

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

INSIDE THIS ISSUE:

Obama Care, 2

Where we are..... 4

Health Care Reform: 6

Where we should
be..... 8

Community Based Free
Market 10

A-Kins Newsletter

VOLUME 3, ISSUE 1

MARCH 1, 2017



US —Health Care in Reform.....continued

Obama Care, to be or not to be.....?





Obama Care,to be or not to be?

US Health Care in Reform

has been the topic at hand at A-Kins Analysts for the past two years. The following facts have been established:

as compared to Business Systems/Entities. In Health Care, we have Primary Prevention, Secondary Prevention and Tertiary Prevention. In order to have a balanced budget or estimate return on invest-

needed for the number of facilities established or based on volume of need. Health Care Patient-Physician ratios are "law" and very important in estimating the value of a good health care system.

Health Care System that Values Life!

Business Economics and Health Care Economics are not the same.

The principles governing business economics cannot be successfully used to govern health care economics. The goal of Business Economics is Maximum Value and Profit for owners of entity; whereas that of Health Care Economics is the:

Optimal Wellbeing of "All".

The fundamentals of Economics and calculations on return on investments are also different when dealing with Health Care Systems,

ment, the three forms of prevention should come to play. The fixed price and variable price in return on investment calculations should be flipped over for health care in order to calculate the "TRUE" balanced budget and for return on investments to make any sense; while taking in mind the law of the "well pay for the sick" (review previous news letter for details). For instance, health care providers should in fact be considered as Fixed price for a predetermined number of patients, while administrative staff should be variable as

The more important staff "for the ill" are the Health Care Providers and their Para-health Care Teams. However, if the goal of the establishment is to maximize profit and value, as in every day business, then the administrative department would over shadow all departments and claim the fixed value rate for the balanced budgets and return on





Obama Care,to be or not to be?

investment calculations (see previous newsletters for details).

Health Care **"Values life"** and this should reflect in all formulas and calculations for a Balanced Budget in

Health Care Free Market is **Government-Take-Over** for the purpose of repair in order to minimize Oligopoly, Monopoly and the adverse effect of global free market, that is, taking all power away from

systems to take like a contagium of virus.

ABC's of US Health Care System repair has also been established:

All legal residents of the United State of America

Power to the People in Communities!

Health Care Systems. The Value of life, can in fact be quantified, however, these calculations may be rigorous.

The Dis-Economy of US Health Care System has also been examined and proven.

The duty of the government is to create policies that encourage free market in a capitalist nation. When markets fail due to un-fair market play, the duty of the government is to step-in and protect the people.

The remedy for a failed

the "local communities", and in effect, **the people**.

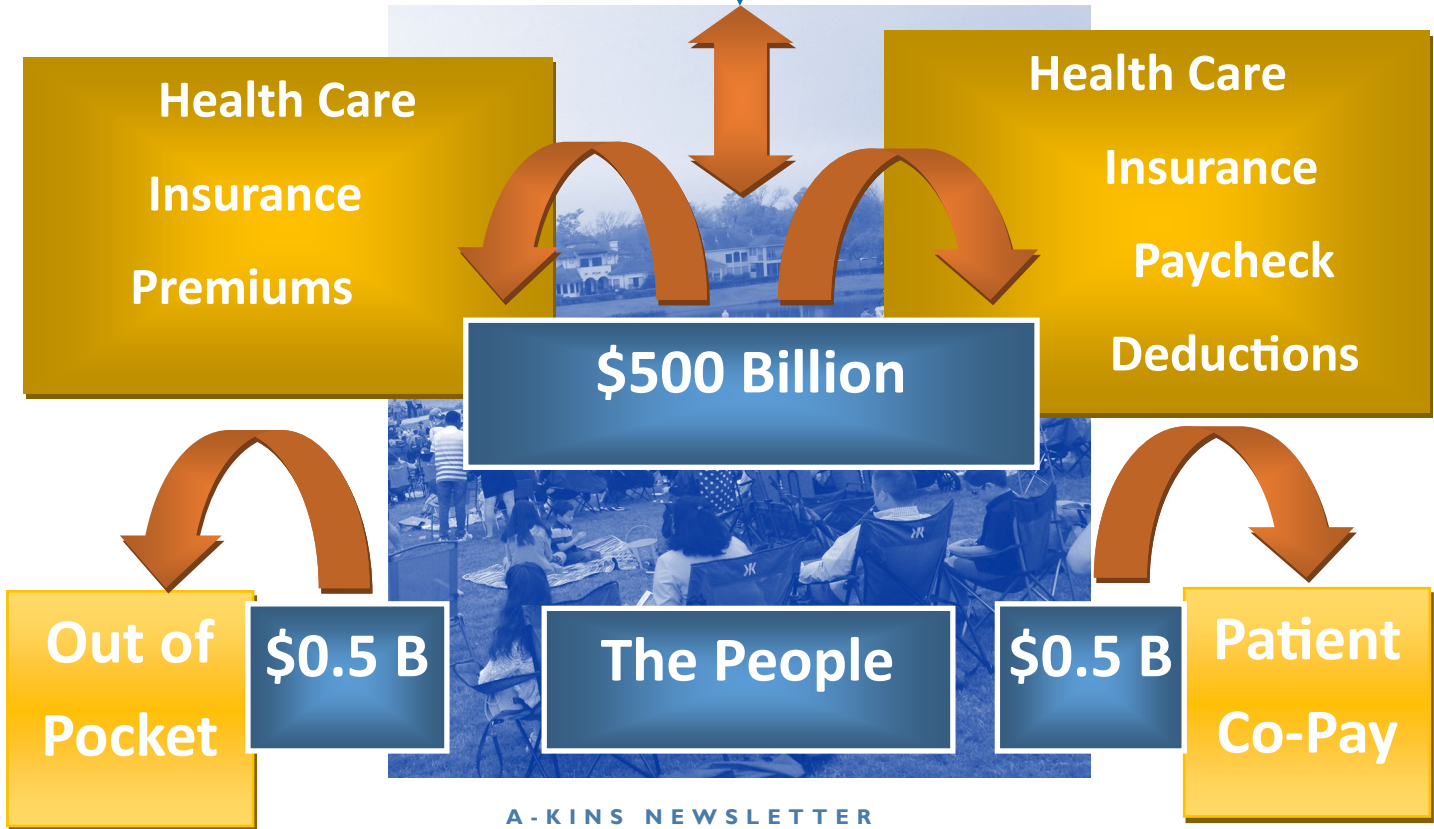
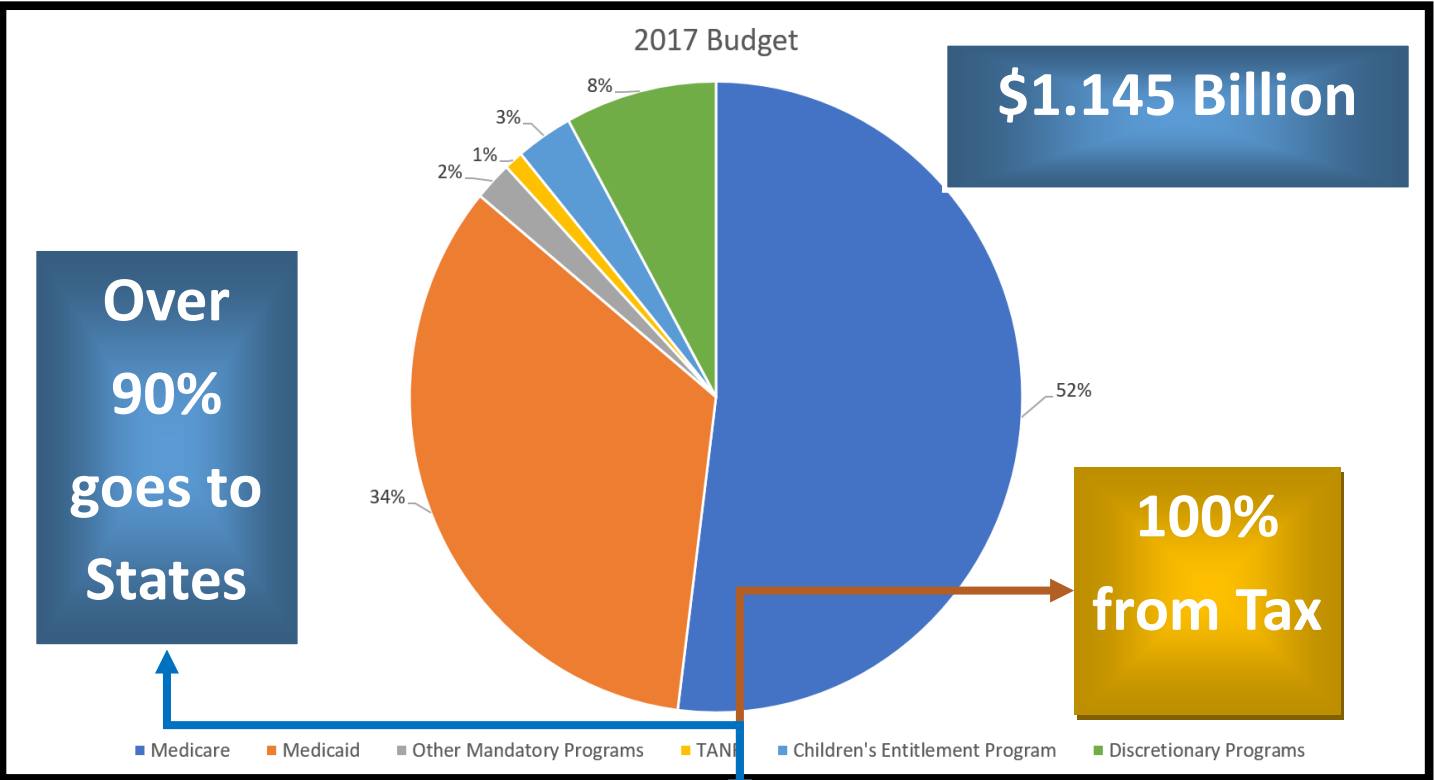
The economies of scale and scope of the health care system must be repaired by the Government. Repairing the Dis-Economy of Health Care would entail engaging the people and their communities on Health Care Reform on the following categories: Pricing, Activity, Providers, Time of intervention. These changes will in effect reform the economies of scale and scope, causing a ripple effect of efficient and effective health care

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. This in effect gives **power back to the people and their communities**.

A is for "All or None": The Choice of the people has also been heard for the repair of the Health Care System. The Choice had to be made between Covering the Health Care of "All or None".



Where We Are.....
US DHHS Health Care Budget 2017





Where We Are.....

US Individual Health Care

Major Functions of Individual Health Care Status	The Health Care Market	The Government	The State	The Community	The Individual
Power	✓	X	X	X	X
Policy	✓	✓	X	X	X
Market	✓	X	X	X	X
Price	✓	X	X	X	X
Cost Savings	✓	X	X	X	X
Health Care Services (Quality)	✓	X	X	X	X
Health Status	✓	X	X	X	X

Power at the Global Market Level



Health Care Reform (ACA):a Continual Continuum

The people chose covering the health care of **"All"**.

B is for **"Boot the current complex health system"**, making the reformed system a simplified one.

Using A-Kins Analysts Change Effect Theorem, Obama Care is a **"continuous, continual of change"** for the health care reform to be. OBAMACARE is not a one-time fix all health reform, it is the initiation of a

2. Well Defined Change Goal: A defined continuous improvement process, yet to be established or initiated.

3. System and Partnership for the Change Needed: A continuous improvement process, yet to be estab-

The Change Effect.....



C is for engaging the Community, **making the Community Health Centers - Medical Homes and the Core/Foundation** of Health Care in US.

The Change Effect of US Health Care Reform:

OBAMACARE is the initiation of the change effect for "US Health Care in Reform", **-A SEED SAWN!**

continues, continual continuum -process- of health care reform and improvement.

Components of Change Effect already initiated by OBAMA CARE include:

1. Knowledge of Need for Change: Mandate to, "create affordable, and quality health care for all legal US residents". **A continuous need assessment for change and improvement.** This "process" is yet to be established or initiated.

lished or initiated.

4. Sensitized Leadership on the Need for Change: Executed Measurable Effort with Optimal Change Outcome.

5. Set Aside Resources for Change: Executed Measurable Effort with Optimal Change Outcome.



Obama Care,to be!a Continual Continuum

A. A well-defined Goal for Health Care Reform/ Obama Care: For the Continual Continuum of Health Care Reform to be developed, the following seven (7) components of Health Care System Change must have **set goals, objectives and activities**. The set goals and objectives are a continuum, but the activities should have both a long term (5 year) plan and an

- Power
- Policy
- Market
- Price
- Cost Savings
- Health Care Service (Quality)
- Health Status of the People.

The policy development will entail developing rules on the following:

- Pricing
- Activities
- Providers
- Time of intervention

“Pricing policies” will come from **PEOPLE**, based on criteria laid down by expert con-

....a Continuous Continuum of Improvements!

annual Fiscal Year plan - Strategic Plans, on all levels of government, and the communities, as a continuum. The top level of government (Federal Government), the bottom level of government (Local Communities), and the mid-level of government (State Government) should make all decisions with the input from the **PEOPLE** in communities. In effect, all levels of government will have input from the **PEOPLE**, hence giving the **power back to the PEOPLE**.

B. System Partnerships

Power and Policy on Health Care Service (Quality) and Health Care Status

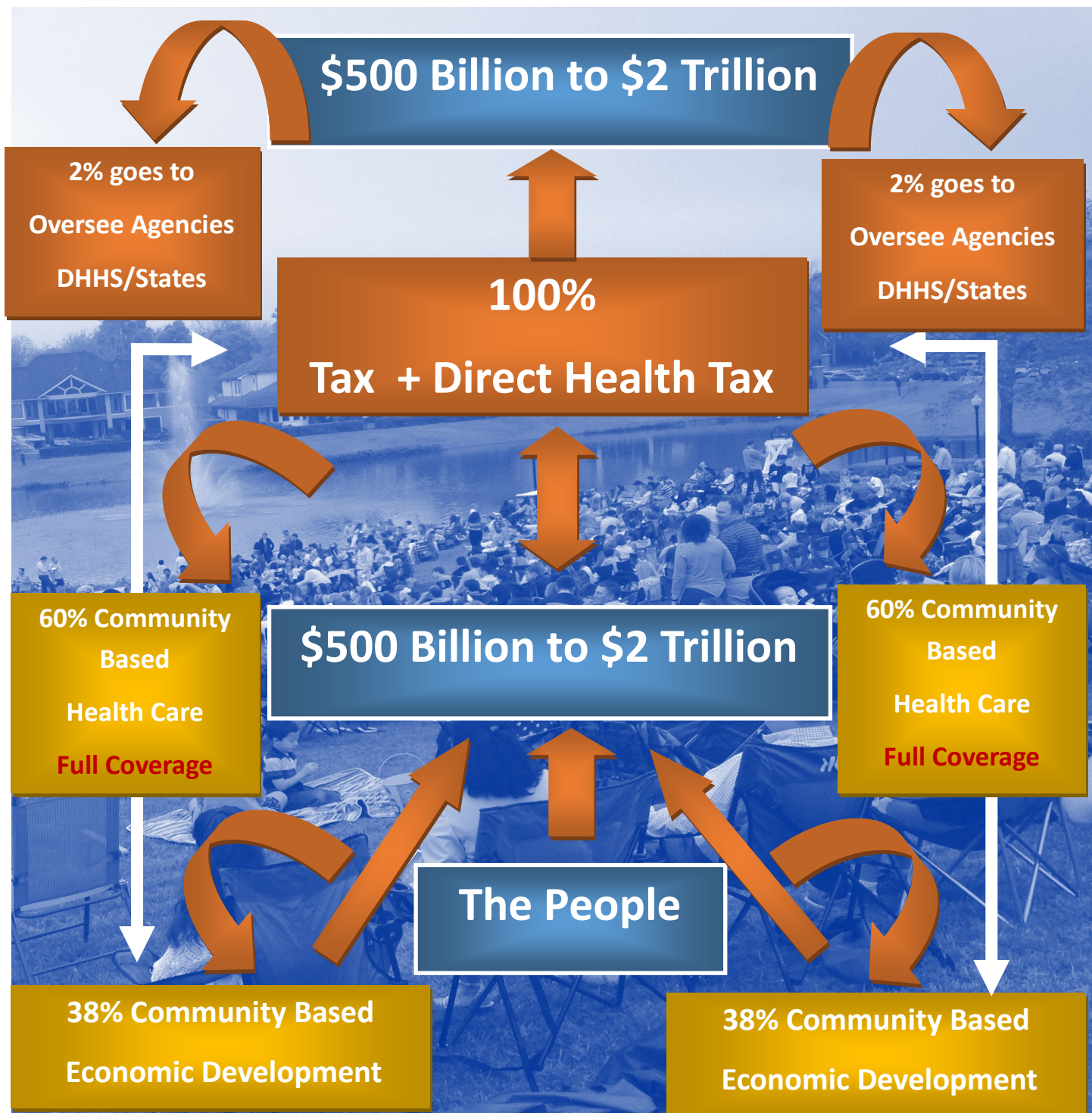
The power, which lies with the **PEOPLE** in communities should be overseen by the various levels of government, but not taken from “**PEOPLE**”. This would help in the development of policies and quality assurance systems regulated and overseen by the government with the peoples’ voice heard.

sultants like A-Kins Analysts. Likewise, the **base line “activities” of each community health care system** will be developed using promising and best practices with a focus on preventive health, and with the engagement of the **PEOPLE** and experts in this field (A-Kins Analysts and Project Managers). Activities will also include “what would be the baseline health care service” FULLY COVERED for each community member (see prior newsletters for details).



Where We Should Be.....

US Health Care Budget 2017





Where We Should Be.....

US Individual Health Care

Major Functions of Individual Health Care Status	The Health Care Market	The Government	The State	The Community	The Individual
Power	X	X	X	X	✓
Policy	✓	✓	✓	✓	✓
Market	✓	✓	✓	✓	✓
Price	X	X	X	✓	✓
Cost Savings	X	X	X	✓	✓
Health Care Services (Quality)	X	X	X	✓	✓
Health Status	X	X	X	✓	✓

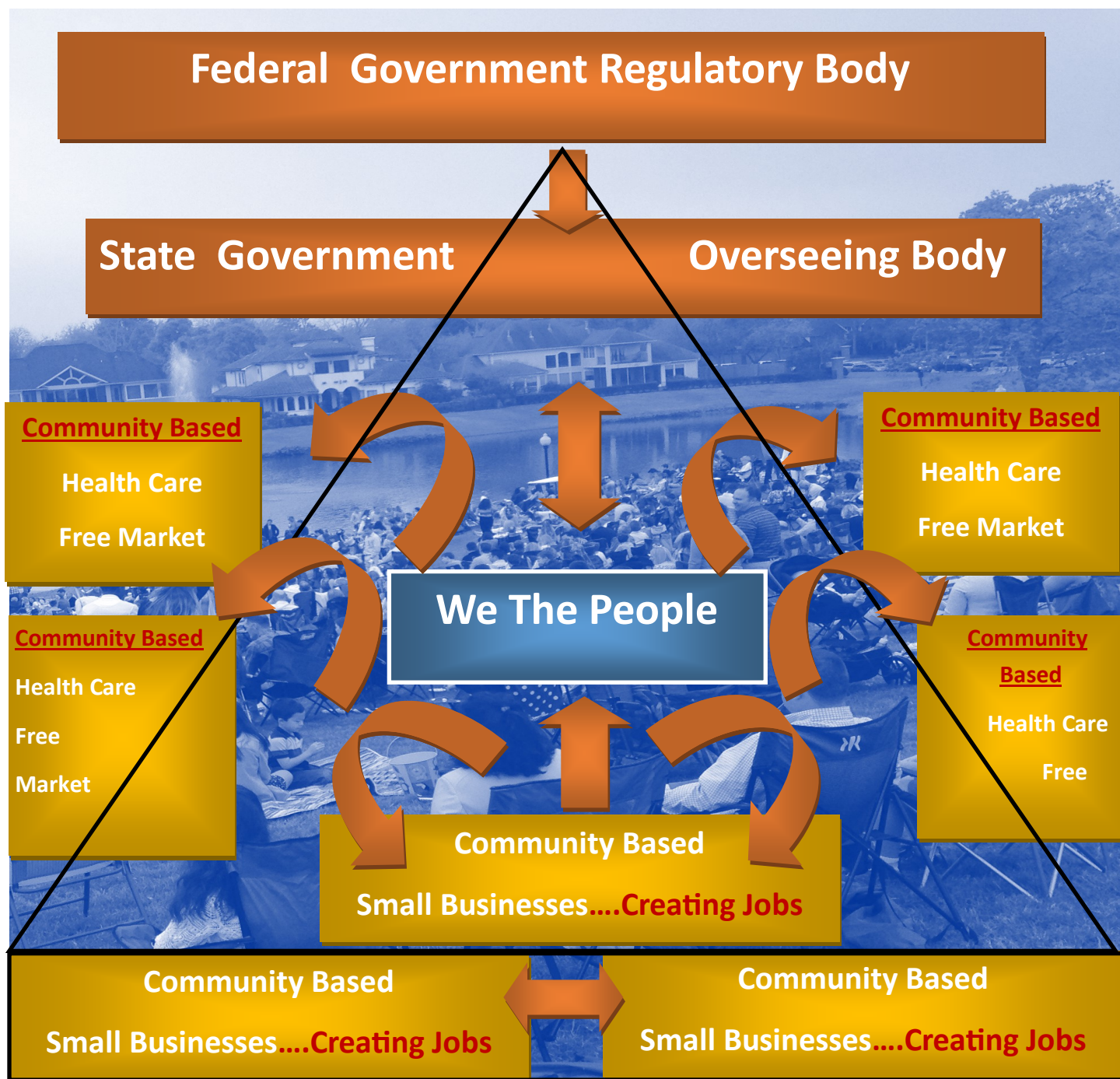
Giving the **Power** Back to the
People, in Local US Communities



Where We Should Be.....

US Health Care

Community Based Free Market





US Health Care Reform System Community Based Free Market

The health care “**providers**” will be fully engaged in this process and will work within their communities; and be paid by their communi-



capita to raise funds for the reform of the US Health Care System.

[The People already pay a lot:](#)

A Health Care System Accountable:

.....to the people, by the people, for the people!

ties for services rendered. Providers will also be considered as Fixed price vendors (in the break-even calculations for health care systems). Para-medical Care providers will also be employed for the OPTIMAL WELLBEING of the PEOPLE, as social determinants of health.

“**Timing of intervention**” is very important in Health Care, especially with a focus of preventive health. The system would have to be developed with a look at primary, secondary and tertiary prevention and how to engage the communities to take care of their own, thereby saving costs that will eventually be re-cycled within the communities as funds for economic devel-

opment. These re-cycled funds will cover more social aspects of the health care system, for **Optimal Health Care Status Attainment as the Health Care Outcome**. Factorial calculations of when to intervene and potential factors in health outcome projections will be used to determine the policies governing time of intervention and proposed treatment activities for optimal outcomes.

C. Set Aside Resource for Change

Policy created by the governing bodies, representing the will of the PEOPLE will be developed to keep the funds and resources in local communities, for the “**OPTIMAL WELL-BEING of the PEOPLES**”. Tax payments will be refined by using baseline calculations per

- **Co-Pay**
- **Employer Health Care**
(Pay-Check Deductions)
- **Out of Pocket Pay**
- **Health Insurance Deductible**
- **Health Care Market Deductions**

Currently, all forms of Health Care payments come from the PEOPLE and go to the Insurance Companies. These companies have broken the FREE MARKET rule and are now conjoint in Oligopoly and Monopoly, hence **in computation with the only True Monopoly, the government**. This is the cause of the market failure



US Health Care Reform System

Community Based Free Market

in US Health Care System. The remedy for this kind of Market Failure is **Government Intervention!**

Policies should be developed for the Government to be the only true form of Monopoly. In an effort to restore the Free Market back, but this time, giving power back to the people, the communities. In order to do this, "All" health care funds should be paid to the government for safe keeping for the Communities and their PEOPLES. A-Kins Analysts is available to determine these Health Care Economic Formulas and policies. All Taxes paid by the Community Based Small Businesses and the employed/employer will be used to systematically sustain the Community Health Care System based on Return on Health Care investment calculations for perpetuity, until the Health Care is Fully sustained on the Community Based Business Returns. A snow ball rolling calculation method. All these calculations will also be developed and made available by A-Kins

Analysts and Project Managers.

● Employer Health Care Tax (in order to maintain economies of scale within the communities and their various work places)

● Employee Health Care Tax

● Community Based Small Business Health Care Tax

The Health Care System Market, Price and Cost Savings:

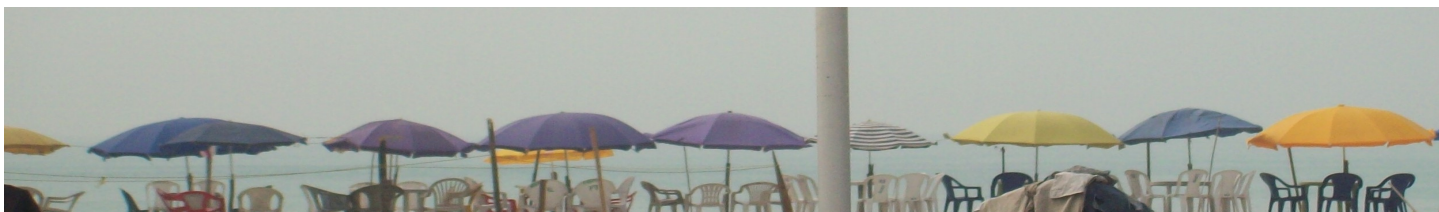
These markets and cost savings will remain within the communities and be determined by each community based on calculations, also developed by A-Kins Analysts. The cost savings and return on investment calculations (will take into consideration the formula developed by A-Kins Analysts). These as stated before, will be calculated using the Primary, Secondary and Tertiary prevention formulas with a focus of prevention and early intervention in communities, in order to save funds for economic development in the community (as a social determinant of health) Cost savings from preventive

activities are **incentives to keep communities healthy** and small businesses funded.

Regulatory Agencies and Governing Bodies will oversee best practice and promising practice activities, developing policies and standards for the Community Based Health Care Services Quality Improvement. These policies and standards will be used for Health Care System Accreditation purposes.

The Health Care status of the people will therefore **"be in the hands of"** the people and the communities, giving the power of the people's health care back to them. The Community will own its own health care system and facilities and can choose to put it on the market for its members to buy shares or the government to sell bonds, acting as an assurance for the **future of the community** while being regulated by the government.

The Power, the Funds, the Market, the Facilities, and the Ownership, remains within the local communities for the OPTIMAL WELLBEING of the PEOPLE.



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



Author: Folorunso Akintan MD MPH MBA

Published Letters to the Editor

The publisher is encouraging feedback on this issue. Please do write back and let us rub minds. You may send your feedback via:

1. Mail to the Editor (please see address below)
2. Web: "Contact Us" page at www.a-kins-analysts.com
3. Facebook: <https://www.facebook.com/A.Kins.Analysts.Project.Managers>
4. E-mail: folo.akintan@a-kins-analysts.com

Please include "LETTER TO THE EDITOR" in the Subject line of your feedback. The editors will review each feedback and publish/respond to one by ballot.

DISCLAIMER

#Please note: Sending your comments and feedback to the editor serves as automatic permission for publication, unless otherwise stated by the candidate. If you do not want your comments or feedback to be published or you do not want your name or picture published, please state that clearly in your feedback letter by mail, web contact or e-mail. The publishers are indemnified/will not be held responsible for any charges pertaining to publication or response thereof. All feedback and responses received will be categorized as publishable material unless otherwise stated within the documents received. No bills will therefore be incurred due to the publications of feedback or response thereof.

Looking forward to hearing from you!

Contact Author: Folorunso Akintan, MD MPH MBA

9119 HWY 6 Suite 230-232

Missouri City


Texas, U.S

Phone: 281-906-2619

Email: folo.akintan@a-kins-analysts.com

Website: www.a-kins-analysts.com

Facebook: <https://www.facebook.com/A.Kins.Analysts.Project.Managers>



www.a-kins-analysts.com

"Successfully implementing impossible projects in impossible places"

A - K I N S N E W S L E T T E R

© M A Y 2 0 1 6 A L L R I G H T S R E S E R V E D