A-KINS ANALYSTS AND PROJECT MANAGERS

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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A-Kins Newsletter

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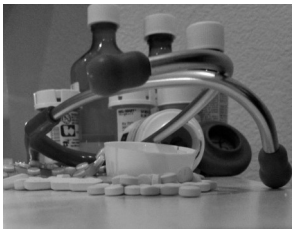
US –Health Care in Reform.....continued



Your Choice "A"

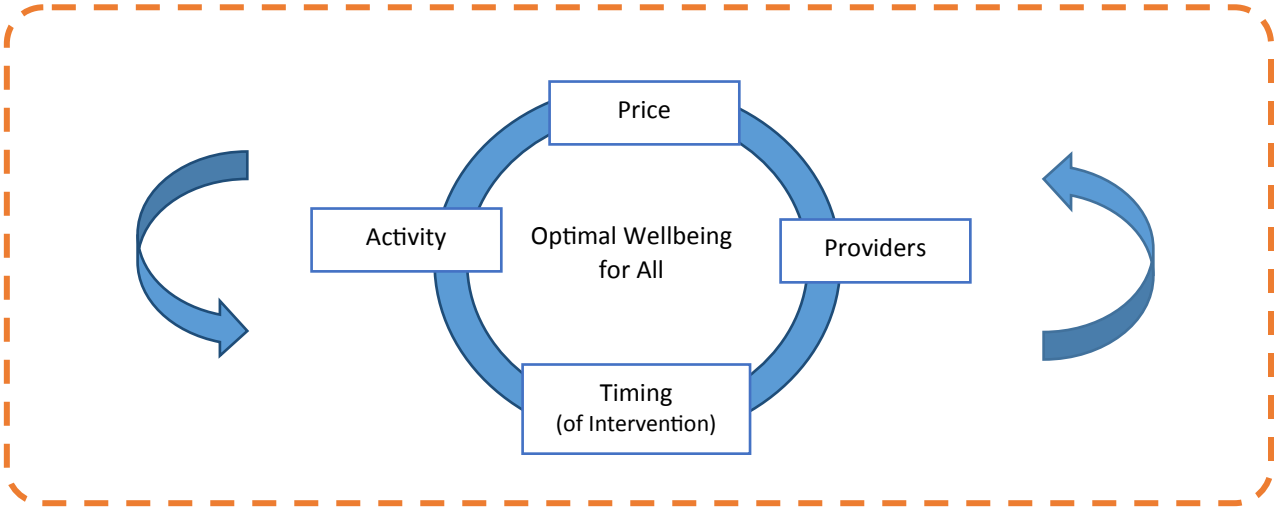
Optimal Wellbeing for ALL

ABC's of US Health Care in Reform

The duty of the government is to create policies that encourage free market in a capitalist nation. When markets fail due to non-fair play, the duty of the government is to step in and protect the people. The government could choose "NONE", and throw the towel in on the free market for health care, but for the sake of the choice of the people, it is "ALL" that is final, that is, health care for all.

If the Choice is in fact "ALL", we may begin.....

Controlling the Diseconomy Situation of the Health Care System: We do agree about the "diseconomy situation" and the lack of optimal health of the US population due to inefficient and ineffective health care systems currently in place. Inefficiencies due to the disproportional ratio of price of Health Care (access to affordable health care -ACF) and timing of health care services (intervention); and ineffectiveness due to the disproportionate ratio of number of healthcare professional and healthcare worker activity (number of third parties between a patient and his/her doctor) and the optimal wellbeing of the population as an end product. In this article, I will be explaining the control of diseconomy situation of the current health care system using economies of scale and economies scope, but not in the same way economists use the terms for optimal monitory value and wealth of stakeholders. We use these terms only for the optimal wellbeing of all.



All legal residents of the United State of America should have a legal right to Affordable Health Care (ACF), hence the choice "All"; the current complex health system is "booted"; and "Community Health Centers", the health care of Americans, community by community, becomes the center piece, the foundation of health care system in US.

In Health Economics, the end product, "**Optimal Well Being of All"** is affected by the balancing the following:

- Capital;
- Labor;
- Natural Resources;
- Technology.

Economies of Scale

Economists believe that in order to address a dis-economy, certain managerial levels can be brought to Scale (labor) and certain costs can be reduced and brought to Scale (capital). In Health Economics, Economies of Scale can be thought of as a good balance between Labor and Capital, in order to produce optimal end products. The number of healthcare professionals versus healthcare workers; and the number of third parties between a patient and his/her doctor may interfere with the optimal wellbeing as an end product. If there is no fine balance between Labor and Capital, the situation may lead to an inefficient/effective health system.

Labor/Capital: In Healthcare Systems, knowledge comes with practice. The value of this kind of knowledge should **not** be dismissed or underestimated. For example, in health care, it would be foolish to let go of all the valuable healthcare knowledge that comes with age and practice and hire interns at a lower cost to get the work done. Therefore economies of scale in health economics has to do with scaling back on non-essential health care services and not valuable knowledge. It has nothing to do with disrupting the healthcare professional apprenticeship system by letting go of valuable knowledge and wishing know-hows on interns.

Capital/Technology: Economies of Scale in Health Economics also has to do with reduction in cost of labor and the use of less capital. Economists believe that **technology should in fact reduce cost and produce more efficient and effective Health Care Sys-**

tems. The economists call this, **"Technological Economies of Scale".**

No doubt**,** Technology in Health Care System is important. The question is, is technology essential? To explain this analogy I use the example of "a good doctor".

"A good doctor" should be able to make correct inferences from good history (notes on question and answer session with patient) and a good Physical Examination. This is the foundation of Medical training and apprentice. All other tests and instruments (use of technology) are addendums. These are costly and do not save health care costs like the Economists believe.

The basis of the Medical Education Foundation and Medical Boards is a good history and physical examination, not a bunch of tests. In short, if a doctor cannot spend adequate time to do a good history and physical examination, making good inferences of the diagnosis, he has done his patient a disservice. The emphasis should never be on how fast the lines move in a clinic or hospital, but should be how much **quality time** is spent with your doctor in order to control or prevent disease. In other words, an efficient clinic is not one with fast lines, it is one with controlled and prevented disease, with good timing catching and controlling and preventing disease. That is, a more effective use of time, saving cost.

A

ALL OR NONE

B

BOOT THE CURRENT COMPLEX HEALTH SYSTEM AND SIMPLIFY THE USA HEALTH SYSTEM

C

COMMUNITY HEALTH CENTERS

Once again, Technology is good, but we have **waited too long for the price of technology to come down in health care** and it has not. Should we go back to the foundations of health care using our ears, hands and our eyes? Should we use technology only to confirm our inferences, when needed?

……to be continued.

Economies of Scope

Economies of Scope has to do with the number of activities and cost of activities by a number of healthcare professionals, healthcare workers, third parties between a patient and his/her doctor; and the optimal wellbeing of the population, that is "health of all" as an end product.

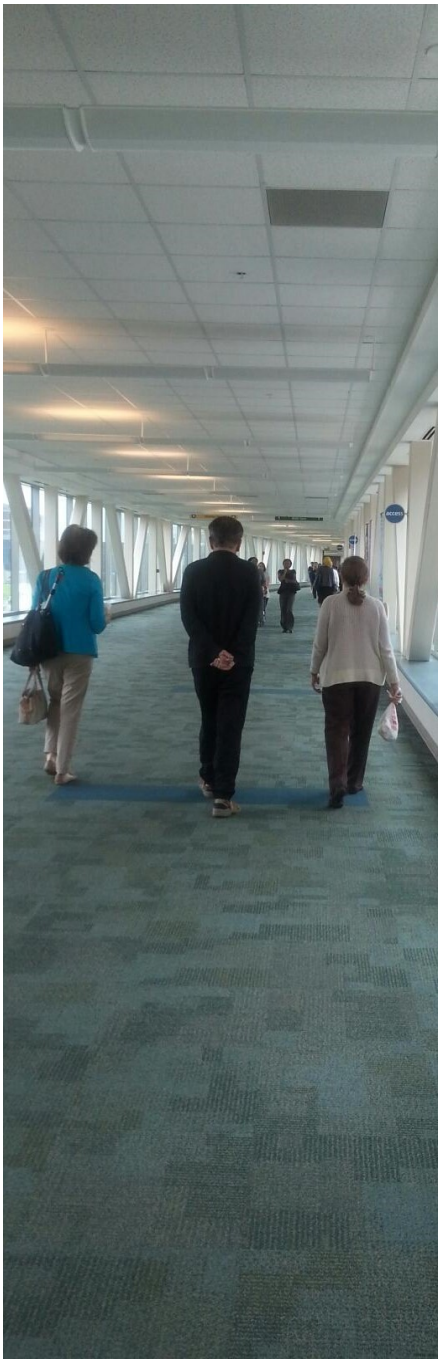
In Economics, the more activities we carry out, the more productive we are and the less the cost of production in an optimal situation. There comes a time we reach a **diseconomy situation,** when the more activities we carry out, the less productive we are. Most economists call this **Diminishing Marginal Production**. At this point in time, there are too many hands in the broth!

In Health Economics, we say **remove as many redundant third parties as possible** and reduce the number of parties between the patient and his/her doctor. This reduces cost and creates a less complex and more efficient/effective health system. Less "economic activities" before and after seeing your physician and more time for the physician to take a good history and do a good physical examination works better. Anyone will vote for more time to chat with their doctor and ask all thooooooose questions.

……to be continued.

Restructuring the Health Care System

Breakeven Analysis of Community Health Centers: With the "ALL" choice, we also agreed that there is a great need for BREAKEVEN in cost with optimal wellbeing of all as an end product. The cost benefit analysis and return on investment calculations in Health Economics are however different. The end product of return on investment is to maximize profit. In Healthcare, the return on investment is calculated based on how close we are to attaining "Optimal Wellbeing for All". This brings wealth and empowerment to the people, and makes the nation a wealthy one, a nation with a healthy workforce.



Picture Above: Medical Apprentice in Progress

1# Primary Prevention: Keeping Healthy People without Disease for as Long as Possible
–Least Expensive

2# Secondary Prevention: Keeping Ill People Alive for as Long as Possible
–More Expensive

3# Tertiary Prevention: Keeping Ill People from Dying for as Long as Possible
–Most Expensive

Breakeven is calculated using a ratio of Fixed Costs and Contribution Margin, which is also known as average contributions. Using the primary prevention group above (#1) as contributors and the secondary prevention group above (#2) as fixed costs, we should be able to calculate a breakeven ratio for health care system in US. The Tertiary group above (#3) are the variable cost group. We want to work on these independently with good ethical healthcare policies and excellent end of life care to reduce the group cost from a variable cost to a fixed cost, that is more towards secondary prevention (#2) -better health.

……to be continued.

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

Published Letters to the Editor

Author: Folorunso Akintan MD MPH MBA

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