To the UT Southwestern Community:

Yesterday, in a very lengthy article, The Dallas Morning News questioned the essential tenets of the missions of UT Southwestern and our affiliation with Parkland Health and Hospital System. I want to address several key issues that were fundamentally misunderstood and mistakenly characterized in the article.

First and foremost, UT Southwestern is unequivocally committed to delivering the highest quality of patient care in every setting where our physicians provide care. The relationship with Parkland is as central to UT Southwestern as it is to Parkland, and we remain fully committed to the continuation of our partnership in parallel with the development of our programs in the University Health System. We categorically reject the insinuation that our physicians are not dedicated to a single high standard of patient care.

The article suggests conflicts are inherent in our commitment to our multiple missions. In fact, we are proud of our concurrent commitments to patient care, education, and research, and believe that, rather than creating the need for trade-offs, these missions reinforce and enhance each other, including elevating the quality of care UT Southwestern physicians deliver. We take seriously our obligation to educate the next generation of physicians, and I note with pride that over 50% of the people of Dallas and this region are cared for by physicians who received their medical degree or residency training at UT Southwestern. Moreover, the internationally recognized research of UT Southwestern faculty leads to advances that benefit patients at Parkland, in Dallas, in Texas, and throughout the nation. We believe, without apology, that each of our core missions – patient care, education, and research – is profoundly important and fundamentally benefits patients at Parkland as well as University Hospitals.

In recent years, UT Southwestern has actively attracted and retained physicians, teachers, and researchers who are among the very best in the country. This approach has allowed us to garner some of the leading talents in academic medicine, nationally and even internationally. Their specialized expertise is available to all patients being cared for by UT Southwestern
physicians and is one example of the many ways that the arrangement between UT Southwestern and Parkland benefits patients at Parkland.

The article cited consultant reports, now years old, recommending changes in staffing models. These reports were, in our judgment, incomplete and misguided even when new, having been prepared without input from UT Southwestern. As we have informed The Dallas Morning News on multiple occasions, while several hundred of our faculty contribute to patient care and teaching at Parkland to some degree, more than two-thirds of the care is provided by a subset of UT Southwestern faculty whose careers are essentially dedicated to the care of patients at Parkland.

We have partnered with Parkland for 70 years. Both institutions believe this model works, and we collaborate every day at all levels to ensure its ongoing success. This is a dynamic relationship that changes to meet the evolving health care needs of the community we serve and the operations of each institution.

Finally, I note that we renegotiate our contract with Parkland annually, allowing both parties to be fiscally responsible and accountable to our respective stakeholders. This process is a negotiation, and both parties have objectives and criteria to meet. UT Southwestern does not receive any state funding to provide patient care, and we must be able to recover costs for providing such services. It is also important to note that each year, prior to finalizing the agreement, Parkland conducts a fair market value assessment to ensure that the cost for physician services is appropriate.

The current partnership between UT Southwestern and Parkland benefits both institutions – and I hope you share my pride in the quality of care provided by UT Southwestern faculty to our Parkland patients.

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