

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





US Healthcare in Reform

Basic Scientific Concepts: **Expected/Observed**

Hypothesis Theorem

Hypothesis Theorem states “expectations” and compares the expectations stated to observations. If observations stir far from expectations, there is a scientific question asked, “WHY”?

Establishing the fact that the “Health Care of the People cannot be separated from the Economy of the People” if the Health and Care of the People wanes. Then one would **expect** that after the Greatest Pandemic Event in the history of United States (US) and the world, there would be an investigation on the waning Healthcare System and investment in the improvement of the Health Care of the People. Instead, it is **observed** that once again, the US Healthcare System is bandaged and plastered together; the Economy of the people is separated from the Health of the People and invested in, while everyone moved on as if nothing has happened to the US Healthcare System, over the past four years.

If a waning Healthcare System caused the pandemic to occur, then there will be more waning and more “Health and Care Events”. **Why spend funds bandaging and plastering the Economy and leave the Healthcare System to continue to wane?**

Basic Scientific Concepts State:

Hypothesis Theorem

When
Expected \neq Observed

Question
WHY?

It is **expected** that when the Healthcare System wanes, there is an **investigation** and an **investment** in system improvements that prevent further waning of the system. It is also expected that there would be a need for **innovative improvements or a revamp** to renew a **sustainable** Health and Care System. **Observing** COVID-19 spending and US government spending over the past four years, one would realize that even though the Pandemic was caused by a “Common Cold Virus”, the investigation, investment, innovation, re-charge/revamp and sustainability plans were all spent on the Economy, while over 1.2 Million people have died of COVID-19.

A recession after a pandemic is inevitable, but another pandemic after a pandemic with over 1.2 Million people already dead is unacceptable, Never Again!

This investment analysis is a quartet of fourths. Just over four (4.6) Trillion US Dollars (USD) was spent on the COVID-19 pandemic with less than 0.0004% of this spent on health and Care. Four Trillion USD was spent on COVID-19 Economic Stimulus Package. Another four Trillion USD was spent on Engineering Economic



US Healthcare in Reform

Basic Scientific Concepts: **Expected/Observed**

Stimulus, where all structures in US are to be investigated, and invested in with innovative improvements. A total of 8.6 Trillion USD has been spent as of September 2023 and over 1.2 Million people have died of COVID-19.

As the saying goes, “prevention is better than cure”. Ordinarily, the Health Care of the People costs four

Four Trillion set aside for US Healthcare Reform once every half a century is inevitable. Prevention is better than cure!

Structures, Systems, and Strategy

US Healthcare Reform structure, systems and strategy has not been investigated. Innovative improvements and revamp of renew a sustainable Healthcare System has

structure and systems are foundational, while strategy is an ongoing dynamic process, with actions assessed, reviewed, and aligned more often, every ten years.

Some of the functions of Health Care Reform include Power, Policy, Funds, Price, Cost Savings, Market, Health Care Status, and

US Healthcare in Reform Budget, Sept. 2023

$$X=Y* \text{ Plus}$$

$$8 \text{ Trillion} = 8.6 \text{ Trillion} + * \underline{1.2 \text{ Million Years-of-Life-Lost}}$$

X = US Healthcare Reform + US Annual Healthcare Cost = 8 Trillion

**Y = COVID-19 + Economic Stimulation = 4.6Trillion*Plus + 4Trillion
= 8.6Trillion*Plus**

**Plus = 1.2 Million Years of Life Lost*

Trillion USD a year. Investigation, investment, innovative improvements, or a revamp to renew a sustainable Health and Care System once-in-the-past-century also costs four Trillion USD. This equals the same eight Trillion USD already spent on COVID-19 without accounting for the cost of years-of-life-lost of 1.2 Million people who died of COVID-19.

not been invested in or reviewed for a century. All bandages and plasters called innovation have only destroyed the structural foundation and made the system more unstable and unsustainable.

When investigating the US Healthcare System, three components should be in review, structure, systems, and strategy. Both

Customer Selection. These should be investigated, restructured, and reentered into the system every 50 years. Strategy for these functions should be reviewed and realigned with the foundational structure and systems every ten years.



US Healthcare in Reform





US Healthcare in Reform

US Healthcare System: **Expected/Observed**

Some of the components of structure, systems and strategy include Healthcare Infrastructure, Human Resource, and Physical Resource. The Government, both administrative and regulatory, the People and their communities, and the Healthcare Market interact with the functions within the healthcare structures and systems. These should be investigated and computed every 50 years, re-aligned, and re-entered into the healthcare structure and strategy, while strategy is reviewed and realigned every ten years. Although the century-old structures, systems, and strategies exist, they are now dysfunctional, in a non-computing dysfunctional manner.

Health and Care of the People within their Communities are executed by Health and Care Professionals. No amount of task sharing or shifting can replace the holistic professional nature of the tasks. The healthcare tasks at-hand become fragmented, dysfunctional, and non-holistic when tasks are shared or shifted, unless the strategy is reviewed and realigned with the foundational structure and systems every ten years and investigated, restructured, and reentered into the system every 50 years. Otherwise, task sharing and shifting fails, and the

Healthy People =
Healthy National Economy

Stages of grief:

“denial”

“anger”

“bargaining”

“depression”

“acceptance”

=

Take Action

Health Care Dysfunction =
Economic Dysfunction

Health of the People =
Healthy Economic Status

healthcare system becomes fragmented and dysfunctional.

For each of the functions of Health Care Reform including Power, Policy, Funds, Price, Cost Savings, Market, Health Care Status, and Customer Selection, healthcare components including Healthcare Infrastructure, Human Resource, and Physical Resource must be reviewed, for structure, systems, and strategy, for the US healthcare in reform to be computed every 50 years.

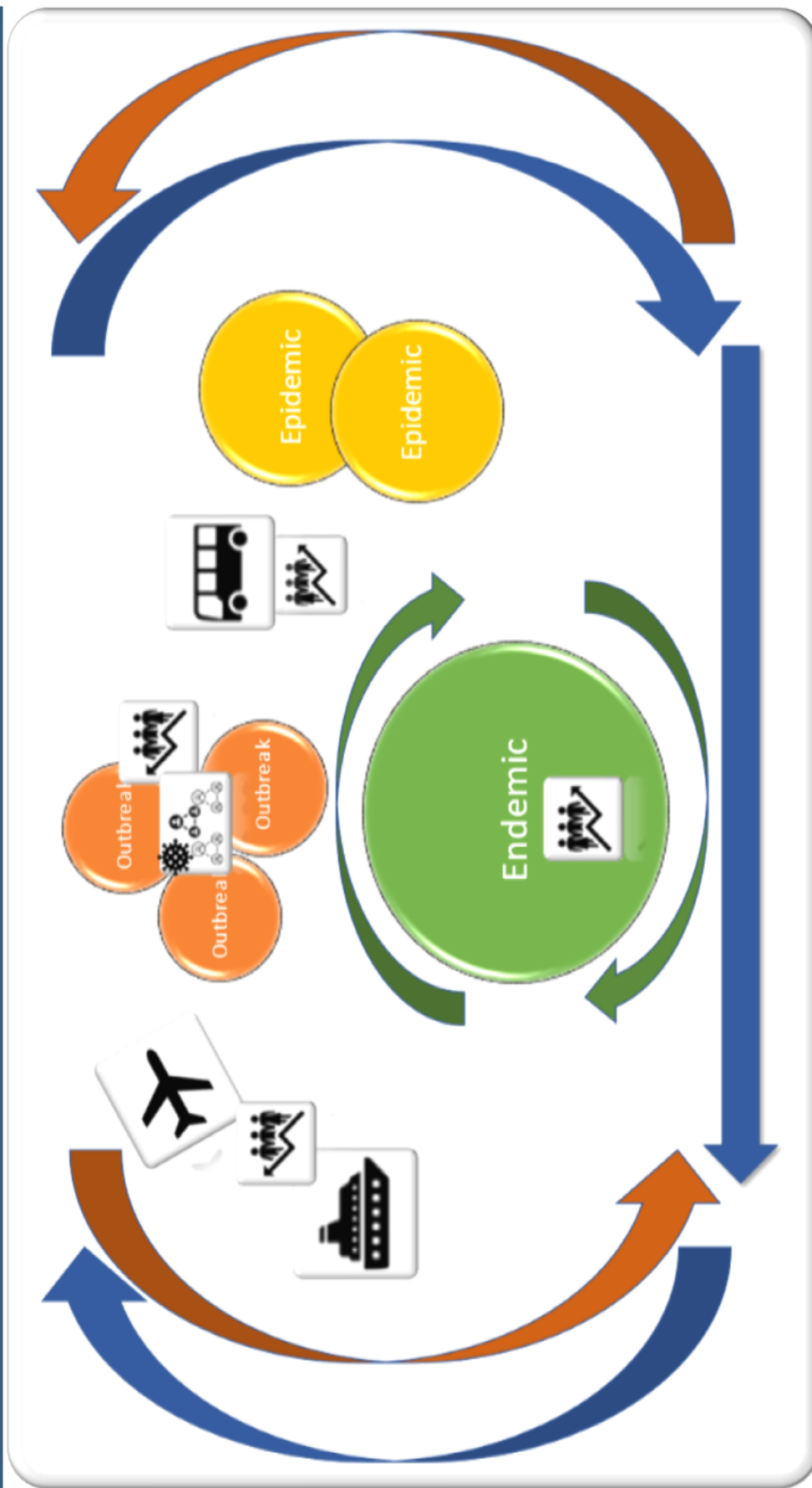
Healthcare Power Function

Structure

Expected: Power of the Healthcare Infra-structure belongs to the People within their communities. Human Resource Power should be within the health and care professional infrastructure, and Physical Resource Power including buildings, materials, and equipment should be made in USA.

Observed: Power of the Healthcare Infra-structure is in the Healthcare Market within the business infra-structures. Human Resource Power is observed to be shifted to and shared with nonprofessional functions reducing the quality of healthcare in US, impair-

US Healthcare in Reform





US Healthcare in Reform

The Plan: **Expected/Observed**

ing the Healthcare Status of the People, while making the healthcare system unstable and unsustainable. Making business sense, it makes no Medical Health and Care sense to replace the quality of care of the People, compromising the Healthcare Status of the People with promises of an effective and efficient business model. The Physical Resource Power including buildings, materials, and equipment are not made in an innovative sustainable manner in USA.

System

Expected: Power of the Healthcare System belongs to the People within their communities. Human Resource Power to train, hire and fire within the health and care professional infrastructure should be governed by the government administrative and regulatory bodies through the professional bodies. Physical Resource Power System is expected to be in a sustainable procurement infrastructure in USA.

Observed: Power of the Healthcare System is observed to be in the Healthcare Market with a business oversight within a business model. Human Resource

STRUCTURE

- 1) Power
- 2) Policy
- 3) Cost Savings, Price
- 4) Funds, Market
- 5) Health Care Status, Customer Selection

SYSTEMS

- 1) Power
- 2) Policy
- 3) Cost Savings, Price
- 4) Funds, Market
- 5) Health Care Status, Customer Selection

STRATEGY

- 1) Power
- 2) Policy
- 3) Cost Savings, Price
- 4) Funds, Market
- 5) Health Care Status, Customer Selection

Power to train, hire and fire within the health and care professional infrastructure lies with the People within their Communities. Physical Resource Power System is observed to be an unsustainable infrastructure in USA.

Strategy

Expected: Power of the Healthcare Infrastructure strategy belongs to the People within their communities with government administrative and regulatory oversight. Human Resource Power strategy including training, hire and fire should also be within the health and care professional infrastructure with government administrative and regulatory oversight. Physical Resource Power including buildings, materials, and equipment should be made in USA with government administrative and regulatory policies supporting made-in-USA.

Observed: Power of the Healthcare System Infrastructure strategy is observed within the Healthcare Market with a business model within a business infrastructure. Human Resource Power and strategy to train, hire and fire within the health and care professional infrastructure lies within the

US Healthcare in Reform

The Plan: **Observed**

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

Observed

Major Functions of the Healthcare System

STRUCTURE

- 1) Power
- 2) Policy
- 3) Cost Savings, Price
- 4) Funds, Market
- 5) Health Care Status, Customer Selection

- **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.

SYSTEMS

- 1) Power
- 2) Policy
- 3) Cost Savings, Price
- 4) Funds, Market
- 5) Health Care Status, Customer Selection

- **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.

STRATEGY

- 1) Power
- 2) Policy
- 3) Cost Savings, Price
- 4) Funds, Market
- 5) Health Care Status, Customer Selection

- **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 in Reform

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





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

The Plan: **Expected**

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

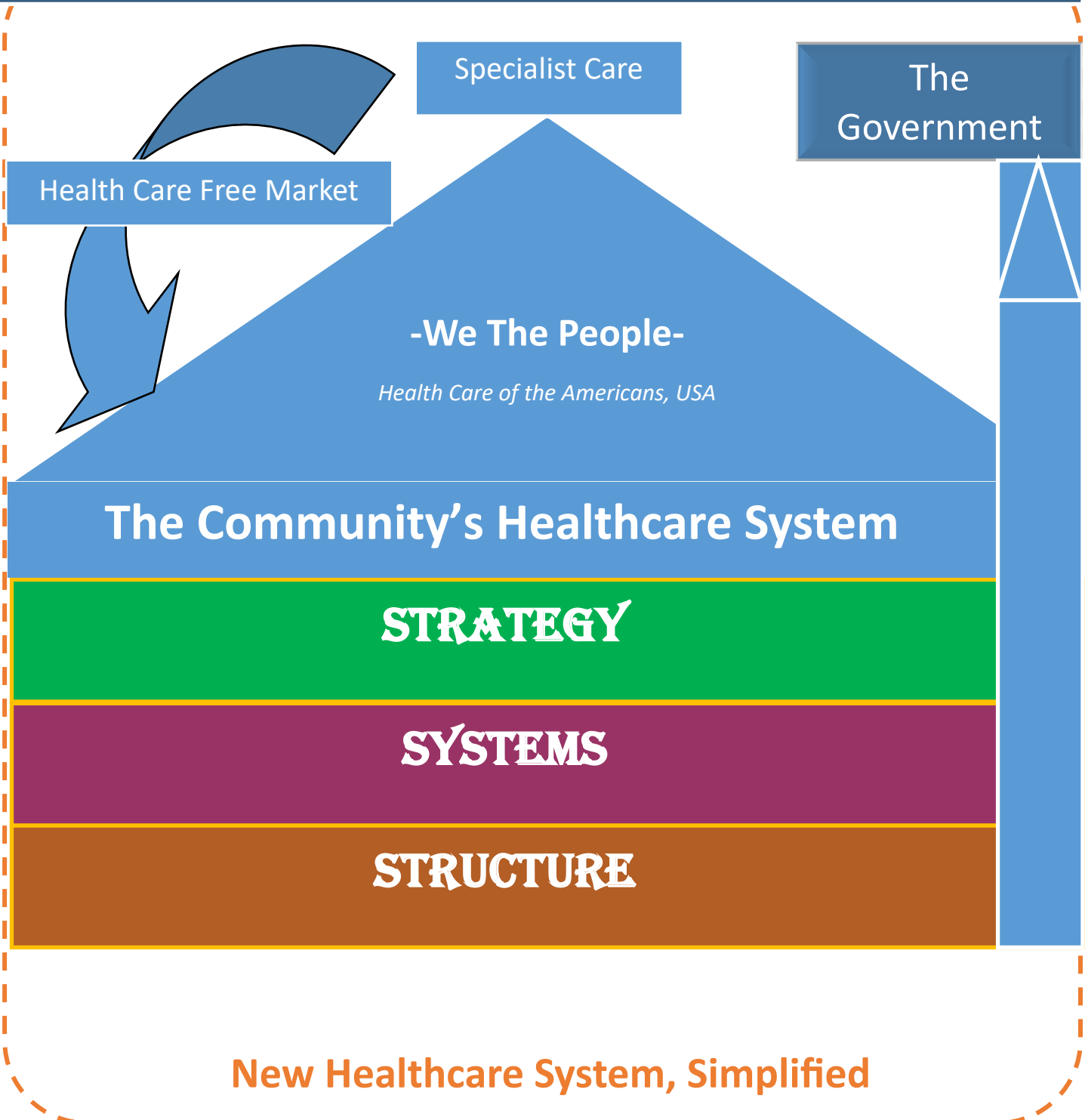
| Expected | Major Functions of the Healthcare System |
|--|--|
| <p>STRUCTURE</p> <ol style="list-style-type: none"> 1) Power 2) Policy 3) Cost Savings, Price 4) Funds, Market 5) Health Care Status, Customer Selection | <ul style="list-style-type: none"> • The Government: Government Regulatory Agencies 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 | <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 | <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 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

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

| Components of the Change Effect for Structure, Systems, and Strategy  | No Measurable Effort (Score = 1/5) | Some Measurable Effort (Score = 2/5) | Good Measurable Effort (Score = 3/5) | Strategic Measurable Effort (Score = 4/5) | Executed Measurable Effort with Optimal Change Outcome (Score = 5/5) |
|---|---|---|---|--|---|
| 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 |





US Healthcare in Reform

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

business structure of effectiveness and efficiency which reduces the quality of health and care, and is not government administrated or regulated. System Physical Resource Power strategy is to maximize profit and not to preserve life and so observed to be unsustainable healthcare infrastructure in USA.

The Change Effect

1) Knowledge of the need for change: There is little understanding of the need for change, the urgency, and the extent of the need.

2) Well defined change goal: The US healthcare in Reform goal has

not been assessed or defined.

3) System and Partnership for the change needed: There are systems and partners, but the relationships and partnerships need a -century-old revamp.

4) Sensitized the Leadership on the need for change: Post COVID-19 Pandemic Event is the best time to sensitize leadership on the need for change!

5) Set aside resources for change: No funds have been set aside for the purpose of US Healthcare in Reform.

In conclusion looking at all these functions, one would wonder about only three questions:

- “Where are we”?
- “Where are we going”?
- “How are we getting there”?

| References | Source |
|--|---|
| Central Intelligence Agency –CIA | https://www.cia.gov/the-world-factbook/countries/united-states |
| US Department of Health and Human Services / Centers for Medicare & Medicaid Services Data - HHS/CMS | https://www.data.cms.gov/fact-sheet/cms-fast-fact |
| US Spending | https://www.uspending.gov/disaster/covid-19 |
| US Department of Treasury | https://home.treasury.gov/ |
| World Health Organization –WHO | https://www.data.who.int |
| World Bank | https://data.worldbank.org/indicator/ |



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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