

Open4Definition Case Study

The Health and Healthcare Definition Team Report

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Reader's Guide: Healthcare is a vital human need. In 2009 the U.S. Congress has been immersed in a heated debate on the sweeping reform of America's healthcare system. At least that's their characterization. What will likely emerge (if anything) will be another piecemeal rearrangement of America's existing delivery-centered model. U.S. healthcare is unfortunately an enigma. 1) Changes in delivery do not necessarily equate to improved health. 2) Cost will rise as long as entrenched definitions (not just interests) remain in place. They'll always trump gradual reform. 3) Because of collective intelligence the answers are *not* hidden. However, only a radical restructuring or a "Trojan Horse" influence can truly alter the path and upward rising cost curve of American healthcare. The latter and more subtle is our chosen course of action. This Case Study outlines our effort and the ensuing definitions. The results from this venture clearly exceed expectations. The potential positive impact is significant. What began as a straightforward *Beta Test* evolved into an unorthodox, yet wiser way to improve the health of Americans and to do so incrementally, deliberately and with considerable foresight. (16 pages)

In the U.S. most agree that our healthcare system is flawed, costly, wasteful and all too often **ineffective**. Despite stunning advances in treatment and medical knowledge, Americans are less healthy than in the past, and upcoming generations may be even worse off. It all seems relentlessly complex, counter-intuitive and overwhelming.

Reform is needed, sought and yet, the how-to restructure this sector has divided business, health providers and lawmakers for decades. This is obviously a difficult situation. More than a band aid of temporary consensus is needed. The political stage appears to be set for large-scale change, but to what end?

Reform is needed, sought and yet, the how-to restructure this sector has divided business, health providers and lawmakers for decades. The political stage appears to be set for large-scale change, but to what end and purpose?

The process America is using to resolve this problem – both intentionally and unintentionally – simply ensures that we will retain it as a problem. Is an overreaching vision lacking or is this just an unknowingly sinister way of tackling such an important policy issue and human need?

Do complex problems like U.S. Health and Healthcare self-perpetuate because there are few easy answers? Or are solutions the hostage of precedent, ingrained approaches and a general unwillingness to overhaul services so vital to the well being of so many? If key healthcare solutions are compounded by how health problems are stated then wouldn't it be reasonable to restate them. Regrettably, this is much easier said in theory than can readily be accomplished in practice.

The need for a healthier America is unfortunately large and growing. One reason America has been unable to agree on solutions is that we vehemently disagree on the problem and causes as well as what our priorities are for the future. We should have a healthcare system that constantly creates significant gains in the health of Americans. Ideally, the health of Americans should be flourishing not floundering.

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America seems unable to resolve the healthcare dilemma. We appear incapable of altering healthcare service delivery or restating the problem. What's left? What, if anything, are we likely to agree upon? One unexpected answer lies within the latent power of definitions. Yes, definitions. That is why Open4Definition chose U.S. Health and Healthcare to 'Beta Test' a fresh approach which leverages definitions to guide improvements throughout a society.

What we tested is not, however, a sweeping way to abruptly change U.S. Health and Healthcare, rather it is a more nuanced, incremental approach. Sapiient definitions use the building blocks of both awareness and a shift in understanding to create lasting behavioral and business process change. We are referring to definitions like *secondhand smoke* (in public health) that have led to consequential change for the common good. This traditionally has happened, if at all, haphazardly; until now.

This is also a complementary strategy. By choosing to work on areas where some agreement is reasonably possible we can use definitions to both create positive change and better shape the main debate. One way to restate the complexity of America's Health and Healthcare problem is to change the definitions which the problem relies upon most to keep large-scale improvements at bay. The potential benefits can be wide ranging, surprising and most of all significant.

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Startling Results

We concluded that select improvements in America’s Health and Healthcare through applied definitions are not just possible, but probable. Our Examiner Team also reached the disquieting conclusion that as a result of this effort we now have an obligation to leverage this Beta Test into something much larger vis-à-vis the economy; particularly now with all of the national attention that is being focused on healthcare. This conclusion was startling. Our reasoning follows.

- The definitions that our Examiner Team unearthed and developed show promise far beyond the time and effort this Beta team spent generating them;
- Imagine if we had done a really concentrated effort with multiple Examiner Team(s) across multi-tiers of Healthcare and Health the sweeping nature of the probable positive results;
- The Open4Definition Process creates a new way of seeing American Health and Healthcare that should be added to the national dialogue at this time of great examination and uncertainty.

Seven example candidate definitions that were developed are cataloged by their main impact below.

TRANSFORMATIONAL: A definition of health from the World Health Organization (WHO) that has been around more than sixty years. The application of this definition in an unexpected way can jolt America’s “Delivery-centered” system toward more of a “Quality of Health” centered structure.

BREAKTHROUGH: An enlarged definition of Second-hand Smoke to further expand its positive impact.

STRUCTURE-BASED: Waist size measurement for vascular and diabetic risk assessment.

INCREMENTAL: A reapplication of Pharmacy Shelf Life and Expiration Dating practices.

BELIEF MODIFYING: An expansion of counseling treatment to include the pursuit of wisdom.

HABIT ALTERING: Our Épanouissement definition can be applied to help make over Americas existing approach for health to include the how-to blossom into ones full potential.

PRECEDENT CHANGING: Our research identified an urgent need to alter State Healthcare Occupational Licensure definitions. This spin off could potentially increase the availability of expert medical professionals many of whom are already in the U.S.

A companion report ***A Summary Description of the Target Definitions Chosen*** is planned. A mind-bending alternative healthcare historical article or book ***A WHOLISTIC ENIGMA - Giving Health Freer Rein inside American Healthcare*** is also a longer range possibility. The latter will speculate on the history of Health and Healthcare if the U.S. had hypothetically started with a non-Delivery service centered

definition of healthcare in postwar America. These will provide more detail and insight plus a sense of the potential within our Open4Definition Process Architecture to affect consequential improvements.

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There will be both favorable and unfavorable surprises in the level of resistance to these and future candidate definitions. Therefore, implementation will be viewed like a batting average in baseball. No one can get a hit at every turn at bat nor will every one of our definition targets be implemented. We fully expect that when opposition is more daunting than anticipated some of the targeted definition improvements will unarguably be strike outs. The remaining definition targets in Health and Healthcare, say five, seven or nine should hopefully get installed over time within U.S. society with of course varying degrees of success.

Definitions Do Matter; A Lot...

The term ‘definition’ as applied by Open4Definition is used in its broadest context. This framework for definitions covers uses ranging from customs to behaviors to social norms and practices, descriptions to mathematical and scientific meanings, and rules to rituals to duties to values to relationships and beyond. This is admittedly an expansive view, but it is certainly neither a radical one nor one uncommon in everyday language.

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An Example: The definition, “secondhand smoke” was established by a group of concerned citizens. This armed American society with the realization that “your smoking can harm me” both from a health and financial stand point. As a result smoking is now banned in most U.S. public places altogether.

The impact of this definition was far greater than that of a) the U.S. Surgeon General, who had declared smoking a major health hazard, b) laws that placed a warning label prominently on each cigarette pack and c) the billions of dollars spent on major anti-smoking public ad campaigns. A single definition both ostracized smoking and transformed the stop smoking effort. It shifted it from changing behaviors one person at a time to implementing a positive change to everyone’s behavior; particularly smokers.

Definitions are acts of man *not* God. Just like the U.S. Constitution and Declaration of Independence “secondhand smoke” is a great example of an irregular (at the time of their drafting’s) and slightly imperfect definition that is, however, truly provident and far-reaching.

There are six key tenets in the way Open4Definition applies definitions to societal problems.

Key Tenets: In Open4Definition’s opinion, there is typically no true meaning in a definition; the best we can do is a sapient meaning. *Second*, we should be pragmatic in how we arrive at what is sapient. *Third*, we can and should be very selective in the definitions that we choose to help others improve and implement. *Fourth*, we will target those definitions with quantifiable resistance and favorable cost versus benefit potential. *Fifth*, as previously described we look at implementation like a batting average in baseball. Every definition targeted may not be a hit. *Sixth*, it is all about *a wiser way* to achieve improvements and by design, not happenstance, period.

This undertaking was not simply about changing words, but rather our focus was on increasing the positive impact of definitions and their application in a measurable, intentional way. In this context ‘sapient’ is best described by a few of its many synonyms: wise, discerning and far-sighted.

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Improving definitions is a powerful and largely untapped arena for achieving incremental gains in both business performance and the quality of everyday life. Definitions and their application form a backbone to traverse both modern living and language. It is noteworthy how little attention we pay them. Possibly that is because we seem unable to attend to the messenger, the message and the definitions used within the message all at the same time. Remarkably, the first step to tackling definitions begins with forming and keeping an open mind to them.

A Severe Societal Problem (with Diagnosis Uncertain)

America’s Healthcare System is in disarray, if not broken. On average the individual health of Americans continues to decline. The U.S. ranks 29th in the world in infant mortality and about four in ten Americans don’t exercise at all. One bright spot is that fewer and fewer Americans smoke – about one in five adults. Compare that to around one in three people in China, Germany, Japan and Britain and you would have to conclude that the U.S. is after all doing some things better than international norms. Contrast this with America’s medical technology which is the envy of the world. Tobacco kills almost a half million people in the U.S. each year, but can you even imagine how much higher our losses would be if America hadn’t stumbled upon the idea of “secondhand smoke”. Because society has aggressively applied this definition through both laws and culture individual habits have

changed and wide spread beliefs have been altered. Nonetheless, this is still far fewer people than hospital medical treatment errors and misdiagnosis unintentionally eradicate each and every year.

Fully two-thirds of adult Americans are overweight or obese and more than a quarter of us have blood pressure that is too high. Of course, those figures are both dependent upon very specific definitions. No, Open4Definition is not talking about changing the threshold definition for high blood pressure. That is a clinical decision. We do, nonetheless, think that the way obesity is defined and then measured borders on being terminally insane when professional athletes like quarterback Tom Brady and basketball all star Kobe Bryant are included in this count. This is surprisingly a double edged sword. The definition used is definitely not a sapient one. Nonetheless, because this definition elevates the issue of obesity to a high crisis level American government has begun to react and act. In short, this is a problem that may need to be defined and tracked differently in a physician-patient setting than for society at large. Our conclusion is that more can and should be done on developing new criteria.

As we said, U.S. society has been unable to reach a consensus on the foremost problems within our Health and the Healthcare system. However, almost everyone agrees that the current situation is a genuine problem. By far too many measures Americans are a lot less healthy than a highly developed nation has any business being and that is in spite of spending far more dollars per capita for healthcare than any other nation in the world.

One widely recognized failure of the U.S. Healthcare system is that it has been designed to treat illness rather than prevent it. As this is being written it appears that the U.S. Congress in concert with President Obama will make significant changes in our laws to address coverage and to a lesser extent the way healthcare is delivered. Laws are definitions too. So what is a body of concerned citizens to do?

Definitions could help Americans have a national dialogue both more open to information and freer of resistance.

Political fixes have rarely resolved a complex public policy issue; particularly one that is a “slow bleed” problem like the state of American health. Legislative initiatives typically work best on less complex and institutionalized issues like labor law. Even though it is cynical we are assuming that the U.S. federal government will get whatever they legislate mostly, if not totally wrong. So we see the concept of definitions as being most useful to first, those Americans that will be stuck with whatever is decided and second, the inevitable counter insurgency that will be spawned. Definitions could help Americans have a national dialogue both more open to information and freer of resistance.

Over treatment can often be worse than neglect. Good health is an individual responsibility until something unexpected goes terribly wrong. Bubonic plague for example dramatically altered the course of the Middle Ages in Europe and then it inexplicably disappeared. To resolve a systemic problem it is obviously best to resolve the root cause. Therefore, Open4Definition is concentrating on what we know

for certain. For us, it's first, what definitions cause people to do and second, the systemic changes that are possible through select and discerning improvements in key and select definitions.

Aging and Dying are not Diseases

We all die eventually and if we are fortunate this will happen in old age. MIT researchers say – toms of human motivation (and counseling) research aside – that the ‘Why’ genes that cause people to participate in collective intelligence systems like Open4Definition can be grouped into the following: Money, Love and Glory.

A critical building block within Open4Definition – the pursuit of WISDOM - is also a missing prescription within the reform of American Healthcare.

This recent MIT research defines *collective intelligence*, very broadly, as *groups of individuals doing things collectively that seem intelligent*. Intelligence can be defined as the act of understanding. What is interesting is that this MIT model does not incorporate a major and critical building block within Open4Definition – the pursuit of **WISDOM**. We think this is also a missing prescription within the reform of American Healthcare.

In the MIT context Love centers on following a passion and making a difference in a cause greater than ourselves. Glory is about recognition and Wisdom should be self defining, yet to ensure consistency we follow a ‘sapien test’ when discussing and employing our concepts through the latter.

There is almost always a better way. We have designed a process by which a diverse group of people can examine a field to identify some of its inevitable shortcomings relating to definitions and then a way to get some of the resulting improvements implemented. This truly is an open 4 definition approach.

There is almost always a better way. We have designed a process by which a diverse group of people can examine a field to identify some of its inevitable shortcomings relating to definitions and then a way to get some of the resulting improvements implemented. Unfortunately in a way similar to when the internet was first developed there is at this moment very little money in doing this type of societal improvement. As a result we have recruited those willing to do this work for love, glory or the pursuit of wisdom. A favorable and unexpected by-product is that this also gives Open4Definition a distinct advantage. We are well situated to undertake a truly independent Check Up on America’s Healthcare system; at least from a thorough examination of the definitions in use and their effect.

We also concluded that this should be done both on a national and local level. There are, of course, unanswered questions including how do we transcend self-interest when tackling issues like Health and

Healthcare reform? The goal is clear. We clearly need to move toward Health and Healthcare in America in a much more enlightened self-interest way. Our way is to use sapient to filter all that we do.

The debate on healthcare centers on definitions (e.g., uninsured, access to care, treatment oversight, carbon credits [to possibly help fund healthcare]) and yet we fail to consider definitions as a fulcrum from which to leverage improvement.

There has here-to-fore not been a vehicle like Open4Definition to drive and elevate this consideration to a beneficial end. Said simply, our debate on healthcare centers on definitions (e.g., uninsured, access to care, treatment oversight, carbon credits [to possibly help fund healthcare]) and yet we fail to consider definitions as a fulcrum from which to leverage improvement.

American Healthcare - A History of Piecemeal Reform

Relentless opposition over the last century from the AMA, American hospitals, business and insurance interests has caused healthcare reformers to design restructuring proposals that mostly placate entrenched interests rather than inspire popular support.

The current round of healthcare reform is only different in that the long established opposition has read the last U.S. election results and chosen to redirect their efforts in an attempt to insure that if change does get legislated they will be able to minimize the negative effect to their long established interests. This tactical adjustment will likely mean if reform does occur it will be much more incremental than sweeping. So how have we again gotten to this all too familiar point?

In the 20th Century many social movements demanded and got access to “The American Dream”.

Women, African Americans, and seniors just to name a few, all in enormous grassroots efforts overturned social convention and existing laws to achieve equal citizenship both in the eyes of the law and from society at large. Conversely, healthcare reform has a much more checkered and elitist history.

In 1915, reformers - who then defined themselves as Progressives - proposed compulsory healthcare insurance to protect workers. In the 1930's during The Great Depression central planners and President Roosevelt actually dropped health coverage from their far-reaching New Deal agenda. After World War II this was then followed by labor unions winning health benefits through collective bargaining agreements. Thus the landscape shifted even more toward haves and the have-nots. Company paid health insurance, that is. In 1965 Medicare became part of the Social Security Act. If you were a have-not and could just live long enough you became by definition at age 65 a have. The repercussions of the Medicare decision reverberate today in the U.S. government budget. Then President Clinton and his

wife and public policy partner, Hillary gathered Healthcare experts together and charted a course toward Health Security. It was a complex plan and for better or worse the opposition triumphed again. **Healthcare reform, though it affects every American, has never quite built the depth of the grassroots constituencies** that pulled Woman's Rights and the African American community out of second-class citizenship. However, specific groups of U.S. Citizens have been able to carve out specialized health benefits, but that typically has taken a crisis like the emergence of AIDS for this to occur.

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Incrementalism has been the way American Healthcare access has changed over the past century. It is difficult to see this latest round of reform being much different than what has occurred in the past.

Our Open4Definition Healthcare Team's potential impact is also admittedly incremental-based. Then again, our approach has more of a "Trojan Horse" element to it coupled with a clear reliance on potential influence than anything ever tried in the past. We center on selectively both influencing policy planning and building grassroots efforts through the application of definitions. Audacious as it might seem our approach has been designed to produce unexpected, stealth-like improvements. This is because of the subtle, yet potentially profound influences that definitions can have within what is essentially a closed economic system like healthcare. The trick is not to treat it that way. That is, to keep it open 4 definition and expand the parameters under consideration. What we foresee is a favorable long term impact by Open4Definition on America's current health and healthcare quagmire.

Stealth Solutions – Solving Problems Incrementally

In this section of the Case Study we will answer three key questions and provide a number of examples.

Q1: How did we decide on the definitions to pursue, what are they and why?

The expanse of American Healthcare is immense. It represents at least seventeen percent of Gross Domestic Product. Our effort by necessity thus began by narrowing the target and initially concentrating on definitions with an impact across four interconnected categories. This differed from the Open4Definition normal Field-centered approach. We chose this route because of the incredible complexity of America's Healthcare system. The four examination categories follow.

PRICING / PAYOR / PATIENT / PRODUCTIVITY

From a list of around one hundred candidate definitions (or their applications) including an extensive clipping file that Open4Definition had compiled we culled through, listed and then discussed a wide range of potential targets. This prompted brainstorming and dialogue which caused numerous other candidates to be added. We then did a sort and examination to reduce the total to 46 potential targets.

The resulting candidates were next classified as either a Type 1 - improvement of a definition or a Type 2 - improvement in the application of an existing definition. We then followed our Open4Definition Four Component Process – **Charter, Examiner, Implementation and Tracking** – with its 29 specific steps. In the spirit of full disclosure, it is important to note that since this effort began as a Beta Test we simulated several of the steps. Obviously this was especially true for a number of the steps within the second-half Implementation and Tracking components.

Several of the Open4Definition Process steps border on the unusual. Four excerpts from our extensive process files follow to provide a deeper glimpse into the overall process.

Excerpt One

Process Step 6: Recruit and establish an Examiner Team

Examiners from a variety of fields were enrolled for this collaborative undertaking.

We decided that adding at least three global participants was imperative to insure diverse perspectives. We ended up with a Belgium, Canadian and a U.S. Naturalized Israeli team member. Thoughts were raised that an effective Board should never exceed eight people; however, this was not a board activity. Still, our active member level on this team did hover around this suggested cap.

Excerpt Two

Process Step 7: Start the identification process of both new candidate definitions and improvements in applications for existing definitions

We chose to utilize discussions, research, evaluations, surveys and analysis to select a slate of prospective targets for definitions based on the most favorable relationship between cost (e.g., financial, built-in resistance equivalency and implementation cycle time) versus benefit.

A non-standard, free flowing process was initially used to select targets. We used traditional techniques like brainstorming in conjunction with a novel online collaborative technology (another Beta Test at the time that we are still using called Jute Networks).

We targeted Health and Healthcare areas where the need for improved definitions and applications is significant and ones that can also be analyzed in a factual, logical manner.

Excerpt Three

Process Step 10: Apply the principles of the book, *Made to Stick* (to each of the candidate definitions)

We used the six principles of **Simplicity, Unexpectedness, Concreteness, Credibility, Emotions and Stories** (a.k.a. **SUCCESS**s) to tap into making the resulting sapient definition improvements surprising, stickier and of course memorable. The best example of the results achieved in this step is our novel ‘**WHO**listic’ definition. More detail on this unique example follows.

There already exists a potential transformational definition of health in place by the World Health Organization (WHO). **“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”** Though this definition has powerful potential, it has clearly not resulted in a transformation. In fact, it is now sixty years old and thus far has failed to significantly alter the delivery of health care around the world.

We decided that this was a Type 2 (the APPLICATION OF A DEFINITION) target that should be vigorously pursued by our Health and Healthcare Examiner Team. We also decided to more closely link the implementation component of this definition to our seventh ranked target - *Épanouissement* in Health.

We next created a new stipulative definition (that is, imposed by the user; arbitrary) for *Épanouissement in Health* to express blossoming into ones full health and potential. Again, this ties together *Épanouissement* in Health and the WHO (World Health Organization) definition of health. The term “WHOlistic” was created because of its features as outlined below.

- “WHOlistic” connects multi-concepts and layered levels of meaning around the terms for holistic and WHO (World Health Organization).
- It connects to being Whole – physical, mental, social, spiritual and emotional well being - as well as the wide range of broader health practices considered to be holistic.
- It could with attribution also be tied promotionally to Dr. Seuss, Horton and Whoville.

Please note that this Dr. Seuss book tells the story of *Horton the Elephant* who, on the fifteenth of May in the Jungle of Nool, hears a small speck of *dust* talking to him. It turns out the speck of dust is actually a tiny *planet*, home to a city called “Whoville”, inhabited by microscopic-sized inhabitants known as Whos. They want Horton to protect their lives (and health) and this is one elephant that never forgets to do whatever he committed to do. Anyway, how do you eat an elephant? One bite at a time and that based on history is likely the only way America’s health will be dramatically improved as well. In short, this storyline can tie in at many levels.

This example hits the Heath Brother’s **Made to Stick SUCCESS**s model (and book) square on the nail head. It is simple, unexpected, and concrete. It ties to memory and existing language, emotion and is story enriched. The open question is whether it might be seen as credible, however, we concluded that it will be credible if for no other reason than it is based on the sixty year old definition of health by the WHO?

“WHOListic” for our project team additionally “promotes the definition of the good life and an overreaching goal of individual development of following the feelings of alive and connected with the intention of increasing the love, joy, wisdom, peace, compassion, tolerance, health, beauty and humor.”

There was agreement that even though the stipulative term “WHOListic” clearly fulfilled the six elements of the SUCCEs model this still was not enough to transform it into everyday language. We did conclude, nevertheless, that it is potentially a sapient definition and that it should undergo vigorous testing with the public and key constituents. The resulting definition for WHOListic follows in contrast.

Holistic: To nurture or treat the entire person - physical, emotional, mental, and spiritual.

WHOListic Definition: (hōō·liś·tik, or W·H·O·liś·tik) To transform the health of the whole person; to blossom physically, emotionally, mentally, socially and spiritually; a person’s state of health as exemplified by the World Health Organization definition of *complete physical, mental and social well-being and not merely the absence of disease or infirmity*.

WHOListic has been tried with a random sample of people around the world and the results were very favorable from almost every non-medical person. We focused on the patients because that is who we plan to reach first to ultimately influence the Healthcare profession whose resistance is legendary.

Considerable work remains to be under taken. That is, creating implementation plans to introduce this new definition into practice to make an everlasting impact.

Finally, longer-term we may write a mind-bending alternative healthcare historical article **A WHOListic Enigma - Giving Health Freer Rein inside American Healthcare** to provide more detail and rare insight.

Excerpt Four

Process Step 23: Decisions on definition targets that are too difficult to implement should be made by each Open4Definition Team’s Board of Improvement

The unexpected almost always happens. Poor performing definition targets may or may not be abandoned. Best case, these side-lined efforts will continue independently in a dotted line relationship with the general partner, Open4Definition.

Occupational Licensure Definitions – For example we assumed that this particular Open4Definition Board of Improvement would ultimately spawn a counter force organization– a formal not-for-profit Licensure establishment not dissimilar to the structure of the ACLU but with a totally different purpose and objectives. The probable outcome in the implementation of this definition would have a far reaching impact well beyond healthcare delivery. Think about it. For more detail see Open4Definition one-page Case Study at http://www.open4definition.org/docs/occupational_licensing.pdf that is appropriately titled **Occupational Licensing Unveiled – It’s Huge**.

The entire 29 Step Process that this team followed is also available for review in the member's area at www.Open4Definition.org .

Q2: How can society best be influenced to implement the targeted definitions?

By design that is the job of the Open4Defintion Implementation Team to first plan and then execute. The conceptual framework for the implementation stage combines a project management approach with a specific set of objectives, timetables and most importantly, have a date ranged operational disbandment timeline.

This effort will be established and organized in the form of a corporation, phantom corporation, co-op or not-for-profit and remain in existence only as long as pre-designated mile markers are met. This will help insure that resources are focused on accomplishing the specific goals at hand – no more, no less.

Where possible the selected definitions will be tested in representative environments. In science this would be called paradigm testing. Said simply, do the findings and resulting theory fit the facts or not? This theory testing will likely be more in the form of probabilistic verification (i.e., before and after) though it may also rely upon whether most of the facts, but not all, will match the theory behind an improved definition or application.

The will to prevail is, not surprisingly, critical. The Implementation Team will, however, also work to improve the paradigm, explore its possibilities and show what results can be expected (see Thomas S. Kuhn's work on *The Structure of Scientific Revolutions* for further guidance).

A more detailed marketing and funding campaign plan will be established and followed using aspects from Spitfire Strategies' *Just Enough* Planning Guide. A listing of several of the critical steps follows.

- Set clear measurable goals that are achievable. Identify the key stakeholders.
- Anticipate conditions.
- Prioritize your target audiences. Decide on who to affect or influence?
- Put a public face on the Implementation Team's efforts.

Self-funding or sources for financial support for the overall effort will be sought and settled. Sponsors and donors will also be sought - both for profit and not-for-profit. They may become subscribers as well to the body of other work in process to create further funding for marketing and the dissemination of the knowledge gained. Foundations may also be selectively approached.

Implementation by plan will get underway. Adjustments, as always, will be made based on facts as they happen on the ground.

Q3: What would be the anticipated affect on society of applying these select and sapient definitions?

Let's start to answer this question with an overview of the key deliverables of Open4Definition for American Health and Healthcare.

Output: Applied Sapient Definitions

Outcome: A Cascade of Far-sighted Change as a Result of the Application of These Sapient Definitions

Purpose: To Makeover Society in an Unexpected and... **A Wiser Way**

It is commonly accepted by most people that there is always a better way. **A Wiser Way is - crosswords aside – simply a better, better way.**

This goal improves the potential for real and lasting gains.

The word 'sapient' also serves as a powerful concept. It transcends norms and features enlightened self interest, effectiveness, institutional intelligence plus economic and social balance in the specific case of American Health and Healthcare.

In combination with more consistent attention to detail this can become "A Hidden Grail" for achieving far-reaching and systematic societal improvement.

Glowing ideology and idealism notwithstanding we caution everyone to never forget that Open4Definition is approaching American Health and Healthcare reform from the perspective of a batting average. This approach relies upon getting incremental changes in place while accepting defeat (temporary or not) on others. This is also needless to say how we will ultimately gauge the results.

Benefits: Sow, Reap and Resow Continuously

Open4Definition is both a diagnosis and change process. It relies upon the affect – both direct and subtle – that definitions can have on American Health and Healthcare Delivery. Through improvements in definitions we are designing lasting behavior change by addressing the building blocks of awareness to construct a deeper understanding. This makes our approach deliberate. On the upside it also means that this methodology will be a remarkably low cost way forward vis-à-vis the potential benefits reaped.

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Lessons, Musings and Meaning

In this somewhat introspective section of the Case Study we will address three additional questions.

Q4: How does Open4Definition foresee American society reacting to definition-centered solutions? Initially there will be considerable skepticism. Our research indicates that

most Americans will not even notice these efforts unless the improvement involves something ultra dramatic like applying WHOlistic as a definition of good health. Then again, this is also an alternative definition of health unlikely to get universal adoption across America overnight.

Q5: What do we expect the rate and severity of unforeseen consequences to be from definition-centered actions?

The term ‘unintended consequences’ is laden with negatives. By design Open4Definition’s approach works because of a cascade of results that policy makers might often fail to foresee. Simply said, definitions cause a ripple of consequences and it will be our job to foretell and as much as possible manage their impact while always keeping the idealized target of sapient in the forefront. This should dampen any negative affect from *the unforeseen*.

Q6: What do we need to better understand for our candidate sapient definitions to make a major impact on America’s Health and Healthcare?

Open4Definition is dependent upon both direct and indirect factors such as the rate of ‘definition adoption’ and the level of resistance encountered. If we looked at this in Web 2.0 terms our approach also incorporates many of the viral social networking and collective intelligence aspects necessary to step the eventual improved definitions forward within a wired and open society. It additionally helps that Open4Definition is a low cost platform for both modeling options and experimentation.

In short, when it comes to the issue of Health and Healthcare America seems stuck. We face intractable problems, seemingly insolvable yet critical to our well being both individually and as a country. Definitions offer another way forward through the pursuit of and application of wisdom.

Next Steps

Not surprisingly, like the laws of nature there is always a counterbalancing force. In all likelihood there will be neither a significant nor immediate ground swell of support for using definitions to alter American health and healthcare delivery. This is currently a Beta undertaking and this Case Study is but one of many steps underway to make the latent power of definitions much more visible and usable.

In all likelihood there will be neither a significant nor immediate ground swell of support for using definitions to alter American health and healthcare delivery. It takes a committed cadre to implement sapient definitions and we are recruiting.

Still, it takes a committed cadre. There are numerous examples of where a “fervent few” can affect the course of action and ultimately the results. Three examples follow from Spitfire Strategies’ *Discovering the Activation Point*. It only took one soldier’s mom to galvanize the public to start questioning President George W. Bush about the Iraq war. It took just nine parents to successfully petition a school board in Vista, California for abstinence-only education. Only ten families of victims pressed for the 9/11 Commission, but it happened and in fact riveted the nation’s attention none-the-less.

What will be done next? We will share our results, recruit other Open4Definition members to get involved and then reexamine this effort anew. So visit www.open4definition.org often and we would be pleased if you also decide to lend a hand.

Conclusions, Thoughts and Timing

Instead of adopting a better way we seek the wiser way. And definitions hold the key.

We explored the often overlooked, latent power of definitions to uncover a series of Health and Healthcare options. Several would not otherwise ever be considered. Definitions can perforate through language in an almost magical manner and lead us to **constructive collective change**.

Open4Definition by design should also dampen much of the fear, resistance and debate inherent in an all-encompassing major reformulation of this fundamental and basic human service quagmire.

Our systematic approach shows great promise. Open4Definition has therefore decided to not just add to the ever swirling national dialogue at this time of great examination, but rather to exert as much influence as possible on the future of American Health and Healthcare ultimately through the aggressive implementation of a select series of sapient and far-sighted definitions.

We foresee the concept of this definition effort as being most useful to first, those of us that will be stuck with whatever is decided by the U.S. Congress probably sometime in 2009 and second, the inevitable counter insurgency that will be spawned. After all, this is America and expectations will always remain high. High expectations will also always be the case for Open4Definition.

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Additional Resources: A companion report ***A Summary Description of the Health & Healthcare Target Definitions Chosen*** is planned. To provide more insight into the latent power of definitions a mind-bending *alternative* healthcare historical article or book, ***A WHOlistic Enigma - Giving Health Freer Rein inside American Healthcare*** is also being considered.

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