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True Leadership: Bringing Health Maximization into the Medical Intervention System

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ABSTRACT

This paper provides a wide-ranging investigation into the aspects of the medical intervention system by providing a way to implement true leadership by bringing health maximization practices into the system. After providing a brief history of terminology and practices, the authors delve into what it takes to implement the vision of true leadership on the four different aspects of patient well-being: physical function, neurological function, metabolic function, and psychological/social function. A variety of research is shared that sets the background for the use of integrative healthcare practices which maximize health as essential to the vision of true leadership in our health systems. Additionally, the bio-physical mechanisms of mind body practices utilized in integrative healthcare practices is introduced. Finally, and most importantly, action steps that can be taken by those wishing to demonstrate true leadership in maximizing health are outlined.

KEYWORDS

Leadership, healthcare management, integrative healthcare, mind body practices, wellness, health promotion, disease prevention, behavioral health, self-care, economics of integrative healthcare.

Introduction

True leadership in management of people's health is quite confounding due to an array of complex issues. Leadership and Management themselves are difficult to define and are often confused because they are both open to ambiguity and individual interpretation (Mintzberg, 2004; C. Rhoads, 2014; Zaleznik, 2004). Similarly, the terms Healthcare and Health Care are also difficult to define, often confused, and open to ambiguity and individual interpretation (Mohammad Mosadeghrad, 2013; C. Rhoads, Jahnke, Baumgarden, & Porzsolt, 2023). This paper hopes to decrease the confusion and outline methods for the true leader to implement a vision utilizing health maximization practices (Health Care) when managing the medical intervention system (Healthcare).

Definitions Used In This Paper

Allow us to accept for the purposes of this paper that by *leadership* we mean the vision to see beyond traditional boundaries and processes to enhance and improve patient care and outcomes, and the ability to communicate that vision to others which compels them to follow it. In addition, allow us to accept for the purposes of this paper that by *management* we mean the skill and opportunity necessary to implement processes and procedures to enhance and improve wellbeing, patient care and the outcomes of medical intervention. By *healthcare* we mean the current medical intervention system (sometimes referred to as the medical industrial complex by advocates of a more holistic view of health interventions)(Magee, 2019). The

phrase *health care* includes **any** process or procedure to improve patient outcomes (and by patient we mean every person, and by outcomes we mean health and wellbeing improvement) whether it is considered part of the current medical intervention system or not. The difficulty is that using these terms in this way might be confusing - especially considering that grammatically, healthcare is an adjective and health care is a compound noun. To confuse things further, in Britain they utilize the phrase health care more often and in the USA they utilize the term healthcare more often. So for purposes of this paper, we will utilize the phrases medical intervention systems and health maximization.

In medical intervention systems, leadership is often defined as organizations with the most money spent, the fewest number of mistakes, the highest numbers of procedures, or the most advanced new drugs and surgical devices available. Medical intervention systems are often limited to medical procedures involving drugs or surgery, and/or what might be covered by either private or public insurance. Health maximization includes components of the broader care of health, which include many activities that are outside of the medical intervention system.

Health maximization encompasses several additional components, the most central and important being **patient wellbeing** which includes health self-reliance. Inputs into patient wellbeing include *physical function* (including pain management, balance and proprioception [ability to avoid injury from falls]), *neurological function* (including cognitive and neurological challenges such as Parkinson's, Cerebral Palsy, etc.), *metabolic function* (including a balanced and functioning metabolic system, immune system, cardiovascular system, hormonal system, nervous system, and digestive system), and *psychological/social* (mental state and quality of life measurements [ability to avoid depression and anxiety] as well as the basic needs of life including Maslow's hierarchy of needs) (Jahnke, Larkey, Rogers, Etnier, & Lin, 2010; Maslow, 1954). Each of those functions and/or environments also have inputs which we will discuss.

Figure 1. Components of Healthcare (patient wellbeing).

This article will start with a brief evolution of the medical intervention system and then move on to each of these four components of health maximization. Within each component we will explore leadership in that area. Some of these components are not included in the medical intervention system, and this trend will be investigated. Newer (and older) paradigms that view health maximization in a more holistic integrated way will also be investigated.

Evolution of The Medical Intervention System

The medical intervention system has undergone drastic transitions over the past century. The word "health" itself is rooted in the Old English word "whole". The World Health Organization defines health as *"a condition of complete corporal, cerebral and communal wellness and not merely the absence of disease or infirmity."* The medical intervention system however, does not always include this definition of health, which is closer to health maximization. Before the 1800s, medical intervention was not yet systematized. Medical

intervention was performed by anyone who was able and willing to help others, for a fee paid by the patient out of pocket, for whatever help that person could offer. Health maximization by definition was self-reliant. During the 1800s the medical intervention became more systematized and consistent. Those who practiced medicine were expected to be educated in medical schools. The American Medical Association started in the mid 1800s and has been growing since then. (Sharma, Singh Aujla, & Bajaj, 2023)

Only in a very few countries is health maximization still managed individually by each person, paying out of pocket, to whomever is willing or able to help. Currently most countries either have some kind of government medical intervention system, or a system of private insurance companies who manage the medical intervention system (Gorsky & Sirrs, 2018). People still do pay out of pocket to anyone willing and able to help, but most governments disallow people who are considered alternative or complementary clinicians to call themselves physicians or medical practitioners. Those credentials are rigorously controlled, provided only to those who can certify that they have the proper education and training. (Schimpff, 2012)

Economics of the Medical Intervention System

Normal economics principles do not apply to the medical intervention system for a number of reasons. Many people believe everyone should have access medical intervention regardless of ability to pay. In many countries hospitals are not allowed to turn away emergency patients just because they cannot pay for treatment (Baumgarten, 2012).

Furthermore, in medical intervention economics the medical provider is often more knowledgeable about the needs of the patient than the patient him or her self. Physicians are trusted to do what is necessary and right, and are not supposed to consider the amount of money they make when diagnosing and treating illnesses.

Most importantly, medical providers in the current medical intervention system are only oriented to medical solutions which diagnose syndromes and disease categories. They are not trained in health maximization methods. Even worse, they are sometimes legislated to NOT deliver such insight or guidance on health enhancing bodies of information, methods or strategies due to the fact that "standard care" does not include health maximization methods. The medical intervention system does not advocate for health, and does not focus on disease prevention strategies. The focus of medical intervention systems is more likely to be to wait until the disease can be diagnosed and then provide a solution, often in the form of drugs or surgery.

Additionally, the relationship between supply and demand in the medical intervention system does not follow the normal rules of economics. There is a unique relationship between the consumer (patient), the payer (the insurance company or the government), the employer (who, at times, provides the conduit to the insurance and may pay part or all of the costs), and the providers (doctors, nurses, hospitals, medical equipment, pharmacies, etc.) This means that the payer is not the recipient of the service (Lichtenwald, 2019).

Sometimes who we think of as the payer is not actually the payer. When an employer pays the cost of health insurance, the recipient of the service, the patient, is not even indirectly involved in the payment and the payer of the service (the insurance company) is paid by someone other than the recipient. Even in the case of public healthcare insurance such as Medicare and Medicaid, the recipient is still not the payer, the taxpayer is the payer who pays the payer, the government. Only individual self-paid health insurance has a more direct connection between the payer and the service.

The only group of people who pay directly for the medical intervention services are the uninsured. While some uninsured patients pay out of their own pocket, many are unable to pay the high prices of care, especially emergency care. Those people often suffer and/or die.

Overtreatment and underservice is often the result of a multilayer payment system such as this. Since there is no direct link between the amount that employers or governments pay for insurance, and the cost that is borne by the patient, there is no accountability to the person to whom the services are directed (Forgione, Vermeer, Surysekar, Wrieden, & Plante, 2005; Larg & Moss, 2011).

Furthermore, there is significant evidence that prevention costs less than treatment (Cohen, Neumann, & Weinstein, 2008; Levi, Segal, & Juliano, 2008). However, it is often difficult to get insurance companies to pay for health promotion, wellness, self-care, or behavioral prevention for customers. This is because the

financial benefits of prevention occur "downstream", most likely when some other payor would be responsible for them. Childhood vaccines, for example, often don't prevent a disease for a decade or two - by which time the insurance company covering the cost of vaccines is no longer responsible for healthcare costs of the patient. Healthy lifestyle expenses such as gym membership, nutrition counseling, classes, coaching and support groups all impact costs of chronic illnesses in a major way; but often not until the person is in their sixties. In the United States, by the time chronic illnesses begin it is often Medicare, and not the insurance company, which pays the costs. Of course, it would be of great benefit to governments, then, to legislate insurance companies to pay for prevention and lifestyle expenses because it will save the government money down the road (part of the long-term thinking that initiated Obamacare). Paying for healthy lifestyle support may also benefit employers because they benefit from healthy productive employees (Baicker, Cutler, & Zirui, 2010; Berry & Mirabito, 2011; DeVries Iii, 2010).

Even so, however, it is often difficult to convince businesses of the benefits. Osilla, et al, investigated worksite wellness. They reviewed 33 studies, and concluded that despite the mostly positive outcomes, the body of evidence did not support such widespread adoption of wellness programs – not because they did not work (they did) but *because the employee, and not necessarily the company, benefitted* (Chan Osilla et al., 2012).

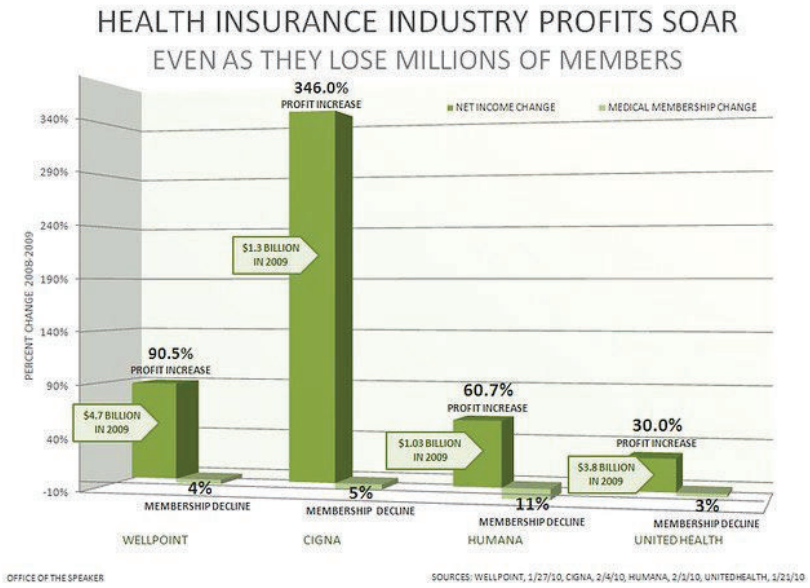

Figure 2. Insurance Profits Increase as Insurance Coverage Declines

As a result, there is little encouragement in the medical intervention system for the client/customer to avoid or prevent disease. Furthermore, malpractice influences overtreatment by setting defensive standard of care that requires a great deal of unnecessary testing (Bovbjerg & Bartow, 2003; Hermer & Brody, 2010). Notice that this overtreatment often damages the wellbeing of the patient rather than enhancing it (Gupta, Gupta, & Koul, 2020; Henry, 2025; Kühn, Lindert, & Choi, 2022; Sonmez et al., 2020; Sukmanee et al., 2022).

Paradigms of Health Maximization

Different cultures have different paradigms of health maximization. Conventional modern western medicine has long operated under a reductionist model. This model of medicine focuses on diseases and their symptoms. Diagnosis and treatment is done in isolated silos of specialties. While this method may allow individual physicians to devote more time and study to a limited number of diseases and treatments, the fundamental understanding of the whole person is missing.

Other paradigms, often borrowing from ancient cultures, are mostly holistic in nature. For example, traditional Chinese medicine, Ayurvedic medicine, naturopathic medicine and even the emerging western

medical field of functional medicine are holistic. In the Qigong paradigm, in Asian Medicine generally, the primary ideal is that there is only one disease – depreciated function. This is better known in China as deranged Qi, or disharmonious Qi. In India it is disturbed Prana – disrupted vitality. (Associations, 2020) In conventional medicine, the closest thing to this type of metabolic dysfunction is considered inflammation and oxidative stress. An alternative description is dysregulated autonomic nervous system function (Nayok, Sreeraj, Shivakumar, & Venkatasubramanian, 2023; Porges, 2025; Seicol, Bejarano, Behnke, & Guo, 2019).

Integrative Medicine attempts to combine the conventional medicine disease paradigm of the European derived societies with other more holistic paradigms (such as Qigong and Tai Chi and Yoga and other mind-body healthcare practices). However, the reductionistic western model is inefficient in this context and does not always consider the physical, psychological/social, metabolic, and neurologic aspects of wellbeing simultaneously. It is difficult, therefore, to combine the two – to actually integrate them. Chinese medicine, Ayurvedic medicine, Naturopathic medicine and the many versions of Shamanic medicine are inherently integrative as they both advocate for self-care and include therapeutic strategies when necessary.

The medical intervention system works with the reductionist medical paradigm while health maximization include mind-body practices such as qigong, tai chi, yoga, Pilates, etc.

Relationship of Paradigms to Health Maximization

Health maximization and its holistic paradigm would recognize a short list of *pseudo diseases* that do not conform to the conventional idea of a disease. For example:

- Disempowerment
- Lack of information
- Misinformation
- Materialistic imbalance
- Lack of personal esteem
- Anxiety & Depression
- Insomnia
- Processed and Non-nutritious food
- Environmental toxins
- Petroleum derived fertilizer

These pseudo diseases would lead to:

- metabolic disease
- oxidative stress
- inflammatory process

The metabolic response to the pseudo diseases then lead to:

- Diabetes
- Heart disease
- Cancer
- Immune deficiency
- Neurodegenerative disorders
- Autoimmune disease
- Psycho-neurological disease

The top ten causes of death globally in 2021 as determined by the World Health Organization are (Organization, 2021):

1. Ischemic heart disease
2. Stroke
3. Chronic obstructive pulmonary disease
4. Lower respiratory infections
5. Lung cancer
6. Alzheimer's disease and other dementias
7. Diabetes mellitus

8. HIV/AIDS
9. Diarrhea
10. Kidney disease

It's important to note that the top ten diseases may vary slightly depending on the region and population studied. For example, in the United States, the top ten leading causes of death in 2021 were:

1. Heart disease
2. Cancer
3. COVID-19
4. Accidents (unintentional injuries)
5. Stroke
6. Chronic lower respiratory diseases
7. Alzheimer's disease
8. Diabetes
9. Chronic liver disease and cirrhosis
10. Nephritis, nephrotic syndrome, and nephrosis

The reason the paradigm is so important is because a health maximization would look beyond the short-term, "we've-always-done-it-this-way" medical practices originally designed to deal with acute health challenges like broken bones, battle injuries, appendicitis, etc. Compartmentalization and reductionism works in these short-term situations, but not in chronic disease situations.

Health maximization would look at the patient holistically, as part of a social environment, with a specific genetic structure, which causes a specific metabolism, which leads to a specific physical function or dysfunction. Health maximization would recognize that it is pointless to look at just one without considering all the other components. Maximizing the outcome of just one component may well impact negatively the outcome of another component and even depreciate or simply neglect the actual cause of the health challenge.

This is a common occurrence with certain drugs and surgeries. Side effects of some drugs are worse than the symptoms of the original disease. Surgeries may help in the short term, only to impact long term capabilities down the road. Unless the paradigm widens to include integrative healthcare practices and behavioral modification which focus on long-term viability and quality of life, the goal of maximizing patient well-being and outcomes is impossible to achieve.

Research shows evidence that healing is maximized through cultivation of internal balance, stress reduction, improved circulation, enhanced flexibility, and the natural mechanisms of healing that are inherent within our bodies, minds and spirits. Mindful movements, energy cultivation, and breath awareness, according to modern research findings, are much more impactful in the long term for many of these health challenges than the conventionally advocated drugs or surgeries.

It is important to recognize many different healing traditions and philosophical approaches to wellness so that they can be utilized toward the goal of patient wellness – or better stated –wellbeing.

Evidence for Mind-Body Practices

Leaders embracing health maximization brought into the medical intervention system would look to the solid scientific evidence. Leaders would also look to promising research still in early phases for practices with low cost, minimal side-effects, and high potential for long-term patient outcomes.

While it is beyond the scope of this paper to delve into the deep historical context and theoretical foundations of these practices or conduct a complete systematic review, it would behoove us to at least explore the mechanisms, from both a western and eastern framework, to assess the need for leaders to understand and communicate the vision of expanding the medical intervention system by including health maximization principles.

Research into the benefits of mind-body practices has been mounting for decades, and many of the integrative medicine practices have reached the point of high quality preponderance of evidence (Baumgarden, Rhoads, Fiddes, Siddons, & Garretson, 2023; Casuso-Holgado, Heredia-Rizo, Gonzalez-Garcia, Muñoz-Fernández, &

Martinez-Calderon, 2022; G.-Y. Yang et al., 2022) We will organize our exploration into this research using the four categories introduced in an earlier section: Physical, Metabolic, Psychological/Social, and Neurological.

Research on Physical Benefits

The physical body generally suffers from either injury or infirmity due to age which causes physical pain. One of the most promising applications of mind-body practices, such as qigong, tai chi, yoga and physical therapy oriented self-care is as a non-pharmacological approach to pain relief (Hall, Maher, Lam, Ferreira, & Latimer, 2011; C. Rhoads, 2018; C. J. Rhoads, 2013). Because the movements are gentle and meditative, but at the same time improve flexibility and strength, the mechanisms of pain relief appear to work on several different levels simultaneously, with improved outcomes and fewer side effects than other methods. Research has demonstrated effectiveness in many different causes of pain, including fibromyalgia, arthritis, lower back pain, and pain from surgical procedures (Lauche, Cramer, Dobos, Langhorst, & Schmidt, 2013; C. Wang et al., 2014; C. Wang et al., 2010; Wang, Liu, Chen, & Yu, 2013).

Another of the applications of tai chi and qigong with a preponderance of evidence is the prevention of falls. Again, because these practices work on multiple levels the outcomes are much improved over balance training or physical therapy alone. (Bridenbaugh & Kressig, 2011; Gillespie et al., 2012; Fuzhong Li et al., 2019). For older adults, a fall can drastically impact their quality of life. Recovery from physical injuries after the fact is difficult and time-consuming. Many older adults never recover and live with a lower quality of life for their remaining time, often shortening their life significantly. Prevention is cost-effective and economically superior to waiting until a fall happens and then trying to mitigate the effects.

Research on Metabolic Benefits

Many of the top causes of death are due to metabolic deficiencies. Reduced blood pressure, increased circulation, and improved heart rate variability are all documented impacts of regular tai chi and qigong practice with a preponderance of evidence (Taylor-Piliae, 2003; Yeh et al., 2011; Zhang, Zhang, & Lu, 2023). The gentle low-impact nature makes them very accessible while providing health benefits (Wayne & Fuerst, 2013).

Metabolic benefits include the reduction of diabetes symptoms and auto-immune disfunction (Chen, Ueng, Lee, Sun, & Lee, 2010; Liu, Miller, Burton, Chang, & Brown, 2013; Z. Yang et al., 2023). Cortisol levels, inflammation markers, and immune function are all improved (Irwin & Olmstead, 2012; Morgan, Irwin, Chung, & Wang, 2014).

Research on Neurological Benefits

There is a great deal of evidence that the mindful movements of tai chi and qigong promote neuroplasticity. New neural connections in the brain can overcome many neurological issues such stroke or Parkinson's disease (Laskosky et al., 2023; F. Li et al., 2014; Taylor-Piliae & Haskell, 2007). The improvement in strength and proprioception impact not only the neurological side of these conditions, but the impact on balance and incidence of falls as noted earlier.

Research on Psychological/Social Benefits

Mental health may be one of the most impacted aspects of well-being for mind-body practices for which there is a preponderance of evidence. This is especially relevant for patients who are often encountering stress and anxiety as a result of other health challenges. There is high quality research support that emotional regulation and stress management skills are greatly enhanced by these holistic practices. Depression can be mitigated either in conjunction with, or without the use of anti-depressant drugs. (Burschka, Keune, Oy, Oschmann, & Kuhn, 2014; Campo et al., 2014; Lavretsky et al., 2011; Sharma et al., 2023; C. W. Wang et al., 2014).

Bio-physical mechanisms of Mind Body Practices

While much of the research clearly demonstrates the benefits of mind body practices such as tai chi and qigong for health maximization, the specific mechanism of tai chi and qigong is less clear. Several pathways have been proposed, and almost all of them involve the parasympathetic nervous system (C. J. Rhoads, 2012; W. Wang et al., 2010).

One way to describe the process is that mind-body practices utilize an oxygen and nutrition delivery method which excite the mitochondrial energetics. Mitochondrial energetics is an essential component of the cells that use oxygen to break down carbohydrates and fat to release energy in the most efficient form for the use of powering cell function. This leads to accelerated lymph propulsion, which leads to a neuro-transmitter shift. This neuro-transmitter shift leads to enhanced immune function and telomere nourishment, which influences good health and longevity.

The central aspect of this process is breathing. Voluntary, slow deep breathing – as in qigong, tai chi, pranayama, etc. – regulates sympathetic function through tissue stretch and inter-thoracic pressure induced sympathetic inhibitory signals (pulmonary stretch receptors and arterial baroreceptors) by synchronizing activities of the heart, lungs, limbic system and cortex to increase vagal/parasympathetic capacity or tone.

Modified breathing patterns could be what leads to the neuro-transmitter shift. Another way to say this is that the existence of certain types of brainwaves has a domino effect on the body. When the brain exhibits alpha and gamma waves, neuro-transmitters such as dopamine, serotonin, nor adrenaline, acetylcholine, GABA, and endorphins are released into the bloodstream. These are often called the "feel good" or "rest and restore" hormones because they cause a feeling of contentment and well-being. They do more than make people feel good, however. The increased neurotransmitters prompts the vagus nerve to activate, which lowers the heart rate and blood pressure. (The vagus nerve is one of the largest, and wanders around the body from the brain stem to the colon). When the heart rate and blood pressure are lowered, that prompts the lungs to expand more fully and breathe more deeply, which activates the digestive system. A smooth-working digestive system, when combined with nutrient-rich unprocessed food, improves nutritional absorption which fuels optimal function of cells and organ systems. It may be that this mechanism provides the health maximization capabilities of many mind-body practices that are part of integrative medicine.

Long Term Impact

These combinations of bodily changes enhances internal energy for work and play. This process indirectly supports the reduction of inflammatory processes and the neutralization of oxidative stress allowing for the body to improve function and reduce stress. Over time purposefully rehabilitating internal inner function reestablishes capacity. Reduced inflammation and oxidation, increased parasympathetic/vagal activity, and accelerated discharge of metabolic byproducts - they all converge to activate what has been called "The Medicine Within". This improves the entire body in the long term. All diseases and infirmities are impacted by these bodily changes, and enhance the body's ability to heal itself.

The mind also has a long term impact. Over time people will find that they don't get angered as easily. They remain calm in the face of adversity and have the ability to think things through in a composed manner. Depression and anxiety abate. These are all outcomes for which there is evidence in the research previously discussed.

Short Term Impact

While these changes are healthy for the body in the long term, they also have an impact in the short term; an impact that can modify short-term issues like pain sensations. The same modified breathing patterns and subsequent flow of "feel good" neurotransmitters directly impact higher neurological centers which directly impact the dorsal horn - which becomes less sensitive to perceived threat triggers - and the pain-feedback-loop dishabituates. The pain can dissipate within a very short time frame. Future pain sensitivity will decrease so that it will take more and more pain to actuate the pain-feedback-loop.

Furthermore, psychological benefits impact short term as well. Rather than responding in an enraged manner, using breathing exercises can tranquilize and calm immediately. People are able to control their emotions instead of having their emotions control them. Again, these are outcomes for which there is evidence in the research previously discussed.

True Leadership in Health Maximization

True leadership in health maximization requires a vision that is beyond the current conventional view, and an understanding of the evolution, economics, paradigms, research, long-term and short term impacts of bringing health maximization into the medical intervention system.

True leadership identifies how the evolution of the medical intervention system has strayed away from the health maximization methods of patience self-reliance in the past. True leadership is recognizing economic irrationalities and working toward a system that mitigates their influence on the patient. There is an emerging population of people who are insured who pay for health maximizing strategies even if their insurance does not reimburse for such services. This activity is essentially bringing health maximization strategies into the medical intervention system by those who are self-reliant and fueling changes into the system. It would be a sign of leadership to encourage these changes and work to suppress the external economic pressures of the medical industrial complex and the pharmaceutical industrial complex. More people would benefit if we didn't have to rely only on self-reliant patients to work toward disease prevention and instead brought those health maximization strategies into the current medical intervention system.

In the end, a leader would recognize that health maximization would be economically prudent. Even if corporations don't directly save money when they encourage health maximization, true leadership would recognize that having the employee benefit indirectly also benefits the company instead of narrowly limiting the economic benefit to the short-term windows of direct cost savings.

True leaders understand the different paradigms and recognize the validity of the paradigms of different cultures, many of which are more holistic in origin than the medical intervention system.

True leaders have read the research providing the evidence-based support for expanding the conventional practices under their control, and understand the mechanisms of mind body practices. Once this is known, it only makes sense for them to share the vision that includes these practices with those who work for and with them. They recognize both the long term and the short term benefits of health maximization.

Overcoming Obstacles to Health Maximization

That is not always easy as there are obstacles in the way; institutional resistance, existing policies and procedures, inadequate credentialling of practitioners, inadequate insurance coverage, lack of planning, lack of infrastructure, misinformation, and poor training methods. Rather than surrender to the prevalent practical obstruction of these obstacles, true leaders will strive to overcome them. This section will provide insight and guidance for doing just that.

Overcoming institutional and social resistance is probably the hardest obstacle to overcome. The best way to overcome this obstacle is through education and demonstration. True leaders determined to bring health maximization into the medical intervention system organize educational seminars for staff, invite respected integrative medicine practitioners to speak, and implement programs that demonstrate the impact on patients' well-being. Popular and successful innovative programs often attract supporters who spread the word. And, of course, true leaders actually model wellbeing maximizing qualities – calm, energized, focused, compassionate, empowering, collaborative - that are gained through exercise, sleep, nutrition and mind-body practice. True leaders are ambassadors.

True leaders do what is necessary to navigate through the complex legal landscape for employing health maximizing methodologies for employees and the public, developing policies and mitigating risk. Though credentialing of teachers/instructors -- practice leaders, facilitators, coaches - is not nationally consistent or clearly legislated, there are numerous credentialling bodies that have sophisticated curricula and carefully monitor the trainees who are expected to learn the practical physiological benefits, the accessible movements and foundations of the practices, plus also the necessary knowledgebase for the health and safety of the patient/student/client.

After identifying and recruiting qualified instructors, true leaders ensure that they can work effectively within the existing healthcare environment and within the structure of an interdisciplinary team. Leaders may choose to have some members of their own team undergo training so that they don't have to rely upon outside expertise. Implementing credible training from established training and research entities is very important.

Furthermore, leaders don't ignore economics. The incentives in the medical intervention-based financing system, unfortunately, can compromise true leadership. Most economic studies show a clear return on investment through improved patient outcomes and reduced future healthcare utilization costs (C. Rhoads,

2015; C. Rhoads, Jahnke, Baumgarden, & Porzsolt, 2019). Perversely, healthy patients are the bane of the medical-financing system because health patients often don't need drugs or surgeries.

One of the primary disempowering incentives of the medical intervention system is the fact that the sicker the person is, the more revenue (i.e. people-generated income) flows to the providers and the insurance companies. More money for providers and insurance companies means lobbying funds for them, which then flows to the members of the legislature of the government. That lobbying also results in more taxes being collected for Medicaid and Medicare, which then allows even more revenue to flow to the providers, who then pay the insurance companies as people are encouraged to get sicker and sicker.

Until the medical-financing system changes, "medically necessary" insurance coverage will remain typically limited, inconsistent, and rarely available for health maximization. Therefore, at this time, true leaders will need to focus on creative funding strategies, necessarily orienting to include sources such as donations, fee-for-service, grants or partnerships.

One of the most important next steps for leaders trying to bring health maximization into the medical intervention system is to establish **measurements of success** such as population-based health metrics, improved patient outcomes, enhanced patient satisfaction, and reduced future medical intervention utilization. Currently, hospitals are often measured by how many procedures they performed, what new drugs they are making available, how few mistakes they made. The long-term health of the patients are not measured, or considered, as part of their success key metrics. And it should be.

Technological advances, especially with rigorous AI data analytic capabilities, should lead to a better system that includes the human system's naturally occurring, self-regulatory capacity. This, then, should lead to massive economic savings leveraged by simply preventing chronic diseases that are widely known to be preventable through inexpensive lifestyle choices. But only if true leaders are establishing and looking at those measures as part of bringing health maximization into the medical intervention system.

True leaders may need to build the infrastructure for health maximization. Often the infrastructure for expanding outside of conventional medical paradigm is completely missing. There are currently very few billing codes for the integrative medical treatments and health maximizing programs in the electronic health record system. Even the most innovative new hospital complexes were not designed and built with exercise, mindbody practice, and life coaching in mind. Practitioners focus solely on drug and surgical interventions instead of insisting on a wide variety of possible support programs. There may not be open meeting room where group classes can be held, for example. There may not be kitchens where patients can learn to make wholesome nutritious food that maximizes their own health and prevents chronic health challenges.

Currently, policies and procedures may not include defined referral processes or documentation that advocate or even prescribe health enhancement programming. True leadership is needed to foster health communities, therefore. True leaders will seek out and establish codes for treatment and activity codes that can be entered into the electronic health records, rearrange physical spaces to include appropriate options for group movement, nutrition, holistic life planning and meditation classes. True leaders will establish referral processes and procedures for integrative medicine practice options for patients. These options might include all environments; at school or at work as well as at faith based institutions, social serve agencies, first responders, members of the military and veterans, etc.

Maintaining high quality in the development and delivery of innovative programs and building in continuous institutional process improvement is always foundational for any leader in any business sector. For the fruition of the vision and potential of optimum holistic health sustainability for patients, such innovation and continuous quality improvement is crucial. Clear and transparent metrics will necessarily be built into the evaluation procedures for all integrative health programs including patient satisfaction, attendance rates, and competency of instructors as well as magnitude of costs, disease burden and even health acceleration. Focus groups can be very helpful, as are detailed feedback surveys. Both can provide the kind of improvements that will enable integrative health programs focused on wellbeing to flourish.

It is essential that Leaders bringing health maximization into the medical intervention system be encouraged and educated to understand the historical, educational, economic, social context of a wellbeing advocacy system including the theoretical foundations and the practical applications. Mind-Body practices like tai chi and qigong and yoga, plus all the other functional enhancement systems tap a deep well of foundational knowledge, much of it overlapping, that should be understood so that the mechanisms of these practices make sense. And – most importantly, so that the socio-economic advantages can be elicited.

In Summary

The real power of true leadership in health requires a vision that synergistically combines the medical intervention service delivery with health maximization strategies such as integrative healthcare practices including mind body methods and quality-of-life behavioral programs. Taking steps to communicate the vision, and leveraging the vision toward actual implementation that is navigating the practical social, institutional and even political necessities is the true mark of a leader.

Making this vision a reality suggests close collaboration between providers, practitioners, and physicians along with scholars, researchers, legislators, community leaders and citizen groups. Working together as work groups and teams with respect for each area of expertise is essential. Working together requires regular communication, coordination of care plans and programs, and shared decision-making. Working together will enable all stakeholders to make the most progress toward their shared goals to manage medical intervention in health challenges. Working together will enhance the quotient of well-being and resiliency in the broader community.

There are many such visionary true leaders in the medical intervention system already bringing in health maximization strategies, but unfortunately not nearly enough to make the health, social and economic benefits more than token programming and lip service. More research needs to be done not only on the variety of benefits for a larger variety of integrative practices, but also of the economics of those practices and the enhancement of outcomes for patients before it will be the **standard** rather than the rare exemption.

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