



A Special Message to the Campus Community – Part 2

February 19, 2009

To the UT Southwestern Medical Center Community:

I wrote recently to outline my vision of the strategic priorities, values and goals for UT Southwestern. Now I want to discuss next steps to galvanize our efforts to achieve the first of the objectives listed in my previous communication. In the weeks ahead, I will write to outline further plans aimed at achieving each of our other priorities beginning with the essential goal of ensuring the vitality and excellence of our basic science enterprise which will remain a lynchpin of UT Southwestern.

Intensive planning that leads to action is essential to achieving our goal of a top performing academic health care system. Thus, to accomplish our goals we will form and empower the following groups:

Clinical Transformation Project Group

This task force, which I will chair, will comprise faculty leaders from the clinical departments, as well as members of our basic science community and colleagues from senior administration.

The group will identify current barriers to fulfilling our aspirations and develop the basic strategies to surmount those challenges, building on our core strengths. Among its most important tasks is to ensure we have organizational structures that enable our physicians and other stakeholders to guide our healthcare enterprise in setting priorities and developing processes — and owning responsibility for its success.

The plan will define specific actions, goals, and responsibilities, with particular focus on a timetable and on criteria for measuring progress. *Most importantly, it will establish a clear process for prioritization of programmatic development and growth that will guide allocation of key resources most notably funding and facility space.*

Once developed, it is essential that we use these tools to regularly evaluate the effectiveness of our departments and our administration. In addition, the group will define what will be needed to recruit and retain the very best clinicians and clinical innovators and to assure that we develop our health system so that it is recognized nationally as *the* destination for the committed clinical investigator. Finally, the group will consider actions needed to be sure we attract and retain other care-givers and employees who are committed to our mission and provided with appropriate training and tools to ensure success in achieving our goals.

This group will finish its task this summer and its draft conclusions and recommendations will be shared broadly for input prior to being finalized.

In parallel with the work of this group, three additional planning groups will accelerate progress in these key areas:

Task Force for Quality Improvement

This group which will be led by Dr. Ethan Halm, Professor of Internal Medicine, will develop recommendations on how best to implement a robust program of quality assessment and continuous improvement specifically focused on patient outcomes, safety and quality of care. Every department and clinical program will need to have meaningful quality measures and the capacity to measure performance, develop and implement plans based on that assessment and determine the impact of those plans on performance. I believe faculty within each department will find opportunities in this for important academic contributions as well. I expect a robust central capacity to support, not replace, individual service-based initiatives will be needed.

University Hospital Planning Group

Construction of a new university hospital will be financially challenging but is essential. *We will build a hospital in which our commitment to clinical and academic excellence converge and which provides a laboratory for improving patient care.*

The new university hospital should be the envy of every major academic medical center. Our faculty must be deeply involved in formulating the design and owning the result. Administrative leaders are currently completing an intensive review of the options available for the site and size of construction and their financial implications. I have asked Sharon Riley, Vice President - University Hospitals, to develop a revised planning group approach that will be co-led by physicians and tasked with developing innovative approaches to embed teaching and clinical/translational research into the design and function of the new structure while ensuring that it is also designed for patient care of the future. At the same time, we will work as closely as possible with the leadership of Parkland in designing its new facility to best serve the needs of patients and care-givers there. Our commitment to our partner Parkland and its patients must remain as staunch as ever.

Information Technology Council

It is increasingly clear that the quality of care (and its documentation) as well as the effective functioning of any medical center in the future are inextricably intertwined with the quality and capability of its information technology systems. There is added salience for an academic medical system due to IT's inherent importance as an engine for clinical research and the ability to mine new insights from the daily delivery of care. Accordingly, deployment of IT capabilities is a tactical priority. I have asked Kirk Kirksey, Vice President - Information Resources, to form a President's Information Technology Council to guide plans for all of our IT needs including the healthcare system and an external advisory committee whose members will include those at the forefront of healthcare IT.

Raising Awareness

While my intent in this message is to address our immediate planning efforts, I also want to discuss plans for marketing our clinical activities. A need for marketing has been among the most frequent concerns I have heard from clinical chairs and others over the past months. Indeed, we do need to enhance our efforts to raise awareness of our clinical programs and their special qualities among both potential patients and referring physicians, including those within our own medical center.

Tim Doke, our new Vice President for Communications, Marketing and Public Affairs, is now working with a number of clinical programs on marketing plans and is conducting a more global

assessment of our communication efforts. While we must quickly settle on the best tactics for using available resources and funds, it is essential that we approach these efforts with an understanding that this cannot be simply an exercise in advertising. Rather we must market our services by organizing and providing them in a manner that best meets the needs of our patients and referring physicians.

Here, too, we will need to come to collective decisions about prioritization of funds for these purposes, understanding that it will not be feasible or appropriate to focus intensively on every program. *Most importantly, we cannot promote any clinical area unless we are prepared to deliver on the expectations we raise.* Failure to deliver on expectations of the quality of care and the experience from a patient's or physician's first call to UT Southwestern will leave us further behind. Finally, I note that indefinite volume growth per se is not our objective; rather we will seek the quality of growth that allows us to fulfill the goals we have set for ourselves to provide a unique contribution to the Metroplex.

Resources

Though achieving the objectives described above is clearly not simply a matter of money, it is equally clear that substantial further investment of resources is required, as well as the sustained dedication to use them most effectively. Our center's finances are sound, but as noted in an email sent in mid-December, we are in a period where the financial environment is uncertain and will be challenging. The legislature is now in session for a new biennium, and there is uncertainty about the outcome.

We need to bring sufficient discipline to this difficult environment to enable us to generate internal resources for strategic priorities. This important objective will be incorporated into setting targets in the budget process for FY10 that will begin shortly. A cost-containment group has been formed under the leadership of John Roan, Executive Vice President - Business Affairs, to assess all potential cost-saving opportunities across the medical center, while endeavoring to avoid false economies. This will certainly include identifying savings and greater effectiveness in our administrative processes.

At the same time we will need to be intensely focused on meeting revenue targets and achieving growth within current facility constraints, where we believe marketing can be a contributor. Importantly, I believe we need to exercise an even greater discipline in developing budgets for next year to capture resources by internal reallocation in keeping with strategic goals. We simply cannot approach all needs as equal in temporal importance to the center. The clinical transformation taskforce described above will develop the framework to make those hard choices.

Even with these efforts, new funds will clearly be necessary to accomplish much of what has been described here. With the vital assistance of leaders of the Southwestern Medical Foundation, I am confident that, if we can make our vision and commitment clear to our supporters in this community, they will help us to fulfill big ambitions as they consistently have done in the past. In parallel, we have initiated a search for a new Vice President for Development, and we will expand our capability to pursue a comprehensive approach to addressing future resource needs.

Moving Forward Together

In conclusion, no one reading this should think that fulfilling our aspirations to be the very best of university healthcare systems will be easy. However, the goals discussed here are the natural extension of the remarkable achievements made over the medical center's first several

decades. Our past should give us confidence that we can accomplish what we set out to do and, in doing so, will make a special contribution to the DFW Metroplex and well beyond.

Finally, as a first step that I hope both signals and symbolizes this priority in our vision of the future of UT Southwestern, I am pleased to announce the establishment of the Watson Prize for Clinical Excellence, supported by an endowment gift from Dr. Bill Watson, a graduate of UT Southwestern, and his wife Patricia. The annual award will honor a member of our faculty for excellence in contributions as a clinician and/or clinical innovator. It will be given in conjunction with an invited lecture from a national leader in healthcare.

This commentary has been lengthy, but I hope it serves to underscore my view of the importance and complexity of our objectives encompassed by the first priority highlighted in my previous message. As noted at the beginning of this communication, I will be writing subsequently about steps to achieve each of the other priorities which also are essential to our future, including sustaining the vitality of our basic research and educational programs. Although in this message I have emphasized the essential importance of our simultaneous commitment to both excellence and innovation in clinical care, the two go hand-in-hand and require the collaborative effort of physicians and other healthcare givers with researchers and educators.

I welcome your comments, thank you for your commitment to UT Southwestern and look forward to working with you as we proceed on this path.

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President
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