



## From Beijing to Broad Street: Improving health at home and abroad

This April, Duke Medicine was privileged to host a team of leaders from Peking University Health Science Center, one of the most respected health care systems in China. As some of our readers may recall, Duke and Peking University last year signed a letter of intent to work together to improve health care management and cardiovascular medical education, research, and care.

During their recent visit, the Chinese delegation spent 10 days here learning about Duke University Health System, with the goal of gathering ideas for better integrating their own system of eight hospitals and 11 schools.

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As Peking University executive vice president Ke Yang, MD, stated, “Since the late 1980s, Chinese hospitals have been losing their subsidies from the government, so they are faced with operating in a market-based economy. Duke’s experience with establishing a multi-hospital system should provide us with important lessons that we can take back to China.”

Duke Medicine and Peking University’s mutual goal is to find solutions to the widespread problem of health disparities. While some hospitals in Chinese urban centers are comparable to Western medical centers, good care is scarce and often unaffordable for the 900 million people living in impoverished rural areas. By finding ways to operate more efficiently, Peking University hopes to be able to extend medical services to a greater percentage of the country’s growing population. Accordingly, Duke and Peking University Health Science Center will establish a strategic partnership to develop models

of integrated academic health systems to address these important global issues.

The problem of health disparities and lack of access to care is hardly unique to China. Even in the United States, which spends more money on health care than any other country in the world, nearly 47 million people have no health insurance. Many of these individuals have difficulty obtaining even basic preventive services—including thousands living right here in Durham, the “City of Medicine.”

Duke Medicine has worked to meet the needs of the poor and underserved in Durham and the Carolinas since its founding. In fiscal



year 2006, for example, Duke provided charity medical care at a cost of \$40.4 million, plus \$63.9 million in unreimbursed care to Medicare/Medicaid patients and \$7.1 million in in-kind service contributions and direct support payments to Lincoln Community Health Center and Durham County EMS.

Such contributions make a tremendous difference for many in our community. But

as a leading academic health system, we can make an even greater impact on health disparities—both locally and globally—by applying our energies and intellectual capital to develop innovative models for delivering care more effectively and efficiently to people across the economic and geographic spectra.

I am particularly excited about one such effort: the new Duke Center for Community Research (DCCR). Part of the Duke Translational Medicine Institute, the DCCR, led by Lloyd Michener, MD, will work closely with local leaders, clinicians, and residents to develop model systems for improving the health status of Durham County. By figuring out better ways to bring advances in scientific and medical knowledge to the people of Durham, the DCCR hopes to better address the needs and concerns of our community while producing measurable improvements in its health within five years. [Editor’s note: Read more about the effort on page 52.]

Even more encouragingly, the knowledge we gain here about the best ways to prevent and treat illness on a community-wide basis will benefit people far beyond Durham. Thanks to our Duke Global Health Institute and relationships with other health care providers in China, Singapore, Tanzania, and beyond, we have an unprecedented ability to share the lessons we learn here with others worldwide—and to benefit from their experience and expertise in turn.

For 76 years, Duke Medicine has been committed to improving health care in the Carolinas. As we develop these new initiatives and collaborations at home and abroad, we are well on our way to doing the same on a truly global scale.

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