

Reimagining Our Health Care System: Making Health the Goal

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Today's health care system is oriented toward high-tech, transaction-based services that prolong life by controlling disease. But upwards of 75 percent of America's health care expenses are due to lifestyle-influenced chronic diseases. So, as Americans lead progressively more and more unhealthy lives, is there any realistic hope of controlling the health care cost spiral?

At Life University's [Octagon](#) think-tank project, we believe that one answer to this challenge lies in reimagining the very basis for health care: the paradigm we use in how we look at disease, health, the innate healing capacities of the human body, and the services and economic models that most effectively address our problems. We believe the current paradigm is fundamentally inadequate to use as a basis for a health care system that delivers optimal outcomes at reasonable and sustainable costs.

For the past several years, the Octagon has convened conference faculty to consider and compare historical philosophies of health, and how those philosophies are applied in medical and non-medical health professions. These conferences have also considered the potential elements of a [new paradigm](#) of health and healing based on a broad range of scientific evidence. This evidence suggests a paradigm that incorporates both the realities of mechanistic biochemical phenomena and the larger field established by work in exploring quantum mechanics.

Federal health care reform efforts have already begun dramatic system-side rethinking of how delivery systems of health care can and must work. New frameworks of organization, communication, clinical teamwork and consumer engagement such as medical homes and accountable care organizations hold the prospect of innovative solutions that rethink aspects of our health care system.

But if the fundamental paradigm is flawed, can these variations of the current system really provide serious and significant improvements? What if a new paradigm were used to focus the organization of services, integrate the communications and care being delivered, engage consumers more responsibly as participants in their own health concerns, and prioritize how all this is paid for?

From April 12-14, 2012, the Octagon will host its fourth annual conference. "Reimagining Our Health Care System: Making Health the Goal" will bring together thought leaders, clinicians, policy-makers, politicians and the consumer public to thoughtfully consider what is really required in how we look at health, how we support its establishment and maintenance, and how we distribute responsibility for its care and nurture. We are pleased to announce that the following speakers have been confirmed for Octagon 2012:

- Clem Bezold, President, Institute for Alternative Futures
- David O'Bryon, JD, Executive Director, Association of Chiropractic Colleges
- Andy Webber, President, National Business Coalition on Health
- John Weeks, Academic Consortium for Complementary and Alternative Care

- Senator Johnny Isakson (R-Ga.)
- Guy F. Riekeman, DC, President, Life University

We are hopeful that we will be able to add several key national political and academic leaders in addition to the confirmed lineup noted above. We expect our speakers to address the following concerns:

What's health got to do with it? Can we have an effective health care system that seeks primarily to prevent, control or treat disease? Or are there considerations of health that force us to invert that paradigm? What would such a paradigm look like and require of us?

What is wrong that can't be fixed by the current system? Are there fundamental goals, expectations for outcomes, participants, leadership structures, etc., that simply cannot deliver on needed health care reform?

Medical homes: location, location, location. Does a [medical home](#) offer the promise of effective care? How should decisions be made about what these models focus on and what are the sources of the most effective care?

ACOs: Accountable for what? Accountable care organizations are touted as holding the potential for being effective business models that offer vertical integration of services *and* improved financial outcomes. Are the metrics and benchmarks being used in the current paradigm the best to use as these are developed? Or do new expectations in a new paradigm offer the prospect of better outcomes?

Who's on first? And who's on second or third? What are the priorities in health care services and providers for different sets of needs in health care? Can one system provide them all? How should they be paid – and paid for?

How should an effective health care system be managed? Is our free-market, competitive approach the most effective strategy? As deeply entrenched as it is, are there necessary revisions to our thinking that would be required to achieve the outcomes and cost controls we need?

Where's the consumer? Are we patients? Are we retail consumers of services? Are we business partners? What does the current paradigm allow, and does it ask enough of us?

We are also pleased to announce the following organizations are co-sponsors of Octagon 2012: the Foundation for Chiropractic Progress, the National Chiropractic Mutual Insurance Company, the International Chiropractors Association, the Congress of Chiropractic State Associations, the Integrated Healthcare Policy Consortium and *Dynamic Chiropractic*. A number of other institutions and organizations have been invited to join Life University as co-sponsors of this exciting event.

The expected work product of this conference will be a set of design elements to use as a blueprint for effective reform. We hope you will be able to join us for this fascinating and important effort. Please visit LifeOctagon.org for more information.

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