

## Evolving Better Health Care for Every American

*“At Duke-Margolis, what we really try to do is bring together different perspectives.”*

— Duke-Margolis Director Mark McClellan

As the new presidential administration sets its priorities for the next four years, the Duke-Margolis 2025 Health Policy Conference provided critical space for bipartisan conversation to move health policy forward. The afternoon’s discussions centered on a common theme: evolving better health care for every American.

**Mehmet Oz**, Administrator for the Centers of Medicare & Medicaid Services (CMS), presented a keynote on the agency’s new vision and priorities for advancing health care in the United States.

Oz outlined some of the challenges currently facing the American health care system, including the prevalence of chronic disease and the unsustainable cost of health care. To face these challenges, bold new ideas and practical action are needed.

*“At its core, we have a generational opportunity to reform the health care system. We need your innovative ideas, and for you to keep pushing and shoving to make sure the best ones come to the front.”*

— CMS Administrator Mehmet Oz

CMS Innovation Center (CMMI) Director **Abe Sutton** also discussed new priorities in a fireside chat with Duke-Margolis Director Mark McClellan. The agency has recently released an updated [strategy](#) that focuses on four areas: promoting evidence-based prevention, empowering people to achieve their health goals, driving choice and competition, and protecting federal taxpayers.



To evolve better health care for all, policymakers must consider medically and socially underserved populations, those most vulnerable to poor health outcomes. In the first panel discussion of the conference, **Stephanie Carlton** (CMS) built on her colleagues' comments and added that CMS aims to better leverage technology to transform care as it's delivered and use the right incentives for providers.

**Toyin Ajayi** (Cityblock Health) noted that these populations are not homogeneous—people have different needs, and using data and technology to better understand that complexity and provide personalized care can help meet the needs of these individuals who are likely to fall through the cracks.

***“We have created a system whereby default people go to the hospital. . . We have to meet them where they are.”***

— Toyin Ajayi, Cityblock Health



**Jana Eubank** (Texas Community Health Center Association), and **Dev Sangvai**, North Carolina Secretary for Health and Human Services (HHS), shared similar experiences in the health needs of rural populations in Texas and North Carolina. Eubank emphasized the need for better primary care and comprehensive models that integrate behavioral health, dental health, pharmaceutical needs, vision care, and more to make care more accessible. Sangvai pointed to [North Carolina's Healthy Opportunities Pilots](#), as an example of an innovative program that has proven it can improve community health and save money long-term.

***“Right investments in [social drivers of health] can slow and bend the cost curve.”***

— Dev Sangvai, North Carolina HHS  
(center), Stephanie Carlton (left),  
and Jana Eubank (right)



Access to medication is another key factor behind health outcomes, and drug shortages can prevent people from accessing life-saving treatment. The second session of the conference focused on opportunities to address the drivers of drug shortages, where panelists agreed that reliability in manufacturing is essential. Generic drugs, in particular, face greater risk of shortages as there is stronger incentive for reliable manufacturing in higher-priced, branded drugs. **Sara D'Orsie** (Fresenius Kabi) noted a potential solution: to incentivize choosing generic drugs not just on price, but on a resilience or reliability standard. **Chip Davis** (Healthcare Distribution Alliance) added that the cost pressure across the supply chain has led to a “just-in-time” model—make just enough, stock just enough, and ship it just in time—that is not always reliable. Ron Piervincenzi (US Pharmacopeia) pointed out that resilience and quality benchmarks can be another element in solving drug shortages. Buyers want to choose manufacturing with more reliability and quality management in their manufacturing process, but they don't have a good way to measure it.



Democratic Governor **Wes Moore**, State of Maryland, joined a virtual fireside chat with McClellan to discuss his state's approach to improving health for all. If he had to summarize his vision in one word, it would be “innovation.” Echoing earlier comments from Oz and Sutton, Gov. Moore noted the current opportunity to innovate and be creative with solutions to advance high-quality, affordable care. One major lesson learned from Maryland's efforts to transform health, he added, was to incorporate community input in health care strategies.

*“I don't think we have to choose between making sure people get quality health care and making sure that we can save people money. . . We are never satisfied with the status quo. We always want to make health care more impactful.”*

— Governor Wes Moore, State of Maryland

The next session focused on an emerging opportunity to support health care innovation through private investment and philanthropy. While this support can close gaps in federal funding, **Tim Lash** (West Health) encouraged philanthropic organizations to move beyond simply filling gaps. To try something new, Lash said, it's important to be clear what these organizations want to support and break out of the health echo chamber to find new partnerships and non-traditional connections. **Sindy Escobar-Alvarez** (Doris Duke Foundation) added that philanthropy can bring people together who might not otherwise talk to each other, which is a strength in finding different perspectives to solve difficult problems.



*From left to right:* Marianne Hamilton Lopez (Duke-Margolis), Sindy Escobar-Alvarez, and Tim Lash.

On the private investment side, members of the [Duke-Margolis Capital Impact Council \(CIC\)](#) shared their thoughts on how to balance return on investment with return on health value. Duke-Margolis formed the CIC to help private investors align their investment with essential health care reform goals that deliver measurable benefits. **Lisa Suennen** (American Heart Association Ventures; CIC member) emphasized that financial returns always come second to impact and the goal of improving patient and provider experience.

However, sometimes it is difficult to assess the potential impact of investment when different investment opportunities measure success differently or are unclear on their end goal. **Caroline Pearson** (Peterson Center on Healthcare) advised setting clear guardrails and measurable benchmarks of progress so that companies seeking private investment are easier to evaluate.

The panelists also spent time discussing the impact of technology on health care, and how to make the best investments in these new tools. **Greg Grunberg** (Temasek; CIC member) noted that barriers around data transparency can make it difficult for investors to make informed decisions. Information helps align disparate parties, he said, and technology can play a key role in gathering patient records, best clinical practices, and policy together in one place and sharing this information with patients, payers, and providers to inform the next steps forward. However, Pearson added that it's important to be clear about what tech will accomplish and how to measure its effect on health outcomes.

To close the 2025 Health Policy Conference, the final panel looked ahead to a rapidly evolving tool with the potential to transform health care: artificial intelligence (AI). **David Chen** (Nuna) described how digital health technologies can fundamentally shift the health care system from reactive treatment to proactive health management, empowering patients and shifting care delivery from health systems to communities.



*From left to right:* Cheryl Pegus (FlyteHealth), Lisa Suennen, Caroline Pearson, and Gregory Grunberg.



***“This is a moment where technology and policy can enable change.”***

*— David Chen, Nuna (center), left to right, Christina Silcox, Duke-Margolis, Arda Kara, and Andy Slavitt*

Technology also can be used to help drive patient engagement, but **Arda Kara** (CMS Digital Technology) advised that these systems should be integrated into patient lives and operate quietly in the background, so engagement is more sustainable and voluntary. Last, **Andy Slavitt** (Town Hall Ventures) outlined three criteria for successful health care technology: curiosity and willingness to experiment, understanding and responsiveness to patient needs, and robust, secure data infrastructure with strong data governance to maintain patient privacy and enable trusted interactions. AI and other digital health tools can answer the resounding call for innovation, but further guidance is needed to ensure these technologies are safe and effective.

Throughout the afternoon, speakers agreed: this is a historic moment where significant opportunities exist to create lasting, transformational change.

*“At this conference and beyond it, Duke-Margolis is finding a way to merge science and evidence-based prevention with pathways to implementation.”* — Mark McClellan



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