



Duke Health

Clinical Enterprise Strategic Plan

A Strategic Plan for Continued Growth, Leadership, and Excellence

Through our extraordinary union of clinical excellence, research insight, educational achievement, and community engagement, we work together to advance health for patients and their families throughout our region and around the world. ***We deliver tomorrow's health care, today.***

A rapidly changing environment creates challenges, opportunities

The health care ecosystem is being reshaped by continued consolidation, by consumer expectations for on-demand, high-touch services, and by the continued pressure on all organizations to deliver value. Consumerism and digital health have become powerful opportunities for us to achieve new levels of patient service and engagement. Advances in health care delivery — from the continued trend toward outpatient and in-home services to machine learning — create opportunities for us to transform our delivery system, diversify our revenue streams, and increase our access points.

Locally, our population has grown rapidly over the past five years, and we've grown with it to serve more patients and provide more care for our community. Due to market consolidation and new pressures from payers, new entrants, and disrupters, our potential for future growth has been constricted. And we need to grow. Growth helps us ensure all of our patients have access to the highest quality care. Growth helps us maintain the depth and breadth of our subspecialties, recruit top talent, invest in research and education, and be an advocate for positive change in the communities we serve.

Importantly, some of the challenges we face are longstanding but demand renewed commitment and prioritization. The global coronavirus (COVID-19) pandemic has exposed inequities and had disproportionate impact on minority and disadvantaged communities. We are called to address these issues together, with a unified purpose.

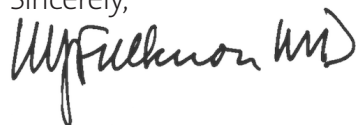
Our strategic plan positions us for continued growth and leadership

Our strategic plan will provide the basis for sustained growth so that we remain the leader in clinical excellence in one of the fastest growing parts of the country. Expanding our clinical presence will enhance our ability to manage population health, engage in value-based care, negotiate fair reimbursements and health plan participation, and make the highest quality care more accessible and more equitable for all North Carolinians. It will also enable us to continue to advance our research and teaching missions, with new sites for training, expanded clinical research settings, and financial support.

Over the last five years, we have remained strong in our finances and in our missions. This year, we rallied to support each other and our community with a shared purpose to combat the pandemic and weather the economic crisis.

When we act with unified purpose as One Duke Health, there is nothing we cannot accomplish. This strategic planning process aims to be more inclusive and responsive to all our constituents' needs than ever before. With your assistance, we will continue to live our mission, achieve our objectives, and be a force for positive change for our communities, near and far, and for our industry.

Sincerely,



William J. Fulkerson, Jr., MD

Executive Vice President, DUHS



John Sampson, MD, PhD

President, Private Diagnostic Clinic

Table of Contents

Introduction	2
Strategic Objectives and Opportunities	3
Strategic Planning Process.....	7
Key Findings from the Current State Assessment	9
Vision and Goals.....	11
Strategies for Achieving Our Goals	12
Implementation	19
Leadership.....	24

Introduction

The Duke Health Clinical Enterprise recently completed a chapter in its journey, which was largely defined by a five-year strategic plan that guided a remarkably successful course through 2020. As we look ahead to the next five years and beyond, Duke stands as an international leader in education, medical research, and clinical excellence. To retain our leadership position and advance each of our missions, we must build on our momentum and further strengthen our culture of achievement by pursuing the clear strategic and organizational imperatives outlined in this plan.

2020 proved to be a year like no other. The global coronavirus (COVID-19) pandemic had unprecedented public health, social, and economic impacts in all communities we serve. Yet, this once-in-a-century crisis has taught us many lessons, the most important being: ***When we act with unified purpose, there is nothing we cannot accomplish.***

It is with that spirit that we embark on the next chapter for the Duke Health Clinical Enterprise, which encompasses the clinical missions of the Duke University School of Nursing, the Duke University School of Medicine, the Duke University Health System (DUHS), the Private Diagnostic Clinic (PDC), and the 31,000 faculty members, clinicians, and research, administrative, and front-line staff who make up Duke Health. This new strategic plan crystalizes our shared organizational priorities for the coming years.

Strategic Objectives and Opportunities

Realizing and articulating the “Duke Difference” is an underlying theme for this strategic plan. We believe we are, and will continue to be, clearly differentiated from other health systems in the nation. As consumers engage with Duke Health, we want them to have the kind of excellent experience that will prompt them to return to us throughout their health journey. Our patients should experience the Duke Difference as superior outcomes, compassionate teams, and convenient services. The experience must be consistent across all of Duke Health, regardless of program, site, service (in-person or virtual), or provider. Our commitment to consistently delivering the Duke Difference requires us to continuously improve how we work together to deliver tomorrow’s health care, today. By providing a truly differentiated experience, we will also be well positioned to engage with health care consumers and payers on next-generation reimbursement structures designed to keep populations healthy.

Objectives

Among the leaders of Duke Health, there is universal agreement that the need for a clear and actionable Duke clinical enterprise strategic plan has never been more urgent. Co-sponsored by DUHS and PDC senior leadership with the active involvement of School of Medicine and School of Nursing chairs and faculty, the Clinical Enterprise Strategic Plan is framed by these overarching imperatives:

- Our plan must be characterized by action and effective execution.
- It must be flexible, to respond to and proactively prepare for an accelerated pace of change and the increasing importance of patient/consumer needs and demands.
- It must address the critical importance of social justice and health equity.
- It must be consistent with our values and focused on providing the highest quality care and experience for our patients
- We must have engagement in and commitment to the plan across the organization.
- Our actions and behaviors should reflect the core values of Duke Health.

Drivers of Change

The historic drivers of change are intensifying and manifesting themselves in new ways. These drivers create opportunities for us to establish a unified vision for Duke Health’s mission of advancing health together by transforming our delivery system, diversifying our revenue streams, increasing access points to reach more people, building healthier communities, and investing in our teams.

Drivers of Change	Duke Health Opportunities
<p>Accelerated pace of change and continued consolidation across the region</p> <p>Consumerism and advances in digitally-enabled care disrupting traditional patient engagement and care delivery models</p> <p>Advances in health care delivery models for non-hospital site of care and new applications of technology and data science that increase the speed of diagnoses and treatment efficacy</p> <p>Health care reimbursement and purchaser demands pressuring our capacity to invest in all our missions</p> <p>National recognition that health disparities and racism are unacceptable and must be addressed by leading organizations</p> <p>Heightened need to address provider and employee stress, exacerbated during the pandemic, and to promote wellness</p>	<p>Creative, consumer-centric growth to achieve new levels of patient service and engagement</p> <p>Alignment and collaboration across Duke Health are more critical than ever to connect our breadth of expertise and tools to advances in health excellence and patient experience</p> <p>Our deep commitment to our communities is front and center</p> <p>Renewed commitment to our people and teams as our most critical asset</p> <p>More nimble and dynamic strategic planning and implementation with effective execution</p> <p>Regional and national differentiation on the basis of quality and safety</p>

Strategic Opportunities

Consolidation and consumerism are accelerating the disruption of health care. Consolidation in the health care industry has evolved to take many forms. Traditional consolidation between hospitals and providers has accelerated, creating a handful of large systems across North Carolina. Less traditional consolidation opportunities have also arisen due to the evolving payer landscape, with payers entering the provider space aggressively. And powerful new entrants from outside the health care field — such as Amazon and Walmart — raise the potential for profound disruptions.

Consumers continue to demand that health care offer the same degree of convenience as other industries. These industries provide digitally enabled access, and high-touch and personalized services located closer to and in the home. Digitally enabled care has become pervasive during the COVID-19 pandemic and has proven its value as a new modality of care delivery.

We must renew our commitment to our most critical asset — our people and teams.

The success of our strategic plan and the success of Duke Health rest solely on our people. However, provider shortages and team burnout rates are on the rise, especially in academic medical centers, where team members are asked to do more across multiple missions. Duke Health team members are deeply proud of and committed to our work and mission. We must continue to promote a culture and environment of inclusivity and diversity, where all team members feel valued and supported.

Our extensive resources and assets must be strategically aligned and coordinated if we are to maintain our strategic position and clinical excellence. Organizational silos and misalignments across Duke Health often prevent us from delivering our full scope of expertise and capabilities to patients, employers, partners, and payers. Silos between clinical programs, between the academic and clinical missions, and between the sites and services must be systematically addressed to unleash the full potential of Duke Health. Our historically robust financial performance has enabled significant investment in the community and into the academic mission, both of which are needed to maintain our differentiation. Moving forward, we must focus on value improvement, revenue diversification, growth, and new payer strategies to provide excellent care to our patients, support our ability to invest, and ultimately succeed in a value-based environment.

Strategic Opportunities Continued

We need to grow, and grow in new ways. Continued clinical growth is imperative for us to achieve sufficient size and reach to support our position as a regional and national specialty services leader. Growth enables us to maintain the depth and breadth of our subspecialties, recruit top talent, invest in research and education, and partner for positive change in the communities we serve. The competitive spirit of the local health care economy will require Duke to grow beyond our primary and secondary service areas. This growth will require a wider array of expansion considerations, including new affiliation models, revenue streams, and industry collaborations across local and national geographies. Duke's future digital capabilities will create paths and enable connections previously unrealized.

A clear, widely shared sense of purpose across Duke Health is more critical than ever for success. The pandemic has demonstrated that when we act with unified purpose, there is nothing we cannot accomplish. Our success in the future will require Duke Health to come together with persistent organizational focus, clear prioritization of effort and investment, and accountability for execution of strategic initiatives.

Our mission to support our communities is front and center. A national conversation is underway regarding critical issues of social and racial injustices that permeate communities, creating vast disparities and health inequities. New evidence emerges daily about the importance of social and behavioral drivers of health. Duke must fulfill our mission and leadership role by addressing these issues.

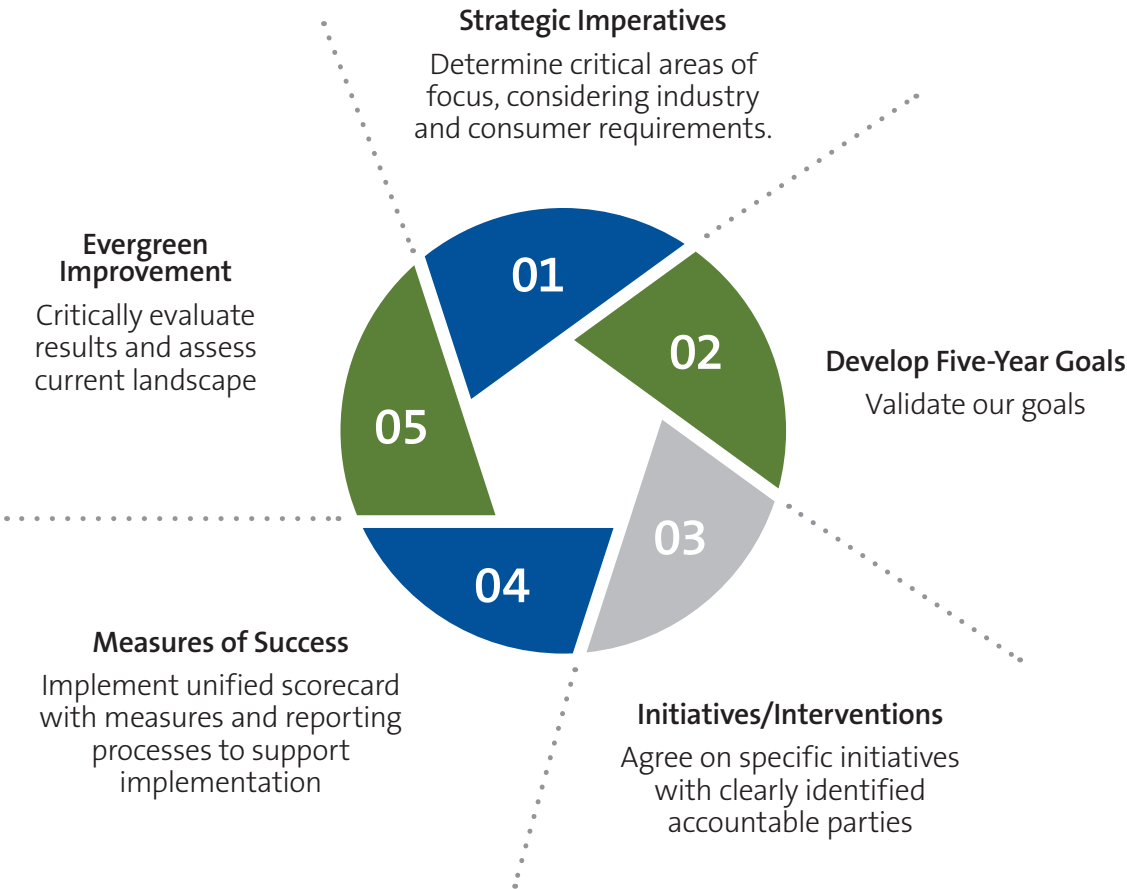
Our strategic planning and implementation process must evolve to be more dynamic and nimble. The health care environment evolves faster than a five-year strategic planning cycle can foresee and address. Our new evergreen approach will allow for real-time assessment, course correction, and prioritization of initiatives, informing our financial and operational processes to achieve our goals.

Strategic Planning Process

The strategic planning process was commissioned by the executive leadership of DUHS and the PDC and was completed over eight months beginning in March 2020. The Executive Vice President of DUHS and the President of the PDC co-sponsored the process, with the Enterprise-Wide Clinical Strategy Committee (EWCS) serving as the steering committee for the effort. Despite the pandemic’s impact on our ability to engage in person, the strategic planning process allowed for broad and intense collaboration across the enterprise, incorporating input from over 250 people via various channels.

New, “Evergreen” Process

The plan represents the first step in a restructured strategy formation and execution process for Duke Health that will be increasingly dynamic, nimble, and evergreen. This evergreen approach promotes a more continuous assessment of the internal and external challenges and opportunities we face, improved tracking and measurement of success for the initiatives we undertake, and an ability to pivot more rapidly to take advantage of developments and opportunities we cannot anticipate today.



Strategic Planning Process Continued

Four Phases of Development

The plan was developed in four phases. During the first two phases, major baseline inputs were developed — a “diagnostic” of external trends and internal performance, and a survey of Duke Health leaders on organizational strengths, weaknesses, opportunities, and threats (SWOT analysis). These diagnostics informed a series of working sessions with the co-sponsors to set an initial strategic agenda with target areas of focus for the EWCS to take up and further develop. Work sessions with the EWCS led to a new vision statement and a set of five-year organizational goals.

In the second two phases, six clinician and staff workgroups were formed to develop and recommend initiatives and tactics to achieve our aspirations. An implementation structure was designed as a core element of the evergreen process and approach to facilitate rapid implementation.

I Preplanning/ Framing	II Current Assessment	III Future Direction	IV Implementation Planning
<ul style="list-style-type: none"> ▪ Confirm desired outcome ▪ Develop, validate, and confirm strategic planning process ▪ Review and confirm existing strategic goals/ strategic initiatives 	<ul style="list-style-type: none"> ▪ External assessment ▪ Internal assessment ▪ Strengths, Weaknesses, Opportunities, Threats (SWOT), including barriers to success for the strategic planning process 	<ul style="list-style-type: none"> ▪ Review/confirm mission, vision, and goals ▪ Develop and gain consensus on key planning activities 	<ul style="list-style-type: none"> ▪ Identify needed supporting plans and gain consensus on path forward, resources, and responsibilities ▪ Create framework and communication plan to transition to implementation and monitoring process

Key Findings from the Current State Assessment

A detailed current state assessment included a rigorous diagnostic of external trends and internal Duke performance, and an organizational “SWOT” assessment by Duke Health leaders on Duke’s major organizational strengths, weaknesses, opportunities, and threats. A summary of those key findings and their associated strategy imperatives for Duke further underpins the drivers for change and opportunities for Duke Health looking ahead to 2025.

Internal Strengths and Weaknesses

- Duke is a leader in quality and safety with room still to improve vis-à-vis our peers.
- Duke Health has unrivaled talent, yet we are not fully harnessing our capabilities.
- Duke has a strong financial history but must be judicious in the current environment to protect its ability to make bold investments.
- Duke has opportunities to improve our patient experience and better create a digitally enabled end-to-end care experience.
- Duke has the opportunity to maximize current payer incentives while improving patient care.
- Duke requires organizational focus that comes from clear prioritization and clear organizational accountability for timely execution and success.

External Opportunities and Threats

- The “pace of change” continues to accelerate locally and nationally, with more than 90% of North Carolina hospital beds now consolidated and four mergers/acquisitions taking place in the past year in North Carolina.
- Traditional referral patterns — from primary care providers to specialists — have been disrupted.
- Price transparency and convenience are top-of-mind for consumers and employers in selecting a health care provider.
- Consumers are engaging with providers in new ways and are demanding timely, innovative care models closer to and even within the home.
- Payers are entering the provider space and steering patients (e.g., Optum is now the leading employer of physicians in the country).
- Employers are taking a more active role in changing health care models (e.g., Walmart, Amazon, state of North Carolina).

Key Findings from the Current State Assessment Continued

Strategic Imperatives

- Differentiate regionally and nationally on the basis of quality and safety.
- Enhance regional and national reputation for clinical excellence, which improves patient preference and our competitive position in North Carolina and the region.
- Provide a best-in-class physician practice model to align physicians and meet recruitment objectives.
- Ensure an enterprise value improvement model is in place to promote sustained investment in missions.
- Empower clinical teams to continuously reduce clinical delivery and clinical outcome variation.
- Define health equity as the foundation of quality.
- Ensure a consumer-centric model is in place for accessing and navigating all of Duke's services.
- Structure payer arrangements that materially enable us to improve quality of care and lower cost of care.
- Serve as a national leader in digitally enabled care.
- Use nimble decision-making processes and an agile implementation model for strategic initiatives.
- Be the employer of choice with a rich culture that is inclusive, empowers staff, and supports long-term success.

The opportunity for Duke is significant and time sensitive, and success will require a focused strategy where prioritized initiatives are adequately resourced and teams are held accountable for successful implementation. The impact and lessons of the pandemic — along with an ever-evolving and competitive health care landscape and economy locally, regionally, and nationally — form the impetus for a new five-year plan for the Duke Health Clinical Enterprise.

Vision and Goals

Vision

Our vision is that **Duke Health will Advance Health Together** by **Delivering a Healthier Tomorrow**. This will require **All of Us, and the Best of Each of Us**.

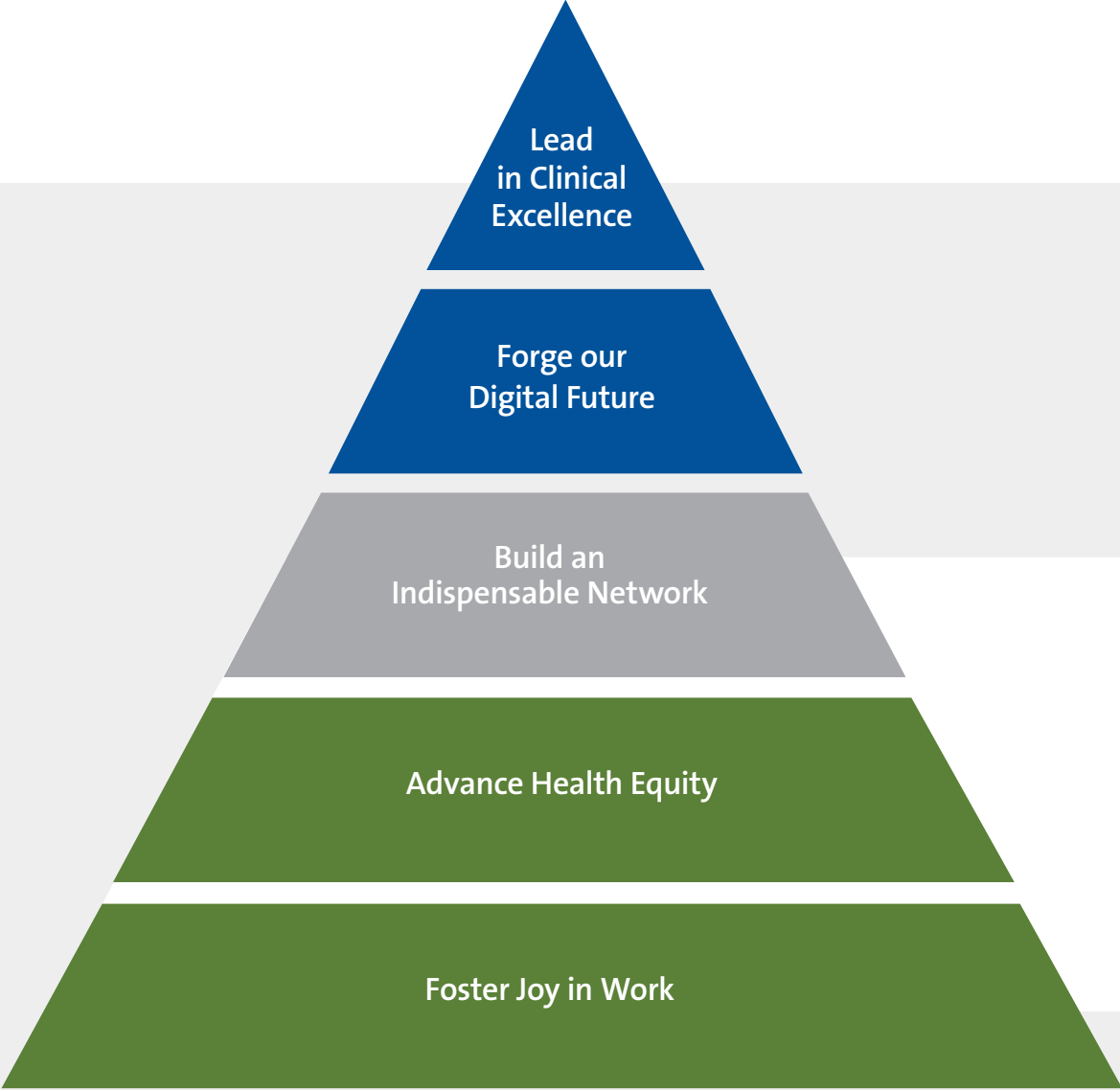
Goals

We will achieve our vision through five goals that are purposeful, aspirational, and uniquely Duke:

- **Lead in Clinical Excellence.** Design and deliver remarkable, high value, personalized, and precise care, powered by advanced data sciences, clinical innovation, and a culture of kindness.
- **Forge Our Digital Future.** Create cutting-edge digital health services that are customized, convenient, high quality, and accessible to all.
- **Build an Indispensable Network.** Build unrivaled, seamlessly integrated health networks as the preferred provider and partner.
- **Advance Health Equity.** Establish health equity as the foundation of quality and promote the health and well-being of our communities, as we address the social and behavioral drivers of health and eliminate health disparities.
- **Foster Joy in Work.** Promote a nurturing environment that is diverse, inclusive, and just — where everyone is deeply connected to purpose and committed to providing remarkable, compassionate care.

The Clinical Enterprise Strategic Plan is built on a strong framework, focusing on those elements that are foundational, essential, or distinctive. This framework provides a sharp focus while purposefully building on each layer.

Strategies for Achieving Our Goals



The Framework for Our Plan

Distinctive: How we will continue to elevate and set Duke apart

Essential: How we will meet the needs of patients in the most effective and efficient manner, providing highest quality care

Foundational: How we will strengthen our unified identity as Duke Health to achieve nimble execution in an ever-changing environment

Strategies and Recommended Initiatives

Five strategies and 15 specific initiatives underpin these goals to form our strategic roadmap. These defined strategies and recommended initiatives are all interrelated, and our ability to achieve our aspirations depends on the successful implementation of each.

- 1 Deliver a Remarkable Experience** - Accelerate speed-to-diagnosis and redesign the end-to-end patient experience to exceed industry standards and consumer expectations.
- 2 Align Systems of Care** - Develop platforms that seamlessly link the full breadth of expertise, tools, and resources across Duke Health to improve clinical outcomes and the care experience.
- 3 Enhance Network Development** - Broaden and deepen the menu of clinical services provided by Duke regionally and nationally through an expanded network of sites and providers that is extended through digital services.
- 4 Optimize High-Value Care** - Continuously improve the quality and cost-effectiveness of care to provide value to our patients and develop new and innovative models with payers and purchasers.
- 5 Eliminate Health Disparities** - Develop high-impact internal and community-focused interventions that eliminate structural barriers to health equity and social justice.



Strategy 1: Deliver a Remarkable Experience

Accelerate speed-to-diagnosis and redesign the end-to-end patient experience to exceed industry standards and consumer expectations.

Design and Deliver the “Duke Experience”

- Define the “Duke Remarkable Experience Promise” by elevating the voice of the consumer (patients, referring providers, employers, payers, others) and committing to a culture of patient-centered care that is convenient, seamless, and superior.
- Achieve our vision for a unified Duke Health access center that provides the best experience for accessing and navigating Duke services.
- Establish an advanced model of primary and episodic team-based care to lead in the coordination of complex chronic patients.

Develop and Implement the Duke Quality Blueprint and Lead in Transparency

- Establish a multi-year comprehensive quality and process improvement framework with specified annual objectives, applying the Lean Management System.
- Innovate in the definition and use of novel measures such as healthy life years and disease-specific survival and complication rates.
- Communicate clinical experience and outcomes metrics through consumer and referring physician channels including digital platforms.

Integrate Clinical and Data Sciences for High-Impact, Translational Work

- Establish a data science implementation unit that integrates existing initiatives and units across Duke Health.
- Leverage data and data sciences to create predictive models to effectively guide clinical decision-making for patients and ultimately reduce the burden of disease.
- Enhance our site-based research portfolio by optimizing efficiencies and risk models, reducing trial start time frame, and broadly expanding the diversity of participation across Duke Health.



Strategy 2: Align Systems of Care

Develop platforms that seamlessly link the full breadth of our expertise, tools, and resources across Duke Health to improve clinical outcomes and the care experience.

Deploy Service Lines and Operating Models

- Establish service lines as cross-sectional models between CSU and Departmental functions to consistently provide the consumer the highest quality care across our sites and geographies.
- Strengthen service line performance and encourage innovation by launching training for service line leaders and providing accessible, actionable data.
- Build support mechanisms for external and internal referring providers to support care coordination and develop strong relationships.

Ensure Seamless Integration of Care

Primary, community, specialty/subspecialty

- Identify care coordination functions between primary and specialty care to establish a medical home model for patients and ensure smoother transitions.
- Organize care and case management into a payer-agnostic unit to effectively manage chronic conditions across the care continuum.
- Empower families and caregivers as part of the care team with training materials and tools enabling confidence and superior care.

Optimize Capacity and Care Models Across the Continuum to Extend Our Reach

- Utilize the full care continuum, inclusive of virtual care offerings, to support optimal care settings and increase system-wide capacity.
- Increase hospital capacity for continued growth through CareHub and service rationalization between sites.
- Identify alternative care team models for provider and clinical care team efficiency.



Strategy 3: Enhance Network Development

Broaden and deepen the range of clinical services provided by Duke regionally and nationally through an expanded network of sites and providers, supported by digital services.

Enhance Access and Community Care Models in Important Geographies

Sites, provider recruitment, employment/affiliation models with consistent provider infrastructure

- Recruit and retain providers to achieve network adequacy needs and growth goals for prioritized specialties and geographies.
- Establish more tightly affiliated provider partnerships by developing a menu of employment and affiliation options for community providers.
- Develop a provider infrastructure with consistent support functions available to current and future Duke and affiliated providers.

Implement Digital Health

- Develop a business plan for centralized digital health services, enabling more convenient, accessible care.
- Establish virtual care as a location-agnostic service to extend access to specialty referrals nationally for new and returning patients.
- Provide virtual services as an additional care option to patients to improve access and enhance value.

Explore Mutually Beneficial Partnerships to Advance Health

Import/export expertise through industry relations, centers of excellence, employer partners

- Identify priority programs for expansion based on clinical expertise or need through centers of excellence and/or other models/partnerships.
- Launch industry relations forum with employers, payers, and other organizations to identify partnership, philanthropy, and co-development opportunities.
- Explore best-in-class expertise to fuel rapid innovation and improvement in Duke processes and operations.



Strategy 4: Optimize High-Value Care

Continuously improve the quality and cost-effectiveness of care to provide value to our patients and develop new and innovative models with payers and purchasers.

Identify and Achieve a Three-Year Value Improvement Target

Build accountable clinical teams to reduce variation and enhance efficiency

- Establish Value Improvement Committee.
- Embed Finance and Performance Service staff with Service Line leads to improve performance and data sharing.
- Utilize existing committee structures to empower clinicians with actionable data by benchmarking internally and externally and identify outlier opportunities in clinical variation and quality improvement.

Modernize Our Business Planning Process and Diversify Our Revenue Portfolio

- Implement shared resource models to reduce staff overhead and increase efficiency.
- Diversify revenue-driving activities through innovative care models.
- Rewrite business plan template to address emerging opportunities.

Optimize Payer and Contracting Practices to Fully Enable Value-Based Care

- Improve the accuracy of risk-adjustment factor (RAF) scoring for Medicare Advantage populations and close clinical gaps.
- Build and implement payer contracts aligned with Duke quality initiatives.



Strategy 5: Eliminate Health Disparities

Develop high-impact internal and community-focused interventions that eliminate structural barriers to health equity and social justice.

Create a Community Health Council

Coordinate efforts and embed health equity and social justice metrics into Duke's standard work

- Create a centralized Duke Health Community Health Council to maximize Duke Health efforts.
- Build the principles of health equity and community health needs into Duke reporting and culture.
- Empower community-based organizations and Duke Health employees through a streamlined communication channel.

Deploy an Organizational Evaluation Framework to Enhance Community Impact

Practice a culture of humility in outreach, research design, and clinical care

- Establish a universal framework to ensure that Duke Health's community impact is robust and comprehensive.
- Enhance data collection and data use in areas of health equity and health disparities.
- Create channels to spread community learnings across Duke Health to ensure community programs are optimally accessed.

Establish Performance Management Practices and Training to Promote Health Equity and Social Justice as Standard Behaviors






- Create a culture that leads with humility.
- Build a community-driven orientation and training curriculum to ensure that Duke Health team members are aware of and considerate of health disparities and social justice.
- Develop care models and outreach that are focused on recognizing and eliminating health disparities.

Implementation

Implementation Teams and Leadership

Successful implementation of the strategies and initiatives recommended in the strategic plan will be critical to the achievement of our long-term goals. Implementation teams, guided by implementation leaders and champions, will put the strategic plan into action through structured collaboration across the enterprise and at all levels of leadership.

Implementation Teams and Their Initiatives

 Deliver a Remarkable Experience	 Align Systems of Care	 Enhance Network Development	 Optimize High-Value Care	 Eliminate Health Disparities
1.1 Design and deliver the Duke experience	2.1 Deploy Duke service lines	3.1 Enhance access and community care models	4.1 Identify and achieve a 3-year margin target and empower care teams	5.1 Create community health council; embed health equity and social justice into standard work
1.2 Develop and implement the Duke Quality Blueprint and lead in transparency	2.2 Ensure seamless integration of care	3.2 Implement digital health	4.2 Modernize business planning process and diversify our revenue portfolio	5.2 Develop an organizational framework to maximize community health impact
1.3 Integrate data sciences for high-impact transitional work	2.3 Optimize capacity and care models across the continuum to extend reach	3.3 Explore mutually beneficial partnerships to advance expertise	4.3 Maximize payer and contracting practices and fully enable VBC	5.3 Embed cultural humility into Duke’s hiring, training, and performance management practices

2021 and 2024: Progress Benchmarks

To evaluate our progress and maintain momentum toward our goals, interim achievement benchmarks have been established for 2021 and 2024.

Goals	Achievements by June 30, 2021	Achievements by June 30, 2024
Lead in Clinical Excellence	<p>Identify measures & methodology to share transparently</p> <p>Define the “Duke Remarkable Experience Promise” and value proposition by consumer segment (patients, referring providers, employers, payers, others)</p> <p>Evaluate and optimize existing data science groups to ensure translational support for incorporation into clinical practice</p>	<p>Designing & delivering highest quality, personalized care as measured by clinical and patient-reported outcomes</p> <p>Patient experience and on-demand 24/7 access</p> <p>Value as defined by our constituents</p>
Forge Our Digital Future	<p>Develop and create governance for digital health</p> <p>Finalize Business Plan with hybrid (virtual & in-person) care model</p> <p>Establish Virtual Patient Advisory Council(s)</p>	<p>Lead in patient-centered care and convenience</p> <p>Optimize site of care and create additional clinical capacity</p> <p>Serve patients in broader geographies; in their communities and on their schedule</p>
Build an Indispensable Network	<p>Implement menu of employment and affiliation models for community providers</p> <p>Plan provider and site growth with focus in priority geographies</p> <p>Identify non-traditional partners and models to expand and develop priority programs</p>	<p>Serve two million patients as the preferred provider through partnerships</p> <p>Care for at least 35% of our primary service-area population</p> <p>Be a leader in transitions-of-care performance across the full delivery continuum</p>
Advance Health Equity	<p>Establish Duke Community Health Council and develop impact evaluation framework</p> <p>In partnership with the University and Durham community, launch strategic advisory groups for five social-driver focus areas</p> <p>Advance community mapping project</p>	<p>Reduce health disparities in populations Duke Health serves</p> <p>Deploy at least three high-impact collaborative community interventions with demonstrable progress</p> <p>Establish racial, social, and health equity as foundational in decision-making across the clinical enterprise</p>
Foster Joy in Work	<p>Develop credo that defines who we are and what we stand for</p> <p>Define supporting leadership attributes and behaviors to advance desired culture</p> <p>Engage front-line caregivers to define and align core values</p>	<p>Top talent organization where everyone boasts about the opportunity to work at Duke</p> <p>Diversity in Leadership reflects the organization and community</p> <p>Top-tier workforce engagement with strong retention and low vacancy rates</p>

2025: Measures of Success

What will the future look like when we achieve the goals set out in our Clinical Enterprise Strategic Plan? By 2025, through our goals, strategies, and initiatives, and through our evergreen process to refresh and realign our strategic plan, we will achieve five specific outcomes:

1. Differentiated Quality & Experience

Harness the full breadth of our clinical and innovative capabilities to rapidly diagnose, treat, and ultimately prevent disease and provide a remarkable consumer experience that is accessible, convenient, affordable, and digitally connected

2. Connected & Distributed Network

Develop robust, close-knit networks of providers and facilities to offer comprehensive care along the continuum and cultivate long-term relationships with patients and referring providers

3. Unified Team & Purpose

With a unifying mission, Duke Health attracts and retains highly engaged team members inspired by a singular purpose: to be unparalleled in the region and nation

4. Successful Value-Based Ecosystem

Deliver sustainable value by reducing clinical variation, developing more efficient models of care, and serving new populations

5. Healthier Communities

Partnering with our communities, Duke Health commits to tackling the root causes of health disparities and social injustice

Our vision is that Duke Health will **Advance Health Together** by **Delivering a Healthier Tomorrow**. This will require **All of Us, and the Best of Each of Us**.

Critical Enablers

Four critical enablers will underpin this strategic plan and its execution, and each will be linked to the evergreen planning approach and process: a financial plan, a communications plan, project management support, and talent and organizational design.

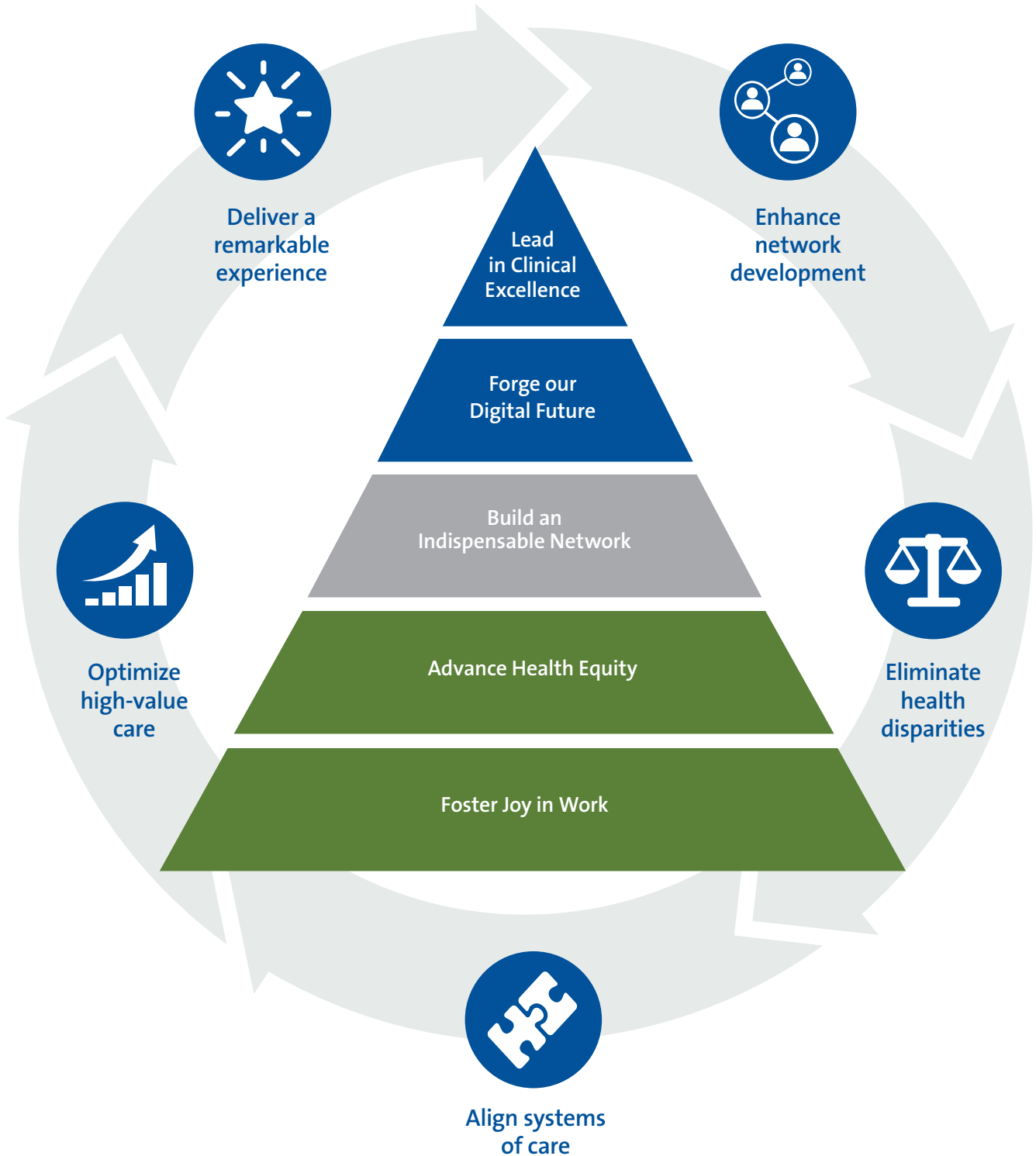
Financial Plan. The strategic plan initiatives require differing levels of investment, which may be met through either redeployment or reallocation of existing resources or allocation of new resources for capital and operating expenses. In parallel to the regular rolling five-year financial plan, we will ensure that the identified priorities in this plan are integrated and aligned. Annual strategic plan reviews will be conducted to consider ongoing operating and capital needs for successful implementation. These reviews will align with the annual budget development processes for DUHS and the PDC, linking these key processes in our evergreen model.

Communications Plan. We will develop a menu of engagement tools to communicate the plan and progress across all levels of the organization, including dashboards to track progress, tools and forums to facilitate ongoing engagement and education on emerging health care trends, and mechanisms to solicit feedback and input on the strategic plan implementation and new initiative development.

Project Management. A project management function will be formed in coordination with the Duke Strategic Planning Office and other business units as needed to support both implementation needs and tracking of specified success measures for enterprise progress and reporting for all key constituencies.

Talent and Organizational Design. Several of the initiatives included in this plan are organizational in nature. We will coordinate implementation of these changes with appropriate leaders and units. Together, we are building a strong culture supported by behaviors and values that will help us achieve our strategic plan goals and foster joy in work.

Advancing Health Together



Leadership

Thank you, Duke Leaders

M. Abbott	D. Claxton	J. Hauser	M. Lindsay	T. Pappas	S. Smith
P. Allen	K. Cooney	J. Hawes	C. Linton	C. Patel	S. Sondej
B. Alman	A. Cooper	J. Hecht	M. Lipkin	K. Patel	M. Sorensen
S. Alston	L. Criscione-Schreiber	N. Heilbron	J. Loftis	M. Patel	A. Spector
E. Alyea	C. Cummer	B. Hendrix	E. Long	N. Patel	M. Spiritos
J. Anderson	L. Curtis	C. Hendrix	H. Lowe	N. Patel	Y. Spurney
S. Aronson	S. Curtis	S. Henninger	M. Lyn	E. Paulson	K. Stanley
D. Attarian	M. Datto	A. Hernandez	K. Lytle	S. Pearce	D. Staples
M. Babb	M. De La Fuente	D. Heron	J. MacIver	D. Peter	F. Stone
J. Bae	G. DeCarlucci	S. Holleran	B. Mallory	J. Peterson	K. Stover
L. Bains	F. DeMarco	C. Howard	A. Mangum	H. Phillips	R. Sudan
R. Balu	H. Deng	J. Hoy	H. Marstiller	D. Phinney	K. Sullivan
S. Balu	A. Dimsdale	J. Huang	M. Martin	L. Pickett	E. Taylor
M. Barber	L. Dupere	R. Hudson	G. Maslow	K. Pope	K. Thomas
A. Barfield	P. Edwards	B. Hughes	L. Mason	A. Porter-Tacoronte	S. Thompson
L. Baxter	S. Emory	A. Husain	J. Massey	E. Postel	A. Toth
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G. Belvett	M. Erickson	I. Jamieson	J. Mathew	V. Price	K. Ulrich
T. Berry	G. Faerber	E. Jelovsek	C. McCall	P. Ramseur	C. Unger
D. Biederman	R. Famiglietti	K. Johnson	K. McGann	A. Reed	D. Uzarski
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J. Boswick-Caffrey	R. Fillipo	E. Kale	H. McLean	D. Robinson	A. Visco
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R. Brandon	A. Friedman	J. Keller	M. Mehrotra	A. Ross	M. Wahidi
R. Brassil	T. Friedman	E. Kharasch	K. Merritt	C. Roth	T. Walczak-Daeger
A. Broach	M.A. Fuchs	T. Kinard	A. Milazzo	M. Rynn	E. Washington
H. Brookover	W. Fulkerson	A. Kirk	J. Minchew	J. Sampson	M. Watson
M. Broome	K. Galbraith	B. Klein	J. Mordach	E. Sanders	A. Weidner
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M. Brown	C. Goertz	M. Klotman	P. Newman	W. Schiff	K. Williams
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B. Burton	T. Gosselin	P. Kramer	K. Norcross	G. Seaford	S. Wilson
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