

QnAs with Victor Dzau

Prashant Nair

Science Writer

On July 1, 2014, Victor Dzau, the current chancellor of health affairs at Duke University, will relinquish his position at the university to begin the first day of his six-year term as President of the Institute of Medicine (IOM) of the United States National Academies. Dzau is a prominent figure in the international world of health affairs whose penchant for innovation and policymaking led to an array of leadership roles in academic and corporate settings. Before coming to Duke, where he has led projects in translational research, health policy, and community health, Dzau held influential posts at Harvard Medical School, Brigham and Women's Hospital, and Stanford University. A physician by training, Dzau rose to prominence in the early 1980s through his work on the renin-angiotensin-aldosterone system, a biochemical mechanism implicated in hypertension and congestive heart failure. His findings ultimately led to the development of a class of drugs called angiotensin-converting enzyme-inhibitors, which continue to be widely used as standard-of-care drugs for cardiovascular disease. Dzau spoke to PNAS about his back-

ground in health affairs and plans for his new role.

PNAS: You were born in Shanghai, raised in Hong Kong, moved to Canada for medical school, and began your career in biomedical science in the United States. Did your childhood exposure to health disparities influence your decision to pursue health affairs later in life?

Dzau: As a boy, I moved with my family from Shanghai to Hong Kong under difficult circumstances. Around the 1950s, postwar China was rife with poverty and health disparities. Those early years were something of a struggle until we settled down as a stable family. Witnessing the harsh conditions in communist China at the time shaped my early thinking and motivated me to become a physician.

PNAS: How did you make the transition from cardiovascular medicine to health affairs? What drew you to policymaking?

Dzau: I am still an active researcher in cardiovascular medicine and will continue to maintain my research program after I take up my new role at the IOM. Over the years working as a physician-scientist, I have become increasingly interested in adminis-

tration, leadership, and health affairs, and have been fortunate enough to bring my scientific background to bear on those interests.

PNAS: How will your experience leading health policy and translational medicine at a large academic center such as Duke—and, previously, Harvard—help address the challenges in your new role as President of the IOM?

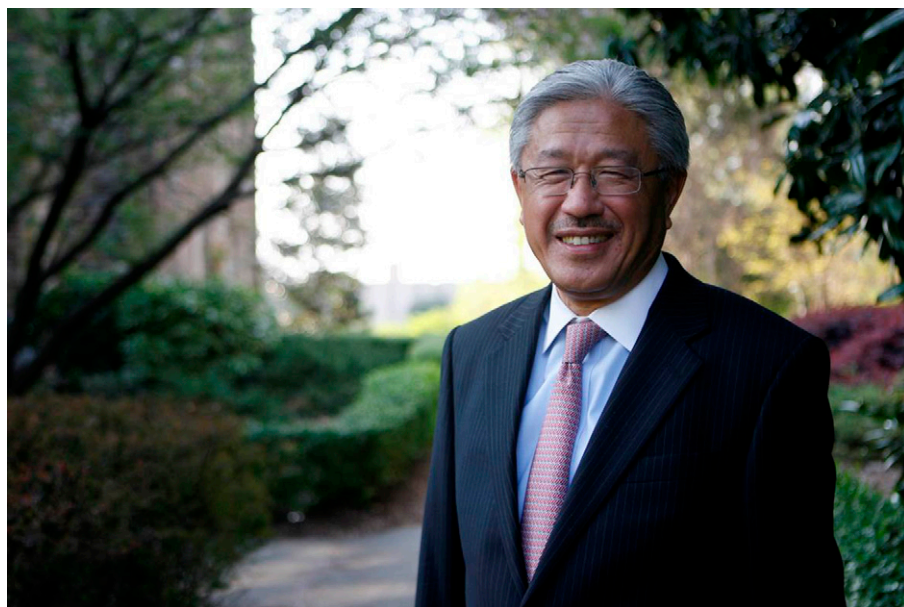
Dzau: First of all, I am humbled at having been chosen to lead the IOM. My plan is to learn from the many smart people who surround me in this new position, bring experts together, and think collectively about the path forward. My path into this role has been through bench research, translational research, clinical application, and health administration and policy. So I am able to see the phenomenal breadth of the role.

Also, I have some insight into the thought processes of the private and public sectors, having worked in both doing basic research, securing research grants, developing drugs, conducting clinical trials, caring for patients, shaping health policy at the primary care and population levels, and driving innovation and entrepreneurship along the way. That experience should serve me well in breaking down barriers and forging further public-private partnerships. I am excited about the opportunity mainly because the IOM is well positioned to allow people in all of those areas to come together to improve the health of an entire nation.

PNAS: In your view, how influential is the IOM in shaping US health care? Are the majority of its recommendations finding their way into federal health policy?

Dzau: There is certainly evidence of the IOM's role as an authoritative and influential adviser to the federal government and the public. Take, for example, the reports on medical errors, the early definition of HIV as an epidemic, and improving the health literacy of the nation. They were all influential. The important question now is: What kind of global impact is the IOM capable of? The Harvey Fineberg Impact Fund is a step in that direction. Also, we should ask ourselves whether we are using the right tools for disseminating health information and recommendations in a fast-changing media environment to ensure that our stakeholders are better educated about health and biomedical research.

PNAS: What in your opinion are some of the underrepresented areas in medicine and



Victor Dzau. Image courtesy of The Chronicle Newspaper, Duke University, Durham, NC.

health that the IOM needs to venture into for a greater national impact?

Dzau: I'll qualify my response by saying that I'm not on the job yet. My first year will be spent listening to people and understanding the issues. I will be traveling throughout the country, conducting focus groups, and bringing experts together. From those initial efforts, I hope to bring to the [IOM] Council strategic plans on the issues that we should focus on in the coming years. One thing I am convinced of is that our path forward cannot be based merely on incremental improvements to current practices; technological innovation should be at the heart of our approach to improving access, quality, and cost of health care.

PNAS: In the past you have been a strong advocate of community health care, particularly in North Carolina. What are your views on the role of community primary care in shaping public health?

Dzau: Health is everyone's responsibility, but for far too long, we have had an artificial dichotomy between public health and primary health care and health delivery systems. Physicians and other health care providers are really at the downstream end of the health pipeline; health is influenced by a variety of

factors tied to personal and socioeconomic aspects of people's everyday lives. In Durham, North Carolina, I am now leading an educational task force for the city's youth called "Made in Durham," bringing together education, business, and legislative leaders with the goal of providing education and enabling gainful employment for these youth, because education is a major social determinant of health. I strongly believe that public health and primary care are inextricably linked.

PNAS: A nationwide *New York Times*/CBS poll conducted among 1,000 adults in December 2013 found that while many Americans expressed disapproval over the Affordable Care Act, specific aspects of the law were generally appreciated. For example, the majority of the respondents opposed the penalties tied to the individual mandate for insurance coverage, whereas most people supported the prohibition on using preexisting conditions for coverage eligibility. What are your views on the likely impacts of the Affordable Care Act on US health care?

Dzau: Everyone, regardless of political persuasion, would agree about the need for better health for our society, and most

people want better quality, affordability, and access to health care. If you stripped away the rhetoric surrounding the Act, I think most people would agree that the Act is based on sound principles and goals, and if there's disagreement about the Act, it's usually about its implementation. We must come to terms with the fact that no solution is perfect, and we must remain adaptive and responsive to the kinds of changes the Act is likely to usher in.

PNAS: What is the IOM's role in shaping basic biomedical research in the United States? Is this role likely to become more prominent during your tenure?

Dzau: You have to remember where I started in science: It was with the purification of the kidney enzyme renin. In those days, we hardly had a handful of cardiovascular drugs; today the number of drugs on the market is unbelievable. There is no question that biomedical research is at the heart of health care, and I would certainly like to spend a lot of time thinking about how the ecosystem for translating basic science into applications can be improved by fostering further public-private partnerships.