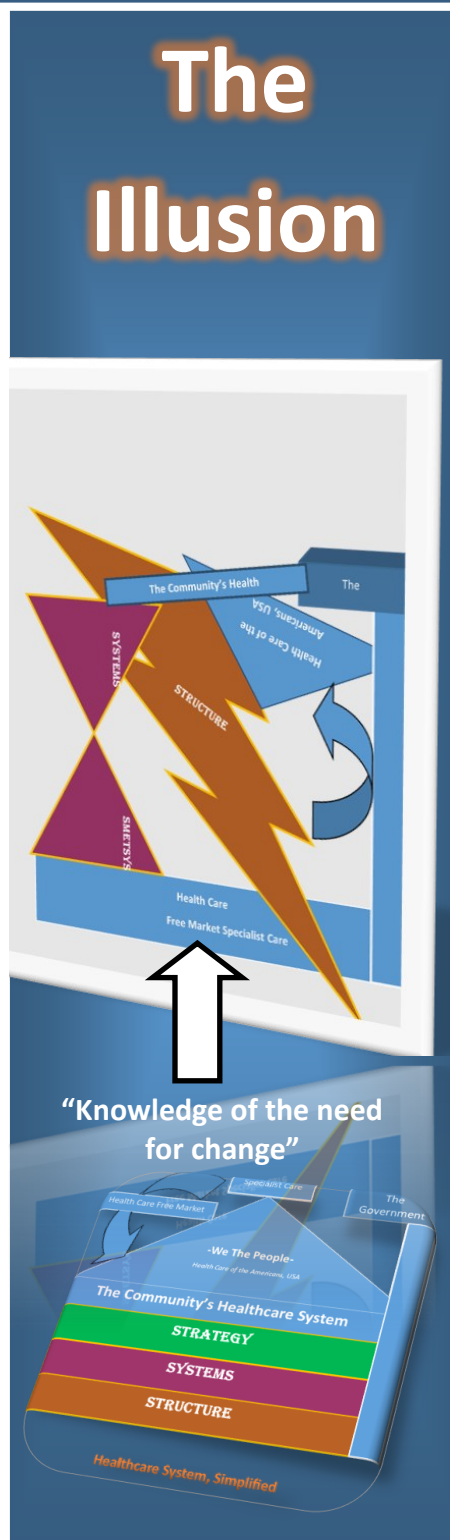
The true perception of the day-to-day operation of US healthcare should be the reality experienced by the American people seeking healthcare in US, and not the perceived reality of operators of US healthcare. A selective operational model with selective healthcare outcomes should be deemed unethical.

Perception of reality causing poor judgement

Operation should not be based on grandiose delusion. Expertise should not be false unrealistic egocentric perception of self but based on education with experience. Healthcare outcomes should correlate with specialty education of the operators. The life of the American people depends on realistic educated operators, who work to save lives and produce expected good results.

Pathological obsession

False, unrealistic, egocentric perception of self as a healthcare operator with education and experience, when one is not, is an obsessive need to be some-





US Healthcare in Reform

Basic Scientific Concepts: **Observed/Expected**

one else. This is a crime, causing lives to be lost. The obsessive egocentric grandiose need to “be”, is a disconnect from the reality of healthcare, and the saying, “knowledge is life!”

Criminal tendencies

Adverse healthcare outcomes, after intervention efforts within a select community of the American people, should be reviewed for waste and fraud with criminal intent, each time lives are lost. Persistent adverse healthcare outcomes, even after intervention are launched, should also be reviewed for waste and fraud with criminal intent.

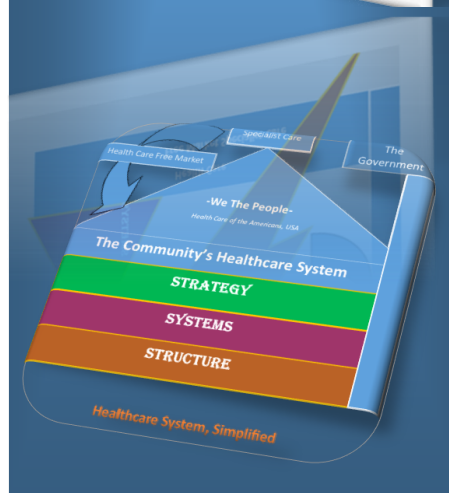
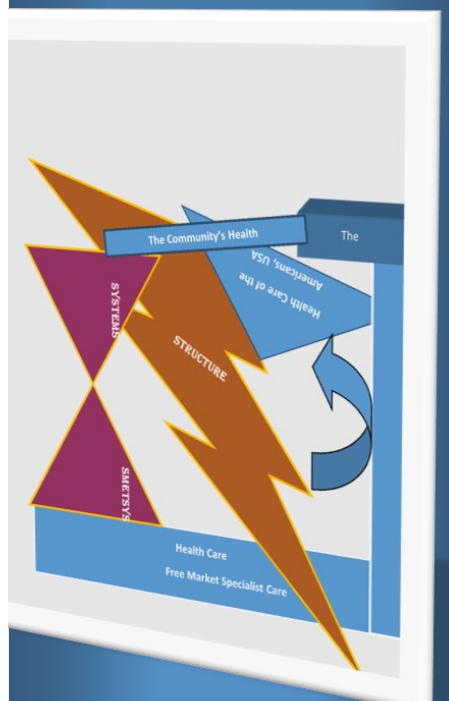
Strategy

Ongoing heartbeat of Healthcare. Reflects the ongoing operations towards setting long and short-term goals of US Healthcare

Unwavering belief

A belief that knowledge about the healthcare needs of the American people is ongoing. Healthcare operations are set towards long or short-term goals that become obsolete with time. The reality is that there are many sides to the elephant in the room, and each side produces its own view of the elephant, yet all views are found true. For example, the elephant tail does not look like the head or the ears of an elephant. Therefore, the task for a well-defined goal is to put the parts of the puzzle together and paint as true a picture as possible, and a well-defined measurable strategy will be developed. There is also a need to raise awareness among partners and leadership, so that the right amount of resources for change will be set aside for well-defined goals each year.

The Illusion



Perceived realities contrary to all evidence

The expectation is a good US healthcare report-card for all customers, the American people. The strategy should be wholistic, a look from all angles of the reality of all customers with a non-selective customer health outcome. The strategy should see the whole elephant in the room with eagle's eyes, as a whole, putting the puzzle picture together piece by piece. Each piece of the puzzle, an eagle's eye view from a different customer selection, gives a true picture of the healthcare situation and how to intervene.

Perception of reality causing poor judgement

Sensitized healthcare leadership needs the true picture of the healthcare situation in order to set aside the right amount of resources for change. This includes knowledge of the current healthcare situation by customer selection piece-by-piece, and an evaluation of the impact of the interventions and resources invested in good healthcare outcomes for all customers.

Pathological obsession

The obsession of the healthcare operators and leadership should be to serve all customers, and this should reflect in the strategies and intervention. This should also reflect in the resources set aside for intervention.

Criminal tendencies

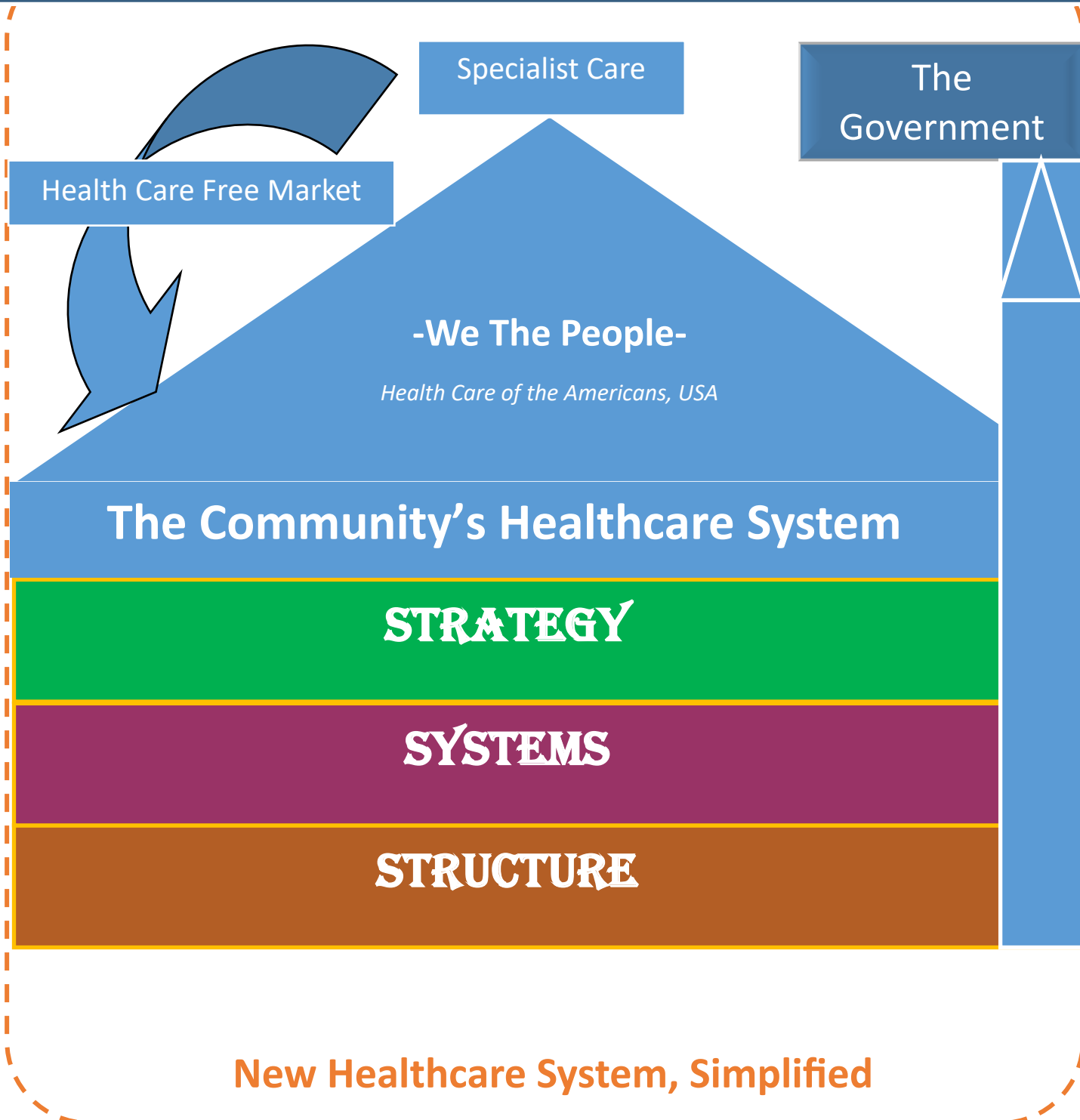
In healthcare, all are served, “all-or-none”. It is unethical and criminal to serve otherwise.



US Health Care in Reform

Where we should be.....

Community Based People Power





US Healthcare Reform

The Plan **Expected**

Where we should be..... Giving **Power** back to the People

Major Functions of the Health Care System	The People within their Communities	The Government	Health Care Regulatory Agencies	Health Care Market	Government Administrative Agencies
Power	✓	X	✓	X	X
Policy	✓	X	✓	X	X
Funds	✓	✓	✓	X	✓
Market	✓	X	X	X	X
Price	✓	X	X	X	✓
Cost Savings	X	X	X	X	✓
Health Care Status	✓	✓	✓	X	X
Customer Selection	✓	X	X	X	X

US Healthcare in Reform

The Plan: **Expected**







Where we should be.....Giving Power back to the People


Expected	Expected Knowledge of the need for change
<p>STRUCTURE</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection <p>Knowledge of Need for Change</p>	<ul style="list-style-type: none"> • The Government: Government Regulatory Agencies and Government Administrative Agencies: In control of Funds, Policy, Price and Market. • The Health Care Market: In control of Cost Savings and the Market. • The People and Their Communities: In control of Power, Price, Health Care Status and Customer Selection.
<p>SYSTEMS</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection <p>Knowledge of Need for Change</p>	<ul style="list-style-type: none"> • The Government: Government Regulatory Agencies and Government Administrative Agencies: In control of Policy, Cost Savings, Market, and Health Care Status. • The Health Care Market: In control of Cost Savings and the Market. • The People and Their Communities: In control of Power, Price, Funds, Health Care Status and Customer Selection.
<p>STRATEGY</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection <p>Knowledge of Need for Change</p>	<ul style="list-style-type: none"> • The Government: Government Regulatory Agencies and Government Administrative Agencies: Strategic control of Funds, Cost Savings, Price, Health Care Status and Customer Selection. • The Health Care Market: Strategic control of Cost Savings, Price and Market. • The People and Their Communities: Strategic control of Power, Funds, Cost Savings, Health Care Status and Customer Selection.





US Healthcare in Reform

Structure, Systems, Strategy: **The Change Effect**

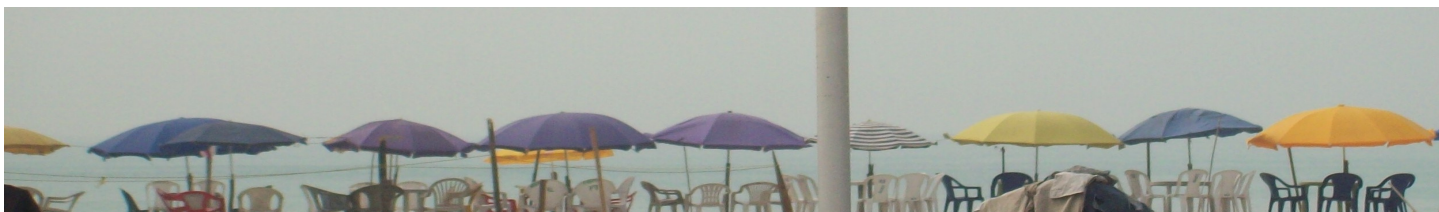
Components of the Change Effect for Structure, Systems, and Strategy	No Measurable Effort	Some Measurable Effort	Good Measurable Effort	Strategic Measurable Effort	Executed Measurable Effort with Optimal Change Outcome
				(Score = 4/5)	
Knowledge of need for Change		X	X	X	X
Well defined Change goal		X	X	X	X
System and Partnership for the Change needed	X	X		X	X
Sensitized the Leadership on the need for Change		X	X	X	X
Set aside resources for Change		X	X	X	X

 Excellent

 Good

 Poor

7/25



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

Published Letters to the Editor

Author: A-Kins Analysts and Project Managers

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