

An Overall Vision for AMCs in Healthcare Reform

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Agenda

- Introduction: Challenges in healthcare
- Healthcare Reform
- AMC must evolve to AHS
- The Innovation-Care Continuum:
 - Personalized medicine
 - New models of care delivery
 - Prevention
- Final Thoughts: Today AMCs → tomorrow **AAHCOs?**

Healthcare & Medicine need transformation



- Rising healthcare costs, diminished access
- Fragmentation of care
- Misaligned incentives
- Emphasis on late-stage disease, not on prevention
- Increasing difficulty developing novel therapies
- Persistent health inequalities – both local & global



AMC: External Pressures

- Public trust
- Government budget is tight
- Demand for care & services rising
- Frustrated with existing inefficient healthcare delivery
- Expect more accountability
- Believe research can lead to solutions
- Expect AMC to lead



Academic Health Systems as a leader in transformation

Reorganization of biomedical research and health delivery into a **seamless continuum** from ***innovation to clinical delivery to community health.***

“Bench to Bedside to Population”

- *Integrated model of innovation-care continuum*
- *Shift in institutional research priorities*
- *Effective utilization of information + investment in IT*
- *Efficient care delivery*
- *Improved health outcomes*

How? Create an aligned organization



- Vertical Integration of care delivery
- Horizontal Integration of discovery & translational sciences with community health
- Partnerships & governance
- Need for a clear mission

AHS Needs Clear Vision & Mission

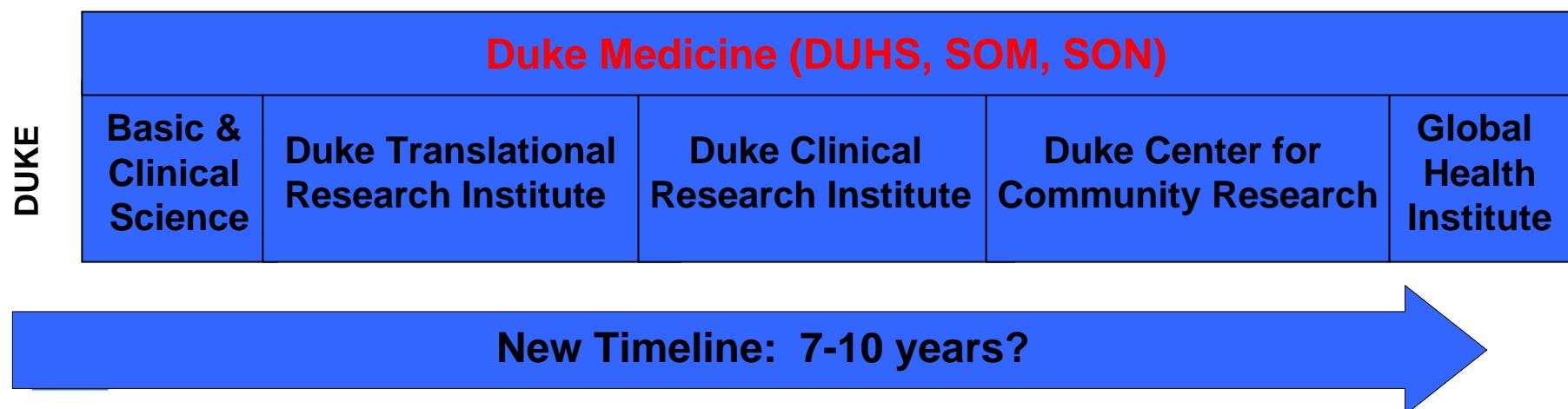
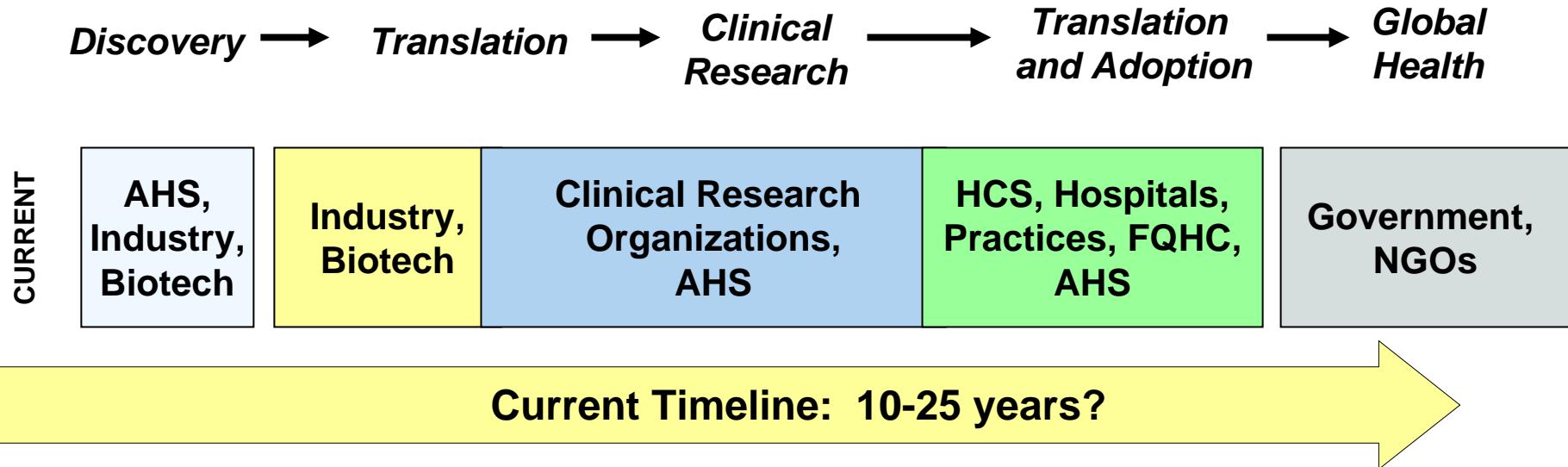


Duke Medicine's mission:

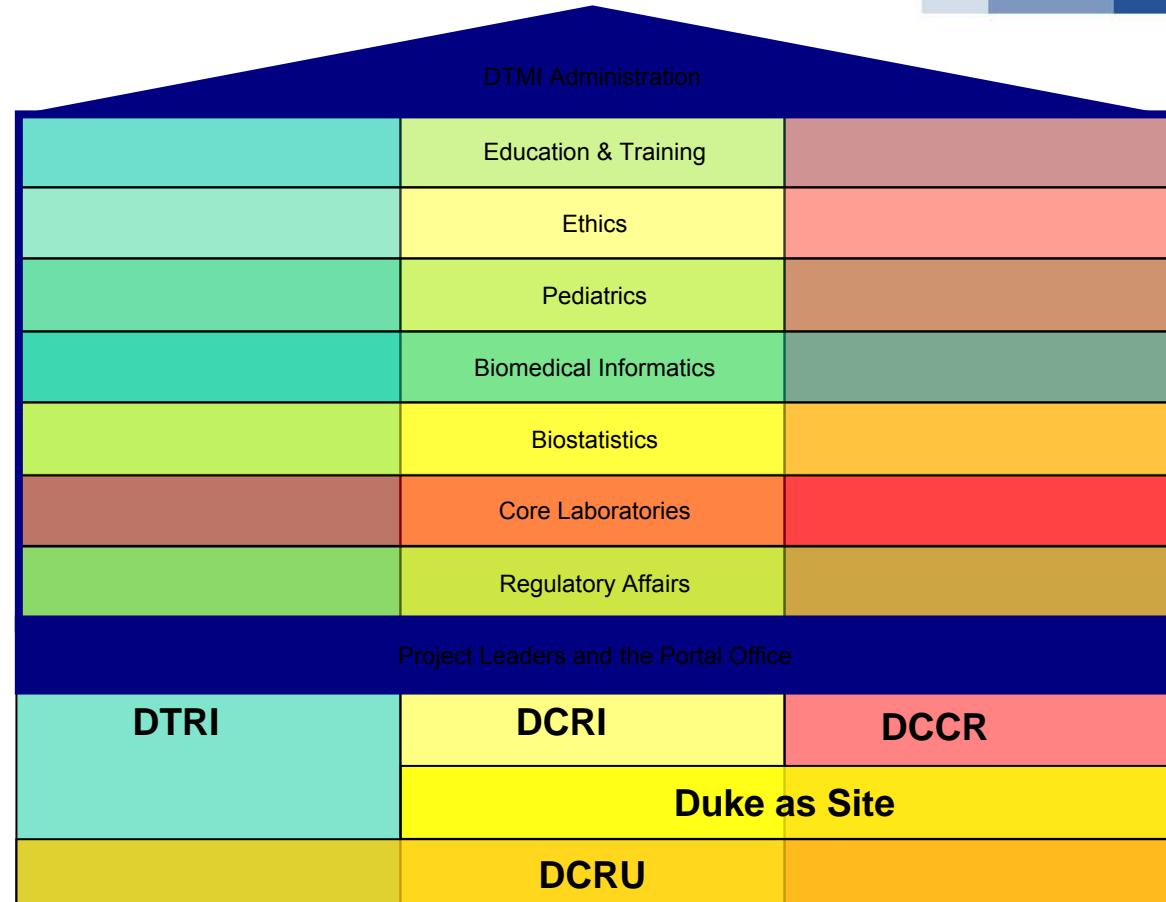
*“As a world-class academic and healthcare system, Duke Medicine strives to **transform medicine and health locally and globally** through **innovative** scientific research, rapid **translation** of breakthrough discoveries, **educating** future scientific and clinical leaders, **advocating and practicing** **evidence-based medicine** to **improve community health**, and leading efforts to **eliminate health inequalities.**”*



Seamless integration: Innovation-Care Continuum



DTMI: Structure



New Molecule

Pre-clinical
Development

First in Human

Phase II/III

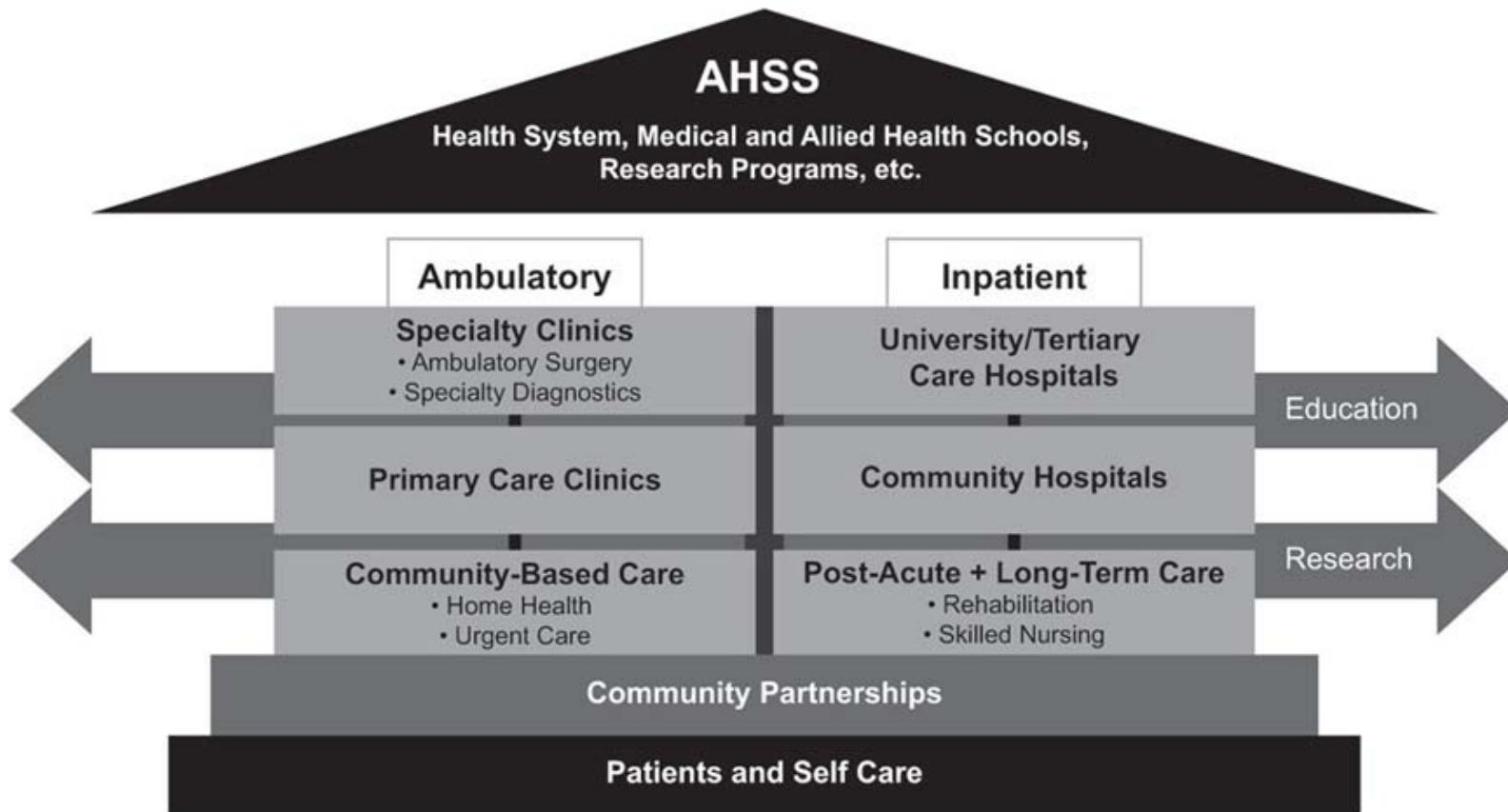
Application in the Community



Duke Medicine

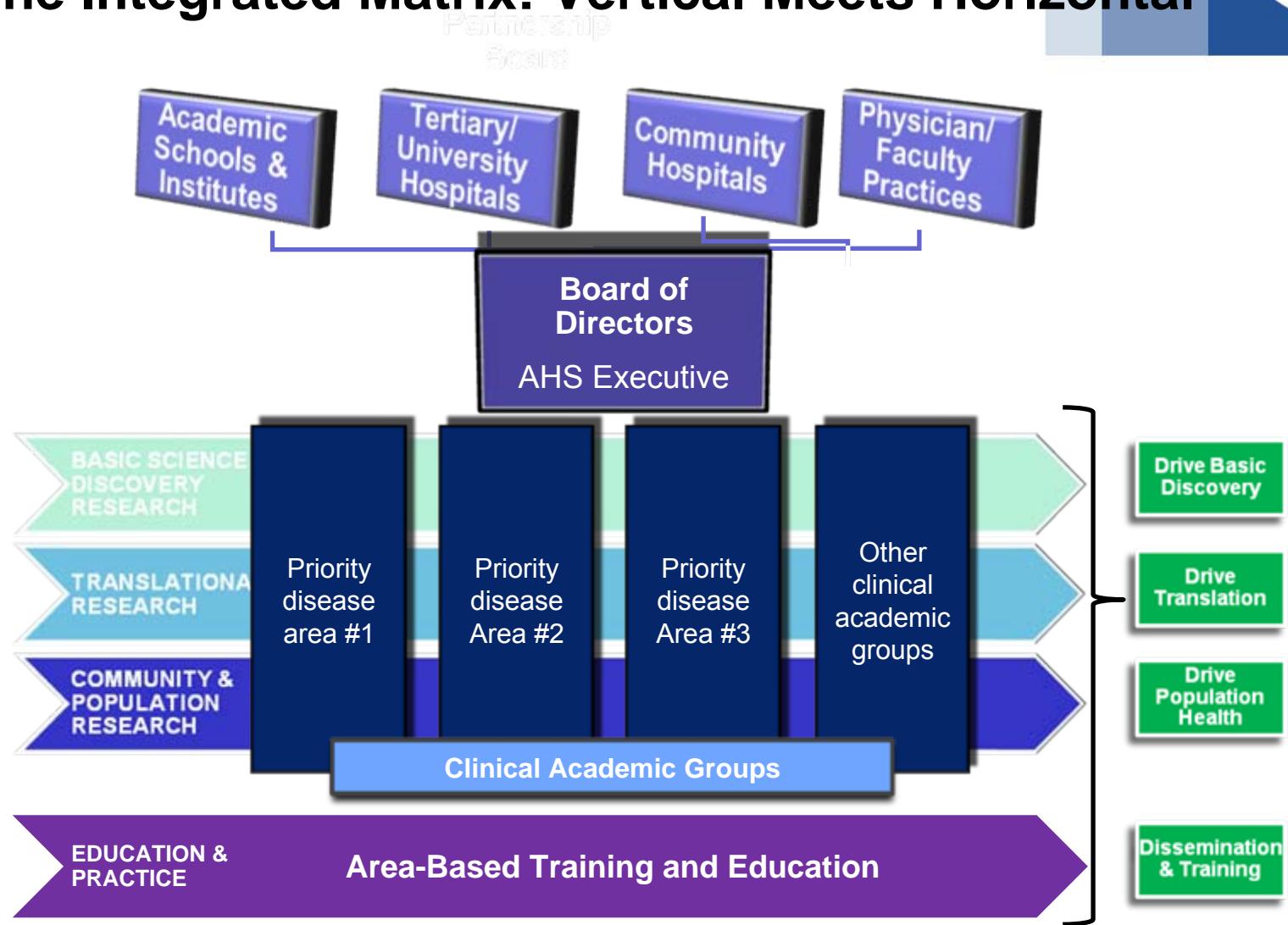


Schematic of AHSS as a Vertically Integrated Care Delivery System





The Integrated Matrix: Vertical Meets Horizontal



Source: Imperial College



Duke Medicine

Advancing Personalized Medicine



- Personalized medicine can be major driver of healthcare reform
- Realizing potential requires focus on translation, care delivery
- Our commitment to personalized medicine:
 - Translational research
 - unique capabilities to design, manage “smart trials”
 - dedicated **Clinical Genomics Studies Unit (CGSU)**
 - (7) prospective studies of ‘omics-guided cancer therapy
 - study of impact of markers for DM risk on lifestyle change
 - strong record of industry partnerships
 - Care delivery
 - cancer chemotherapy treatment selection clinical pilot
 - “**P5 Medicine**” initiative

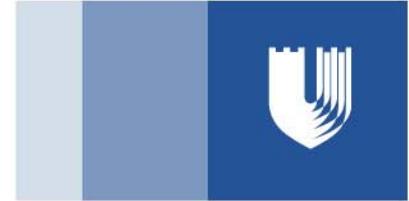




New Models of Primary Care

- **Innovative care arrangements**
 - Medical homes
 - e.g., Community Care of North Carolina (**Northern Piedmont CC**)
 - “**P5 Medicine**”
- **Teamwork, “right-skilling” of labor force, IT**
 - **Duke Family Medicine**
- **Novel educational approach**
- **Improved financial incentives for providers**
 - Encourages entry into the profession
 - e.g., UK NHS “bonuses” for GPs
 - Requires reimbursement reform

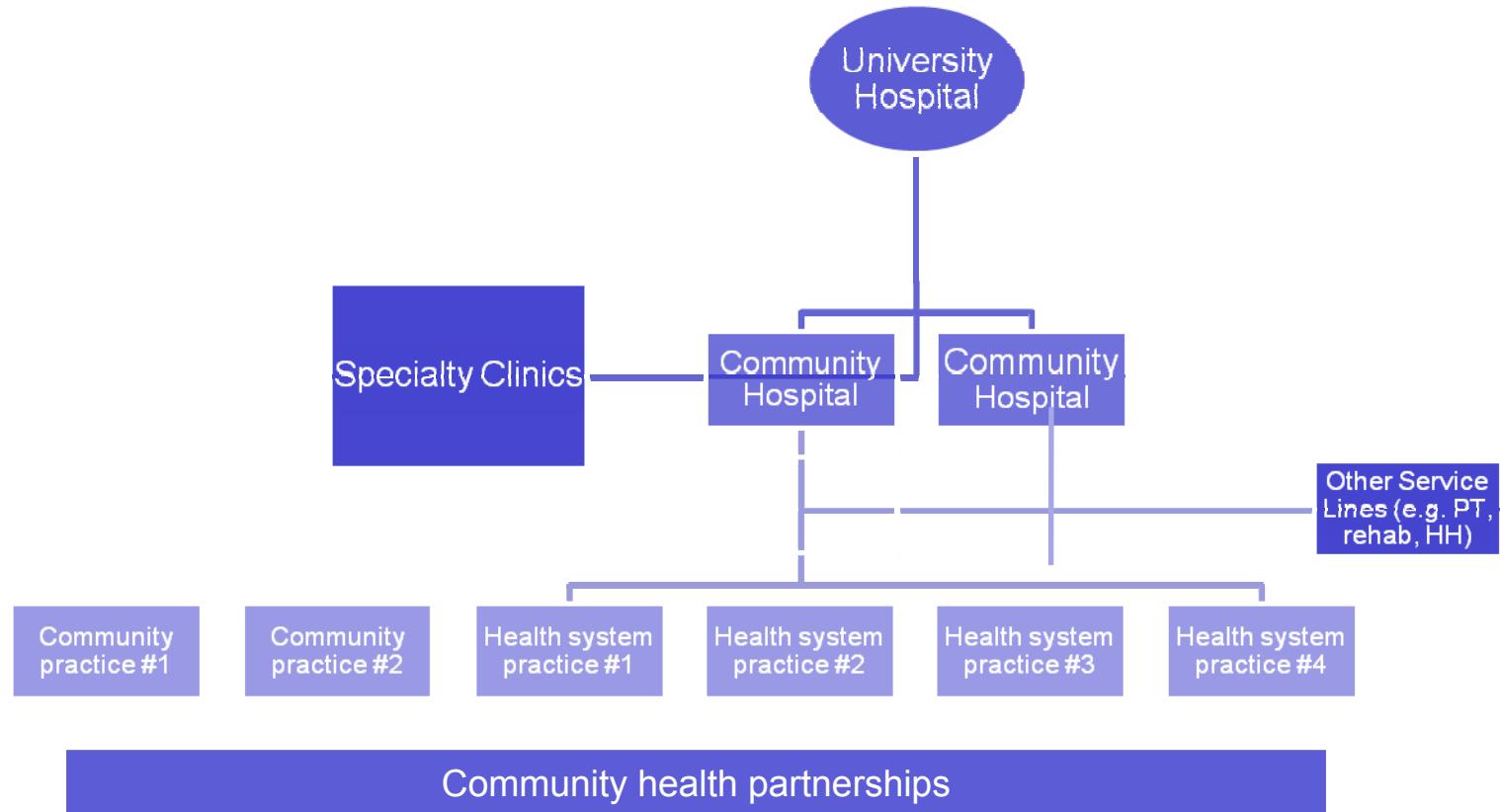
From AHSs to AAHCOs?



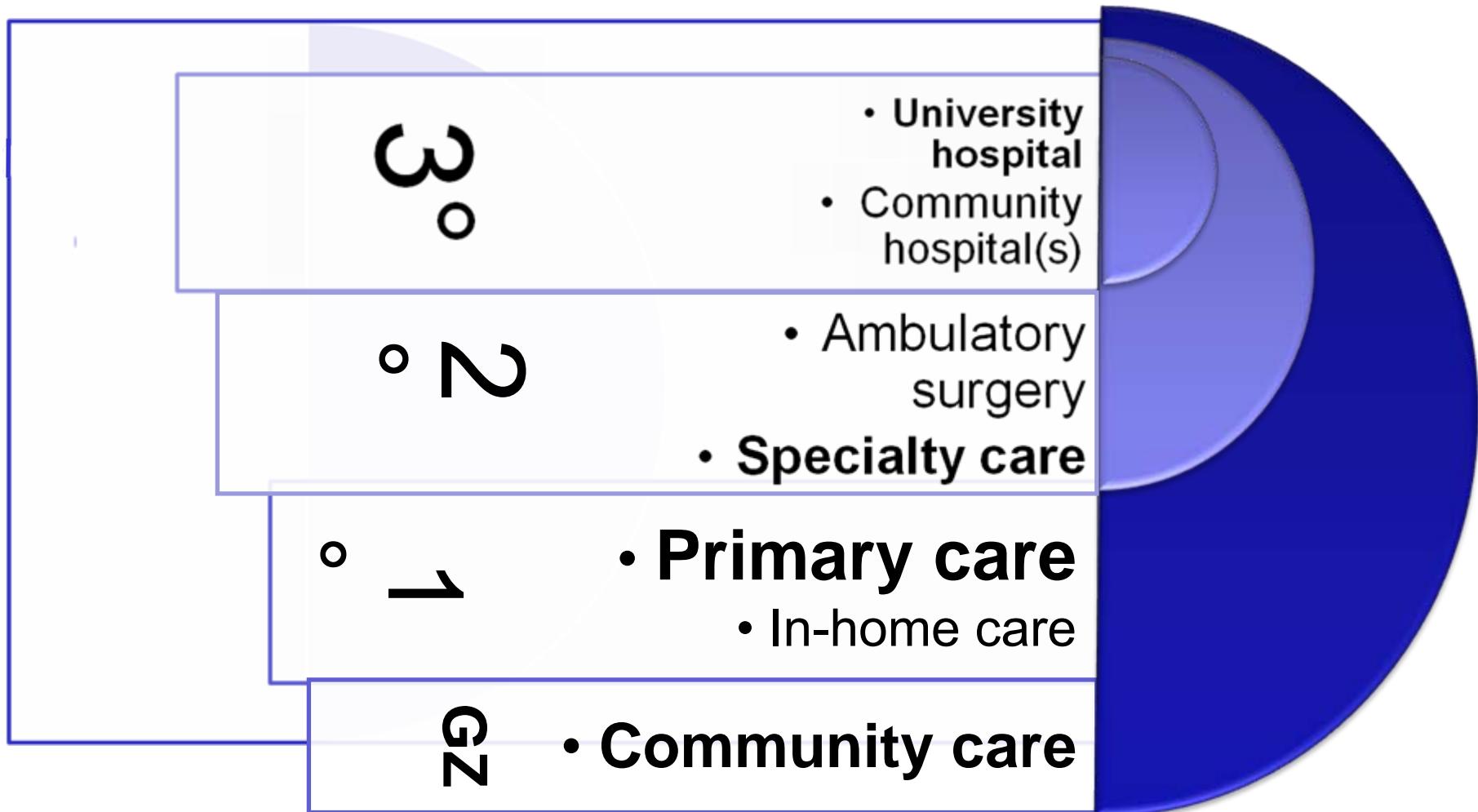
- Responsible for the health of their communities
- Able to redistribute resources to maximize prevention; and rates of early detection, Rx, f/u, patient self-management
- With infrastructure for partnering w/ communities to reduce disparities, maintain continuity
- CMS ACO demonstration projects



Clinical care at AHSs: Vertical integration of care delivery



Vertically integrated care delivery



AHS = matrix of horizontal, vertical integration

