



Five priorities for health care reform

Helping America overcome its other national crisis

The new president of the United States was elected on the promise of positive change for our country in many areas, including one of particular interest to us at Duke Medicine: health care reform. While the nation's attention has understandably focused more on the global economic crisis of late, we are encouraged that the new administration has continued to count health care reform as a priority.

Indeed, as President Obama noted, "If we want to overcome our economic challenges, we must also finally address our health care challenge." With national health care spending projected to significantly outstrip both the rates of inflation and of U.S. economic growth over the next decade, and to comprise 19.5 percent of the gross domestic product by 2017—even as some 15 percent of Americans go without insurance—it's evident that the current system is unsustainable.

Clearly, health care reform must expand coverage and control costs. Yet reform will be truly successful only if we broaden the conversation from how to finance care to how to develop and deliver more effective care. The goal of this focus is for long-term cost savings, but more importantly to put the emphasis of reform where it should be: on how we can best use our resources to improve the quality of people's health and lives.

Duke Medicine has long grappled with this question—and applied our strengths in clinical care, education, and research to develop innovative solutions. Based on our experience, we believe the following should be priorities for health care reform:

► **Develop new models of primary care** that expand access to quality care despite a shrinking supply of primary care physicians. One example is the "medical homes" model, which relies on multidisciplinary care teams and coordinated communications to provide proactive, patient-centered care.* In 1997, Duke helped pilot a medical homes/care management program that pays providers to coordinate care for Medicaid patients.

*Learn more at medicalhomes.duhs.duke.edu.

Now statewide, Community Care of North Carolina saved North Carolina Medicaid an estimated \$154 million in fiscal year 2007. Duke has continued to advance the project, developing systems that monitor Medicaid claims data to follow patients and trigger care interventions as needed. With our track record of innovation in education—including founding the PA profession in 1965—Duke is prepared to equip providers to play leading roles in these new care models.



- **Fund partnerships between public health agencies and providers** to meet a shared goal—reducing chronic illness through prevention. Public health, employers, and providers typically work in silos, but there's real power in bringing communities together to improve health—as we're demonstrating through Duke's Center for Community Research (DCCR), an NIH-funded program that unites Duke and community partners in finding ways to improve the health of Durham residents.
- **Support comparative effectiveness research** that improves the quality and value of care by identifying which interventions work best. As an international leader in this area, thanks to longstanding projects such as the Duke

Databank for Cardiovascular Disease, we believe it is vitally important to strengthen our nation's ability to conduct population-based outcomes research. Collaborations between communities and academic health centers, such as the DCCR, provide an ideal platform for tracking patient data over time to continuously assess and improve the effectiveness of clinical care.

- **Strengthen and streamline national quality-of-care measures** using the new evidence generated through such research—and hold providers accountable for performance.
- **Realize the potential of personalized medicine** by funding research and supporting novel clinical interventions. Advances in genomic research are yielding unprecedented information about which treatments work best for which individuals. At Duke we are pioneering genomic approaches to treating diseases such as cancer and diabetes, and building models for incorporating genomic medicine into clinical care. This work is laying the foundation for what Duke calls "P5 Medicine"—care that is preventive, preemptive, predictive, personalized, and prospective. By transforming medicine from reacting to disease to proactively preventing illness, we will ultimately reduce costs while improving care.

As America embarks on health care reform, we believe that academic health systems like Duke can not only provide vital perspectives to policymakers, but serve as "living laboratories" that develop and test the creative, innovative approaches to care that will transform our nation's health care system. We look forward to playing a role in this national effort, and are excited about the potential for improving health care for all in our great nation.

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