



Setting the direction of Duke Medicine

As my first year as chancellor for health affairs at Duke draws to a close, I am prouder than ever to be part of this institution. The reason is not simply Duke's excellence in patient care, medical education, and biomedical research—that much was clear before I arrived. What has impressed me greatly, as I have come to know Duke better, is its refusal to rest on its laurels. This is an institution unafraid to question the status quo and take bold action to do what it does well even better.



It is in this spirit of self-improvement that Duke Medicine has engaged in a strategic planning process to chart our course for the next several years. In many meetings over many months, our physician and nursing leaders, financial planners, strategists, and administrators from across the medical center and health system have applied their vast knowledge and experience to examine the

challenges facing Duke Medicine, refine and prioritize our goals as an institution, and determine where best to invest our time, talent, and resources.

The challenges are great—a fact that will not surprise anyone familiar with today's health care environment. We must be prepared to respond to dramatic and rapid changes, such as a continuing shift toward ambulatory services, declines in federal and local government funding, new and expensive technologies that change how we diagnose and treat diseases, projected shortages in the health care workforce, and the fast-growing population of our home region.

At the same time, we must never lose sight of our fundamental missions in patient care, teaching, and research. We must always strive to provide the highest-quality, safest care to our patients, to produce health care providers well-prepared to meet the challenges of the future, to advance biomedical research and translate those advances into improvements in human health, and to address health inequalities at home and worldwide.

To address these challenges and priorities, we envision a model in which Duke Medicine is anchored by three major strengths: world-class research and academic programs in strategically targeted areas; excellent clinical services that are dominant in the region because they clearly differentiate Duke from its competitors; and a health system with superior, integrated, and easily accessible points of delivery within the local community.

For this model to succeed, the vast collection of hospitals, clinics, and other entities within the Duke Medicine community must work in close concert. We plan to enhance the alignment and integration of all our services, defining common operational and clinical standards in areas ranging from patient safety to information technology.

At the same time, we must continue to differentiate Duke by providing patient-centric care that is fueled by innovation. We must capitalize on Duke's inherent ability to not only think up new ideas, but translate them into treatments or services that will improve people's lives. This does not mean simply buying the latest technology, which is what many hospitals will do. At Duke, we can pioneer new understanding of the molecular basis of illness and methods to modify and change biological processes. We can develop approaches for educating tomorrow's practitioners to deliver innovative care. We can create opportunities to constantly develop new approaches for preventing diseases and treating illness in non-institutional settings.

We can do this because of the greatest and most irreplaceable asset we have at Duke Medicine: our people. As we progress through the planning process, I am constantly reminded that it is their intellect, their passionate pursuit of excellence in every area, and their compassion for the people we serve that will enable Duke Medicine to continue to offer its patients and its community "the future of medicine, delivered today."

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