

A Call to Action for Philanthropy in North Carolina Health Care

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The conversation about how we create and maintain health has evolved. We have now clearly expanded our thinking beyond an exclusive focus on traditional medical care, and philanthropy can play an important role

At the recent National Academy of Medicine symposium in the Research Triangle, it was remarkable to see the consensus around a shared understanding of the factors that create health. Shifting our health care system to value will require that we broaden the scope of our thinking and our work so that we can address the holistic needs of individuals. We know we need a system of care that can do more than just meet the clinical needs of patients. It must be redesigned to assess and address the unique medical, emotional, and social needs that collectively contribute to the health and wellness of individuals.

While we recognize the potential that is before us, we also realize that making and maintaining fundamental reforms to well-established and complex systems is difficult work. Making this transition will require the commitment and contributions of diverse stakeholders. It's a big ask, but one that carries tremendous potential.

Adding to the complexity of the challenge is an awareness that, at this point in the journey, we have more questions than we have answers. How do we engage and motivate patients to play an active role in maintaining their health? How do we align resources and collaborate across sectors to meet the holistic needs of individuals? What combination of practices and resources has the greatest impact on health? How do we redesign our payment system to incentivize the right things? We are truly in uncharted territory and we must learn quickly.

Making this transition will require all of us to work together across sectors. We all have a role to play. At The Duke Endowment, we are continually thinking about how philanthropy can have the greatest contribution. We approach the question with a sense of humility, knowing that philanthropy has its limits. The Duke Endowment is one of the largest private funders in the region and yet, when we consider our resources relative to the amount of money spent on health care in North Carolina, we realize that our annual grant-making budget could not even begin to support the level of spending that occurs within the state on any given day.

Private philanthropy alone cannot scale or sustain anything. However, we can play an important role. We have the unique ability to take risks. In an environment where we have a lot to learn, we can contribute to that learning. We have the ability to act as a venture capitalist—identifying and investing in promising and innovative practices in order to demonstrate their viability to the marketplace. Philanthropy can contribute to developing an understanding of what works and what doesn't work, capturing those learnings and redistributing them to accelerate change. Philanthropy has the latitude to support the design and testing of innovative approaches that have the potential to change the standard of care. We look for opportunities to take calculated risks in order to build a body of evidence that can inform conversations around health policy and payment reform.

I believe that some of philanthropy's most impactful contributions can be realized through the testing of innovative practices in order to contribute to a knowledge base that will inform and guide systems change. We understand that playing this role requires a commitment to research and rigorous evaluation. Evaluation plans must be codesigned with the input of payers, lawmakers, and regulators. If the objective of our investments is to change the standard of care, then evaluation must be designed both to understand the relative return on investment and to support the qualitative learnings necessary for the consistent replication and scale of innovative practices.

We also understand that we must act with a sense of urgency. As we step back and assess our current health care system, there are many aspects of which we can all be proud. However, we also see a system that is incredibly expensive and one that does not work for everyone, resulting in significant and unacceptable health disparities. There is no silver bullet program that will fix everything. Redesigning our health care system into one that is affordable and equitable is possible, but it will require changing practices on many different fronts. Unfortunately, the process of taking any innovative practice to scale is a long one. It involves

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numerous steps including research, planning, program design, pilots, replication, evaluation, communication, advocacy, and more. As we act, we must also move as quickly as possible, finding the proper balance of getting things right and getting things done. We cannot let perfect be the enemy of better. Change is an iterative and ongoing process and achieving the change we desire will require all of us to take some calculated risks from time to time.

It's an exciting time. The work ahead will not be easy and

there will be failures along the way. However, I am confident that if we all come together to align our efforts, our thinking, and our resources, we will make North Carolina a model for the country and the world. **NCMJ**

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