

May 13, 2020, Weekly Briefing Transcript

Dr. Daniel Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern, and I welcome you to this weekly briefing for the UT Southwestern community. As in past weeks, I will take approximately half of the time we have together to provide an update on developments over the course of this past week, and then use the balance of time to address your questions, which will be posed to me by Jenny Doren, a director in our communications group.

Let me turn directly to the events of this past week in our response to the COVID-19 challenge and say that we did meet a major milestone in moving from our phase one status, which was put in place in mid-to late March, to now phase two. And I will in just a few minutes come to provide some of the details of what that phase two really means to us as a campus community.

But first, let me provide some updates on the status of activities at UT Southwestern. As I have in past weeks, I will note that we have a census in Clements University Hospital of 15 COVID-19 positive patients. About half of those are in our ICU. That level remains about the same as it has been for the past two weeks or so. At our partner Parkland, our physicians and learners are caring for approximately 70-75 patients, and about, again, a third of those are in the intensive care unit there.

The county data, if you are following that, shows steady increase day by day in the number of reported cases. I will say that it is a bit of a challenge to know what to make of the trends there, in so far as there is often a range of intervals between when a test may have been taken and when it was reported as positive. What we do see across the region is overall a pretty steady number of patients who are in hospitals across North Texas, and similarly within that, the number who are in intensive care units. So, to the extent that that is information that we receive on a daily basis, it would suggest that we're seeing a fairly stable landscape with respect to at least patients requiring hospitalization.

We continue to be a source of a significant amount of the testing for COVID-19 here in Dallas. At this point, we are pretty much fully deploying our 900 tests per day capacity. First to support our own patient care activities and continuing to support those of some of the other regional health systems, but increasingly also supporting the state in providing testing of specimens collected from other regions where there is not the actual testing capability. I'm very glad to be able to tell you that we have now acquired the equipment that will allow us to significantly expand that capacity. And I'm assured by Dr. Ravi Sarode, who's the Director of our clinical laboratories, that by May 28, we'll be more in the range of 4,000-plus COVID-19 tests per day. That will allow us to take a much broader look at testing for our city, county, and region, and the state.

I mentioned last week that we had now the capacity to also carry out testing for antibodies for COVID-19. For those of you following this, it's the antibodies that fall into the class of IgG and reflect a past infection with the SARS-CoV-2 virus. Our capacity right now still remains limited in that. And so a group has provided guidance as to how we prioritize, who should be tested for that antibody. But here, too, we had encouraging news this week in having received additional equipment to run an expanded

number of those tests as well. And we also expect by the end of May to be able to carry out 2,000-4,000 antibody tests per day. So, clearly this will keep UT Southwestern at the forefront in supporting not only our own needs, that is to say our patients and our community, but much more broadly for the region and state.

Another important capability that we have by virtue of this expanded capacity will be to carry out an expansive test for the prevalence of COVID-19 in Dallas and the county. And I'm pleased to let you know that a study is being led by Dr. Amit Singal in the Department of Internal Medicine with a team of collaborators and partners, who are deeply, deeply involved in the finalization of the plans for such a study, and we hope to carry that out beginning at the end of the month or in early June. And I think with a crosscutting, broad look at where that virus is amongst our various communities, we'll be able to be that much, not only informed, but able to make decisions based on a greater understanding of exactly the status of the pandemic, as you will. That will be possible because of that study. And of course, as it really gains momentum as we get into June and beyond, I'll be glad to keep you posted on that progress.

I have mentioned each week that we get the benefit of insights developed or emerging from the model developed here at UT Southwestern by a talented team from multiple departments. I was asked last week, if we would post that model. I had hoped by now it would be up on our website, but I will assure you that if not today, tomorrow we will begin to post the most current version of the model, and what it predicts for the weeks ahead, on our COVID-19 website. The group has been updating that two to three times a week, and I not only welcome you, I encourage you to follow that to have some visibility on what we think we will see next week and the week beyond that, and so forth.

I'm happy to report also that we remain active in our participation in clinical trials of medications for COVID-19. At this point, between the patients we care for at Clements and patients we care for at Parkland, fully 125 of those have been enrolled in trials. That's a remarkable number relative to the number of patients we've actually treated, in so far as it means that 30 to 50 percent of our patients are actually enrolling in clinical trials, particularly of the medication remdesivir (two trials that we're involved with there) and sarilumab, which is an anti-IL-6, so it fights the body's own inflammatory reaction to the COVID-19 virus. remains in the hospital.

You no doubt have heard in the news that remdesivir in the meantime has been approved, having been shown to be effective in reducing the length of time a patient remains in the hospital for treatment. This success provides new challenges in so far as there is now a great demand for the remdesivir and a limited supply. We will be working as diligently as we can to acquire some of that supply, but this is really a national challenge at the moment. And that remains, I think, an issue at the forefront of our minds, given that it has at least the ability to shorten the time that a patient needs to stay in the hospital, so not only benefiting the patient, but also therefore creating greater capacity for hospitals, if we were to see increased numbers of patients.

So with that synopsis of some of the current status of COVID-19 related care here on the campus, let me turn to that important milestone that I mentioned, the transition from phase one to phase two. So phase one, to remind you, was the transition we made back in March, where everybody – but for those who were filling an essential role that could only be performed on campus – were asked to remain home and to practice all of the nonpharmacologic interventions like physical distancing that are known to reduce the likelihood of transmission in the community of the virus.

Phase two is a first step toward restoring some of the operations which were put on hold back in March. And I want to assure you that both the decision and then the means of implementing phase two reflect an enormous planning activity by what was the EOC and is now the ROC – the Restoration of Operations Center, led by Dr. Will Daniel – and really with input from all aspects of the campus. And I thank all of those who have contributed. The guiding principles for all of the decisions and recommendations of that group were first and foremost the health and safety of our patients, faculty, staff, and students. We are acutely aware that COVID-19 is not over. I have to say, we know it's far from over, and we know that we need to continue to be vigilant, even as we see opportunities to start to take up some of those activities once again.

So what are the elements of phase two? It is a limited return to campus, but with a strict implementation of safe distancing and nonpharmacologic interventions. I should add that moving from phase one to phase two, and then moving beyond that at some point in the future, will depend on trigger points and key metrics, such as the current and evolving rates of COVID-19 infection, the availability of a sufficient supply of personal protective equipment, and our testing capacity to be sure that we're detecting any uptick in the number of COVID-19 infections. And with that, we should also say that if certain circumstances warrant, we may find ourselves having to take a step back from, say, the movement of phase two, or back from a subsequent phase three. If and when we ultimately get to phase four, the same will be true as well over time.

So phase two really began on Monday, two days ago. And as those who are now permitted to come back to campus to restart the operation, we expect that will bring about 2,000 of the more than 8,000 of our colleagues who have been working remotely back to campus. It's essential that everybody who is on campus maintains physical distancing at all times and uses the other nonpharmacologic interventions, such as frequent hand-washing and use of hand sanitizers. And we have deployed these so that everybody returning has them readily available, as well as masks, and the policy there is that everyone must have a mask on campus, and they must wear that mask in any circumstance where they might not be able to maintain a distance of 6 feet. I would give you the obvious example of an elevator would be a place where we expect masks to be worn to ensure that there's safety despite the close quarters of an elevator cab.

Essential to this plan and the safety of the community is self-screening, which is to say that nobody should be coming to campus if they have any of the now increasingly wide range of symptoms associated with COVID-19. In that instance, they should be contacting their physician, their primary care physician, or Occupational Health and be guided by them. At the same time, for those who are working remotely and can continue to do their job remotely, we expect that to be ongoing. And so that is to say, the significant number of our colleagues who have been working remotely will remain in that mode for the foreseeable future and until we feel we're at a point where we can safely begin to further advance our opening up of our operations.

Other changes from phase one: There are going to be limited options, but nonetheless, there will be options in terms of food and our food courts. And in common areas, when it comes to availability of food, there will be no self-serve food, but there will be food options. All departments will be receiving a weekly allocation of supplies from our Supply Chain Management, who have been, I don't know if "unsung," but often "hidden heroes," in terms of keeping the campus going during this time, whether

it's finding PPE or any of the many other supplies, which are often very difficult to source in the current environment.

In terms of specific areas within the campus, the phase two has involved restarting of operations on a limited basis in our laboratories. Approximately 25 percent of occupancy is the rule of thumb for phase two. That is to say that it will be no more than one researcher per laboratory bench, although there is the option for lab personnel to be working in shifts to expand ultimately the rate at which that research can be advanced. In the Health System, as I mentioned last week, we have begun to reschedule and call back patients whose procedures were postponed because they were deemed – back in March – not to be emergent, and yet we know that they are medically important and necessary. And I'm pleased to say that that activity over the past week has gone quite well. It has involved several hundred of our patients coming back, being tested prior to a procedure, and then safely undergoing the procedure that had been deferred.

This week, we are also expanding our on-campus outpatient visits. Many of those are in support of eventual needs for procedures, but doing so in varying ways depending on the circumstances – physical and other – in terms of process by different clinic areas. And that will continue to evolve over the next few weeks. With that, we are seeing significant additional activity on the campus, but I don't want to miss the opportunity to underscore that this is something that will need to be monitored closely over the weeks ahead and depends on all of us, really out of concern for our colleagues, being very attentive to all of the expectations around nonpharmacologic interventions and, most especially, not coming to campus if there is the least bit of concern about a symptom that could be related to COVID-19.

In finishing my remarks and before turning to the questions that you posed, I do want to take note that there are some ways in which we likely will not go back to being the UT Southwestern we were pre-COVID. As a positive legacy of what we learned during this time, I want to suggest that we will always be the UT Southwestern with the same mission and the same values, but ways of working are changed and I think for the better, in some aspects. Just to point out two of those, in our health care delivery, we went in a matter of a week from providing telehealth care through the telehealth platform at maybe a half a dozen instances a week to now a rate of about 7,500 visits per week. And we're hearing from our patients how much they actually value that experience. That will certainly be part of how we can be responsive to our patients going forward long after COVID-19 is in the rearview mirror.

In the same way, we've learned how we can effectively work remotely and still stay in sync with each other. I think that is a way of working that will help us be more efficient and be able to be that much more effective in advancing our mission. But I think most of all, we've learned the resilience and the commitment of the UT Southwestern community, and I think that itself will be a huge legacy that will make UT Southwestern better for the years ahead.

Final comment: I've mentioned that we will be posting and then updating the modeling performed by the talent group here at UT Southwestern. Also, we will be posting later today the executive summary of all of the components of the phase two playbook. It's an executive summary, but it's 24 pages of a lot of information. I would encourage all of you – out of interest, but also to be sure you're fully up to speed on what is expected of us all – to go and look at that when it's posted. With that, I thank you for the time this morning. I'm going to turn to Jenny Doren, and she's going to pose the questions that you forwarded since we had last week's briefing.

Jenny Doren:

Good morning, Dr. Podolsky. I really like what you just said about the resilience of the UT Southwestern community. I think that could not be any more true right now. We are getting a lot of really thoughtful questions coming in as we begin our next phase of operations. I'm noticing that we're hearing from more of our learners, specifically those who were pulled from clinical rotations in mid-March due to COVID-19 concerns. One second-year medical student wrote in part, "We would like to know what measures are being taken and what strategic plans are in place from now through the end of 2021 to ensure that our class in particular will not be shortchanged when it comes to our clinical experiences, the value of our medical education, and our residency prospects during our remaining time at UT Southwestern?" Can you address that?

Dr. Podolsky:

Well, first of all, let me acknowledge that the resilience that I referred to is not just seen in our faculty and staff, but in our students in the great way in which they have adopted and looked for opportunities to contribute – whether it's screening at the hospital or volunteering to do contact tracing for the county – has been inspiring. But I do also appreciate how disruptive this has been, and I can assure you that we in the administration and particularly in the Dean's office are deeply concerned to be sure that you do receive the full experience that will prepare you ultimately for completing your medical degree, and then to go on to your training and being a physician.

Since restrictions were placed on clinical rotations out of concerns for safety, also with an eye toward the sufficiency of our PPE supply, the Medical Education and Curriculum Committee has continuously made adjustments to the curriculum and teaching methodologies to facilitate continued student education. To ensure maximum time for clinical experiences in the future, that Committee – also known by its acronym MECC – decided that the best interests of students were served by having them complete as many nonclinical requirements as possible during this period of restriction. Considerable actions were taken by our Academic Information Services and the Office of Medical Education to accomplish this.

Some of those actions and resources include online curricula for our first-year students for the remainder of the year. When the clinical rotations were stopped, our second-year students were placed into the Scholarly Activity or Step 1 preparation courses to ensure that all of our students in this class completed 18 weeks of the clerkship phase requirements not needing clinical rotations. And online learning electives were designed and approved for our third- and fourth-year students.

While we understand that many students, like our second-year student who posed the question, have many additional questions, there are areas where we just don't have answers yet. We are in essentially daily contact with the important organizations that provide not just guidance, but directives relative to meeting requirements and ultimately the accreditation of our medical curriculum and therefore the validity, if you will, of the educational experience we provide to our students. And so we're looking to the Association of American Medical Colleges, the LCME, and the National Board of Medical Examiners literally daily to get their guidance so that we can do everything we can to support our students. We are also in virtually daily contact with colleagues at other medical schools, so that we are learning from them, that we are sharing information, and within what we think is appropriate for our students,

keeping our policies and responses consistent with peer institutions. MECC has submitted a comprehensive restoration operation plan to the ROC, and the details of that will be forthcoming really in the days and weeks ahead. So I ask you to please continue to monitor your email, our students, for additional information.

Jenny Doren:

Thank you for that. Dr. Podolsky, you have been very forthcoming about the economic impact of COVID-19 on UT Southwestern. Will the current conservation efforts – freezing merit pay, reducing discretionary spending for business travel, and the like – will that be sufficient to cover the shortfall?

Dr. Podolsky:

I would add one other important element in our approach to the budget next year and in terms of being sure that we, yes, entirely meet the shortfall and return to the circumstance we found ourselves in, in all past years, that is with a modest operating margin, and that element is discipline around new positions or open positions. I've said on multiple of these briefings that we do not have any plans and do not intend to implement reductions in force and involuntary separations of any sort. But we do want to look at positions which are open. We've already identified some of them that we realize, as much as we would like to fill them, they may not be necessary for this time. And that is a significant source of savings.

Now with all of that, yes, we believe that those measures, and in the context of what we believe are very reasonable assumptions about what our revenues will look like, what is the rate at which we will be able to increase our clinical activity, for example, being an important component of that, and based on reasonable assumptions about what might happen in terms of reduction in the revenue from our state appropriation. Taking all that in, if we do hit those targets for reducing that nonsalary support that can be managed down – like business travel, like entertainment – that will be sufficient to get us to a small, but critically important, positive margin for the next fiscal year.

Jenny Doren:

Absolutely. So to piggyback off that last question, since there won't be any merit increases in FY '21, will insurance premiums still go up?

Dr. Podolsky:

This is certainly a concern on our minds. We have worked with the UT System communicating, and I'm very pleased to say that we have been informed by the System that they have now approved a plan that insurance premiums will remain the same as the rates have been for this year. And at the same time, I will remind you, as I said at the briefing last week in an answer to a question, we at the University level will be keeping all our parking fees, etc., also flat, and with no increase, out of appreciation of the strain that having no merit program would otherwise put on family budgets.

Jenny Doren:

It's a bit of good news there. This is probably going to be our last question. It's about child care. While of course it is incredibly generous of the Dallas Mavericks Foundation to assist with child care funds, we are hearing from some parents who say, not all day cares are open for business and some nonessential workers with young children are still having difficulty finding child care. And they're concerned about losing their jobs. Will they be able to continue to work from home? I know you spoke a lot about allowing people who can work from home to stay working from home.

Dr. Podolsky:

Well, we certainly appreciate the strain that child care closures are placing on many employees. And I would ask that any employee who has been requested to return to campus visit the child care resources webpage to learn more about available options and also speak with their immediate supervisor regarding additional options. Telecommuting policies have been adjusted to allow for child care while working remote. And in addition, new emergency leave is available for parents who do not have access to child care either through Emergency Paid Sick Leave or Extended Family Medical Leave. These policies, including their eligibility criteria and rates of reimbursement, can be found in our UT Southwestern Policy Library under a policy jotted down here, EMP-262. And if you have any additional questions or feel you're eligible, please speak to your supervisor, who will coordinate with Human Resources.

Jenny Doren:

So we've got about two more minutes. I'm going to squeeze in one final question because we've been getting numerous questions about testing availability and accuracy. I know you spoke a little bit about this during your opening remarks. Here at UT Southwestern, who is being tested and how confident are we in the results?

Dr. Podolsky:

Let me speak to the second part of that question. How confident are we in the results? The test for the virus itself uses a PCR technology approved by the FDA. And I am assured by our real experts that the specificity of this PCR test is essentially 100 percent. There is an issue of sensitivity and that's to a degree when a test is taken. If it's very early, early in the infection, some technologies will not pick it up, but our main methodology, this PCR that we cure up in his lab, will be consistently positive within a day of infection even at that low rate of virus. Antibody testing is being reserved for those who come and if it's been at least two weeks since they had the onset of the symptoms, which is the amount of time it would take for someone who's had an infection for their body to mount an antibody response.

Right now, UT Southwestern is testing patients based on symptoms and kind of the epidemiology of their circumstance. What was the level of exposure to somebody with COVID-19, for example, in their household and their local risk? As test supplies are sometimes an issue, we encourage everyone to speak with their physician, and we follow the CDC guidance for requesting COVID-19 tests. But for those here at UT Southwestern, please look to your COVID-19 page. There's a real resource there also. And as I said at virtually the outset of this briefing, we do see that we are within a few weeks of having a very large expanded capacity that will allow us to serve not only our patients, but the broader community.

And with that, I know we've come to the end of our time for this briefing, but I want to thank everybody for their continued focus on the mission of UT Southwestern. And I certainly hope whether you are returning to campus now or continuing to work from home, that your safety and the safety of those around you is at the forefront of your thinking. So with that, I'll say goodbye and I look forward to being with you again next week.