

Aug. 31, 2022 Briefing Transcript

Speaker 1: Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center, and I welcome all of you who are joining me today for this monthly update for the UT Southwestern community. Insofar as today is the last day of our fiscal year, this will be the last update in FY 22 and I look forward to the first update in the new fiscal year. And I'll come back to that before I conclude my remarks and then turn to your questions.

Speaker 1: Dr. Podolsky:

To begin with, I am going to share the latest update from our multidisciplinary modeling group, which I received last evening and which we hope to have posted on our website later today so that you can also see those details for yourself. But this update suggests that in the weeks ahead, we can anticipate the kind of course we've seen over the past few weeks, which is slow declines in the rate of new cases of COVID-19. That's reflected in slight declines in the rates of positivity among those being tested here at UT Southwestern across the region.

Speaker 1: Dr. Podolsky:

Also, in the inpatient census, in the region and our own campus. As of yesterday afternoon, we were caring for just about 20 patients, 19 to be more precise at Clements University Hospital, and about the same number at Parkland and a steady census at Children's as well. Also in keeping with as general trends and the finding by the modeling group that the RT in Dallas County currently is just slightly below one. We have seen, I'm glad to say fewer cases of COVID-19 being confirmed among UT Southwestern employees in this most recent week, approximately 160. And that's compared to the mid two hundreds a few weeks ago.

Speaker 1: Dr. Podolsky:

As in the past, almost all of those, all but a couple really have been infections acquired in the community and those exceptions that we're seeing in our campus follow a theme that I've shared before that they are most commonly occurring in settings where people are eating together in relatively small space, obviously in eating not having masks on and that is a recipe for the possibility of transmission.

Speaker 1: Dr. Podolsky:

All of this is to say that we need to continue to be vigilant in recognizing that COVID-19 is still amongst us and will be for the foreseeable future. Indeed, the model update anticipates a possible return to an increasing number of cases as we get into the very late summer and early fall. But notwithstanding those trends, we do not see that we need to make any changes in our current guidelines with respect to operations and practices on the campus. That means we will continue to have people wearing masks in our clinical environments and trust everybody's discretion in judging whether to wear a mask in other settings, particularly when indoors.

Speaker 1: Dr. Podolsky:

And so with that, I'm going to turn to other matters on the campus. And glad to say, there has a lot that's been going on since my last update and I'm very glad to be able to share that with you. I'll begin with people, that is the essence of UT Southwestern, and I want to make a special welcome with this update to Jeremy Falke, who began as our new vice president and chief human resource officer just a little over two weeks ago. He comes to us with deep experience in both academic institutions and in healthcare institutions and will bring that experience to the very, very important work of our HR teams.

Speaker 1: Dr. Podolsky:

I think we all appreciate that in every aspect of what we do on the campus, being able to attract, support, retain talented people committed to our mission is an absolute essential ingredient in any success. And so I welcome Jeremy's leadership and his commitment to enhancing our HR function in support of all the work that goes on across the campus.

Speaker 1: Dr. Podolsky:

A number of searches are in progress and in varying stages of coming to conclusion. I was very pleased to receive recommendations from the search committee tasked with identifying suitable candidates for our inaugural campus-wide chief diversity, equity, and inclusion officer, and also especially pleased that they were able to identify some outstanding candidates.

Speaker 1: Dr. Podolsky:

I expect to be sharing that final appointment with the campus in the next couple of weeks as an important addition to our leadership team and to our campus commitment to those principles of equity, inclusion, and diversity. Holly Crawford, our executive vice president for business affairs, is leading a search for our permanent chief information security officers since our prior officer, Byron Davis left the organization earlier in the summer. I want to thank Russ Poole, our chief information resource officer, for his willingness to take on the extra responsibility as our CSO during the period in which we carry out, under Holly's leadership, this national search for our permanent CISO.

Speaker 1: Dr. Podolsky:

And I'll finally make note that a search is also well along, led by a former Dean and Provost, Dr. Greg Fitz, to identify the inaugural permanent Dean for our Peter O'Donnell School of Public Health. And I look forward to receiving those recommendations along with of course, Provost and Dean Dr. Lee for this very, very important new role in our institution.

Speaker 1: Dr. Podolsky:

And while I'm on that topic, I want to thank interim Dean Dr. Celette Skinner, and many others who are very actively engaged already in recruiting additional faculty to the new school and be ensuring that we are ready to welcome our first students into school in less than a year, that being next summer.

Speaker 1: Dr. Podolsky:

Moving from these personnel, I would like to thank everybody who took the time to recognize some of the outstanding efforts going on across our clinical care within our own university health system and care we provide at partner institutions by nominating those individuals for the various awards that comprise our total program of leaders in clinical excellence awards. We had a record breaking year in the number of nominees, and we will be sending out notices very shortly to all of those who were nominated to let them know that they have been recognized by their colleagues and peers for their

great work. And now the hard work will go on by the award selection committee led by Dr. Maeve Sheehan and John Mansour.

Speaker 1: Dr. Podolsky:

Led by Dr. Maeve Sheehan and John Mansour to really look through all those nominations and forward recommendations for the 2022 Leaders in Clinical Excellence awards, which we will present in the Gooch Auditorium in the fall, November 10th, to be specific. So something to look forward to in the coming months.

Speaker 1: Dr. Podolsky:

One of the very important undertakings that is on our agenda for the new fiscal year as it begins tomorrow, is a refresh, an update of our six year strategic plan. For those who may be new to the campus, every two years we take a look at where we've been and where we need to rebalance or refocus our strategic goals for the six years ahead of us. This is an intensive process that brings together scores of individuals from really every domain within the campus, and has served as a great guiding document as we make decisions about where to prioritize our resources and our efforts. I want to take this opportunity to thank Dr. Lora Hooper, the chair of our department of immunology, and Dr. Tommy Wang, the chair of our department of internal medicine who have agreed to co-chair this year's six year planning process. And I'm grateful to them and everybody else who will participate for the time in service to our institution.

Speaker 1: Dr. Podolsky:

I thought the campus community would be interested to know that last week the board of regents of the UT system met, as they do several times each year, and in the course of that meeting approved a few items of importance to our campus. First, they approved some further investments in our ability to serve the communities of Fort Worth by expanding our imaging capabilities in our Monty and Tex Moncrief Medical Center there in Fort Worth. And with that approval, we will be underway in creating those new capabilities.

Speaker 1: Dr. Podolsky:

Nearer to the home campus, they also approved a request to name what formally was Exchange Parkway, so this is the street off of Harry Hines, really directly across from the entrance to Clements University Hospital, which will now serve the soon to be opened cancer care outpatient building. And in the course of the years ahead, as we develop the current site of the Bass administrative and clinical centers, our new pediatric campus is a partnership with children's health. And that road will now be designated Paul M. Bass Way to honor one of the great community leaders who over really decades encouraged, supported the mission of UT Southwestern. And for whom that Bass complex, which will need to be demolished to make way for the new pediatric campus, had been named years ago. So look for that sign honoring Mr. Bass, who was a remarkable individual, and I was delighted that the board agreed to this acknowledgement in our commitment to honor the contributions of those who may be, as is the case for Mr. Bass, now gone, but certainly they're imprint really enduring on the campus.

Speaker 1: Dr. Podolsky:

Monday was a really special day for UT Southwestern. Monday, our UT Southwestern Medical Center at RedBird opened and welcomed its first patients there. It is a wonderful facility, having had a chance to visit just yesterday to see it in its... And it is ready now to have our teams providing care to patients, particularly the southern sector. This will include patients who have needed to travel all the way to the main campus, which now have access to our care much closer to home. And certainly, with that

location, we hope will be a site that attracts new patients for the services, particularly the specialty services that we provide in conjunction with primary care services as well.

Speaker 1: Dr. Podolsky:

We will have a formal dedication next Thursday, September 8th. I want to thank and congratulate all of those who really played key roles or really any role in making this a reality. I will say in particular, Dr. Warner for leading our university health services, and Becky McCulley who spearheaded a lot of the oversight, along with Juan Guerra, from our facilities, Dr. Eric Zeikus and Dr. Marc Nivet our EVP for institutional advancement who worked very closely to be sure that we had the benefit of community input so that the services that we are providing there and the menu, as it were, of specialties matches the needs of the communities that it is poised to serve.

Speaker 1: Dr. Podolsky:

I hope that you are finding this update at both interesting and of a value to you. I do want to note that in a couple of weeks I will also hold a live town hall, that's specifically at noon on Tuesday, September 13th. We will use a virtual format as that seemed to work well for the campus, so that you can participate irrespective of where you may be working across our many sites, but it will be live so that you'll have the opportunity to pose questions to me, and to other members of our leadership team, including our executive vice presidents.

Speaker 1: Dr. Podolsky:

Finally, as I've noted already, this is the last day of our fiscal year, FY 22, and tomorrow, just ahead of the Labor Day weekend, will be the first day of FY 23. And I will be sharing a message with the campus in the very near future to provide some perspectives on all that you have accomplished in this fiscal year just ending and our priorities for the coming year. But I don't want to miss this opportunity as well to thank all of you for the incredible commitment and dedication I see every day that is behind all of what is another record to be proud of for this ending fiscal year. So accept my thanks and also my best wishes for an enjoyable and safe Labor Day weekend. And with that, I'm going to turn it to Jenny Doren, who once again is a stalwart companion in these updates, will be sharing your questions with me.

Speaker 2: Jenny Doren:

Well, thank you for that. And good morning, Dr. Podolsky. I don't think you're going to be surprised that this first question was asked multiple times, a lot of interest, do we have an update on the timeline for Omicron specific boosters?

Speaker 1: Dr. Podolsky:

Yes. With still...

Speaker 1: Dr. Podolsky:

Yes, with still some degree of uncertainty when you get really precise about when we'll have those available. So let me take the question on the current reports are that the FDA is expected to approve the new bivalent booster shots this week. So bivalent meaning it's got two components to expand the likelihood of being able to confer immunity to the variance of the SARS-CoV-2 virus, as they're now circulating, specifically, of course, Omicron. These new boosters from both Pfizer and Moderna will include the original version of the virus and an Omicron specific version of the viral mRNA. After the FDA approves that, the CDC advisory panel will meet on first and second, so just within days here to review the data and make recommendations about the final use approval for use of these boosters, which would be expected to be granted then with those recommendations being made by the CDC director.

Speaker 1: Dr. Podolsky:

If approved as expected, new boosters are likely to be available to all of those over the age of 12 by as early as this weekend. While the details of the vaccine booster role are still not finalized, it's anticipated that in the coming initial weeks of September, the new vaccine boosters will be available to everybody, as I said, over 12, who've had a primary vaccine series. So these are for booster specifically. Our teams are preparing to begin administering the vaccine as soon as we have the supply, and once the details are solidified, we will share the specifics, including scheduling information in our campus communication. So knowing that many on that campus, myself included, are keenly waiting for this. You should expect that communication within days, really

Speaker 2: Jenny Doren:

Great. Well, we'll look forward to that. With kids now back in class, has that had an impact on the number of COVID 19 cases and what does our modeling suggest we can expect for the fall?

Speaker 1: Dr. Podolsky:

So it seems a bit early to really know the impact, if any, of the return to school season on the number of COVID 19 cases. I've shared the latest update, which has shown overall decline in cases. I did not comment in my original remarks that much of that is being seen in older age groups, and the number of cases in the pediatric population actually has been more flat rather than declining. So whether that's a reflection of school specifically is not possible to say, but that is the trend among the pediatric population. Our model, as the campus will be, and everybody else will be able to see from the website at the end of the day, suggests that we will see in the very near term some further decline, but with a good possibility that then we will see rising cases, we get into the fall, really late September and early October.

Speaker 1: Dr. Podolsky:

This has all become more difficult because of the increased use of at home test reporting is much less complete than it was, ironically really, in the early and mid months of the pandemic to date, when almost all testing was done at sites where they could then be... The results could be known by public health authorities. I will say, even though the apparent number of children, pediatric age individuals who are acquiring COVID 19 has not declined as in the older populations, it continues to be the case that there is a lower hospitalization rate for these youngsters. So what to expect in fall, it's impossible to make really hard, really absolute confident prediction, but in the medium to long term, we may see some rise is the best our modeling group can share with us at this point.

Speaker 2: Jenny Doren:

Sticking with COVID, this is a two part question. First, for employees who test positive on a home test, do they also need to be tested at UT Southwestern? And second, can their primary care provider clear them to return to work before the 10 day quarantine without a negative test?

Speaker 1: Dr. Podolsky:

So for employees who are reporting a positive test for COVID 19, our occupational health team does accept that, or if, for whatever reason, a person then already goes to get a confirmatory PCR test or got a PCR test to begin with, those two of course would be accepted. But a repeat PCR test completed at UT Southwestern is not required, but is available for someone who may be questioning whether the home test positivity was a real positive or false positive. In fact, that seems to be currently how the majority of individuals who are coming to our own testing site, what's motivating them. For employees who have

symptoms compatible with COVID 19 and have a negative test, we do recommend that they follow up with a molecular or PCR test, which are available as I've just referenced at our UT Southwestern site, but also in other community sites.

Speaker 1: Dr. Podolsky:

One reason for this recommendation is that rapid antigen tests can be falsely negative, particularly early after the onset of symptoms, and it's appears to be also a little more likely with the Omicron variant, as opposed to prior variants of COVID 19. With regards to clearance to return to work before the standard 10 day isolation, this clearance must be done in consultation with occupational health. It cannot be done unilaterally by a primary care physician, whether that's a UT Southwestern physician or a community based physician. If the employee is asymptomatic and not immunocompromised, they will be offered the option of testing through UT Southwestern for early clearance to return to work. So that's the path to getting to work after a positive test and before what otherwise would be the full 10 days that our occupational health has set as our campus standard.

Speaker 2: Jenny Doren:

Very helpful for clarity. Shifting to a different infectious disease, any update on UT Southwestern's response to monkeypox? How many cases are we seeing? Are we testing and administering the vaccine?

Speaker 1: Dr. Podolsky:

Well, certainly UT Southwestern and our partner institutions are very actively involved in the response to monkeypox here in the DFW area. As of last Friday, the total number of documented or confirmed case of monkeypox in Dallas county was 476. The vast majority of those, all but five, have been reported in men and mostly between the age of 18 and 60, and the most common mode of transmission has been through close, intimate, personal contact. A small number of cases, you've heard them, a handful, really, have been reported in women and children. At UT Southwestern we've diagnosed 32 individuals with monkeypox and about 100 individuals have been diagnosed at our partner Parkland Health so far in this outbreak. 12 of those positive tests were diagnosed using our own laboratory developed in-house PCR tests. So-

Speaker 1: Dr. Podolsky:

... laboratory developed in-house PCR tests. So take this opportunity to nudge excellent work, Dwight Oliver and the clinical lab under Ravi Sarode for developing our tests, which gives us the means to more rapidly return results to, of course, ultimately the patient, but those who are involved in evaluating and caring of the patients and beyond what otherwise might be possible, where tests would have to be sent to central testing sites and predominantly the CDC itself.

Speaker 1: Dr. Podolsky:

Testing is currently available for all ambulatory sites and specimen collection kits can be ordered through materials management. For those who are involved, it's important that you notify infection prevention if you have any patients who are being tested for monkeypox and if you have any questions regarding the specimen collection or anything else related to this matter. In addition to our homegrown test, as it were, testing is also available through the Dallas County Health Department and commercial laboratories.

Speaker 1: Dr. Podolsky:

Currently the preferred available vaccine for monkeypox, the JYNNEOS, if I pronounced it correct, the vaccine is being distributed primarily through the County Health Department as a postexposure

prophylaxis. So somebody clearly at risk because they've been exposed to individuals with a documented infection and that contact has been a close one. The other group who are approved for the vaccine are individuals who are at high risk because of behaviors, who can get it as preexposure preventative measure.

Speaker 1: Dr. Podolsky:

In addition to the county health authority, Parkland also has doses. We do not currently have the vaccine stocked at UT Southwestern, but will obviously make the community aware if, and when that changes. Additional monkeypox-related resources, including a tip sheet developed by infection prevention are available in the digital Health Sciences Library and the Huddle app for health system employees.

Speaker 2: Jenny Doren:

So you mentioned masks during your opening remarks, but since this question was submitted, I want to make sure everyone is very clear on what the expectations are. So what is the latest guidance on masking in clinical environments? Do masks need to be worn in conference rooms in clinical buildings?

Speaker 1: Dr. Podolsky:

So we continue to require faculty and staff and visitors to mask in patient-facing areas in clinical buildings. Masks do not however need to be worn in conference rooms, such as the Education Center at Clements University Hospital, where patients are not present. Conference rooms and personal offices are not considered patient facing. And so in those environments, masks at this juncture remain optional. Again, patients and their guests are still required to wear masks when visiting our hospital, clinics, and any of our regional medical center, including our newest at Redbird.

Speaker 2: Jenny Doren:

How likely is it that the COVID-19 virus will continue to mutate and become what some people have referred to as a superbug and is not recognizable through current testing?

Speaker 1: Dr. Podolsky:

Well, it's a virtual or an actual certainty that the virus responsible for COVID-19 will continue to accumulate mutations. That is the nature of viruses over the course of time. The rate of those mutations and the pressures for selection on those are determined by a variety of factors. The dominant one that allows the virus, the opportunity to mutate is the overall global number of cases, which remains high with an estimated half a million cases reported daily. So with each of those half a million individuals, the virus within them could acquire a mutation which might change its biological properties, or might really have no functional effect. In fact, the majority of those mutations do not have any clinical significance. However, certain combinations can lead to new variants with significant clinical differences, including their degree of infectiousness, the level of their susceptibility to the immunity that individuals who have been immunized with vaccines or have had prior infections have to fight the infection. And finally, those mutations can affect the severity of disease.

Speaker 1: Dr. Podolsky:

The majority of the new variants to date have been incremental in nature, as opposed to a profound shift to some superbug, to use the phrase of the person who submitted the question, with a general trend towards variants that are more easily transmitted and more easily escape prior immunity. But I think fortunately, it's also been the case that they are associated to date anyway, with less severe disease. The current prediction suggests that COVID-19 will establish itself as an endemic disease,

meaning that it will be a regular part of the circulating respiratory viruses we've seen in the community, likely with seasonal variations and not to make too strict an analogy, in the same way the virus is responsible for the common cold, so called, circulate and we go through a cold season and, of course, we're all too familiar with the same precedent in influenza. And so that's what seems like the most likely future with respect to COVID-19.

Speaker 2: Jenny Doren:

I'd like to conclude with a non-COVID question. Does UT Southwestern ever have, or host a bone marrow transplant donor drive? And if not, can one be set up on campus?

Speaker 1: Dr. Podolsky:

The short answer is yes, but I should provide a little more context and background. The National Marrow Donor Program and another similar organization, DKMS, which is based out of Germany are not-for-profit organizations that set up marrow donor drives nationally. The National Marrow Donor Program, or NMDP, has hosted at least one drive on the UT Southwestern campus in the past. But these events are usually initiated by volunteers who approach an organization and then provide the resources and staff. So historically our participation aligns with a national drive for donors and has not been directly organized by our bone marrow transplant program. But in anticipating the context in which this question's been asked, if there are those in our community, UT Southwestern community who are motivated, they will find us a willing partner.

Speaker 2: Jenny Doren:

Thank you, Dr. Podolsky. We'll look forward to the September town hall in just a couple weeks.

Speaker 1: Dr. Podolsky:

Thank you, Jenny.