

January 24, 2023 Briefing Transcript

Speaker 1: Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I'm delighted to welcome all of you who are joining me this morning for this first campus briefing in the new year.

As we begin this new year, I think we can all take an enormous degree of satisfaction in all that we accomplished together as a community in 2022, expanding access to care for patients in need of help across the region, seeing important discoveries in our laboratories, and seeing the wonderful education and training of the next generation of physicians, scientists, and other caregivers.

If you have not yet had an opportunity to view the media recap video for 2022, which has been put together by our Communications and Marketing team, I would certainly encourage you to do so. It captures some of the vitality and impact of UT Southwestern. A link to the video was sent in last Wednesday's Today@UTSW email and can also be found online at utsouthwestern.edu/about-us.

And so with that, let me turn to the Campus Update. I'll spend just a moment on what has been a topic that has preoccupied us in briefings since these began 2 1/2 years ago, and that is the state of the evolving pandemic in this season of respiratory viruses. I'm very pleased to say that we have seen overall since I last briefed the campus some decline in the number of our colleagues who have reported acquiring COVID, and in our census for patients at Clements University Hospital and in our partner hospitals where they peaked in the 40s. We are now down to approximately 20 patients we're caring for, at least as of yesterday morning at Clements University Hospital. And this does reflect the trends across the region, which had peaked about the time we had a peak in our own hospital at approximately 7% of regional beds being occupied by COVID patients, and we now see that there are about 4.5%.

So that tells us that we're in a period where COVID is still amongst us and we should not be complacent and letting down our guards where there may be a high risk, but overall in an environment, so to speak, of declining COVID transmission. We do know from our ongoing experience on campus that while we have a very safe environment for those who work here and for our patients and their families who come to campus, there is at least one circumstance that has a higher risk of transmission. And that is when we're eating together in an enclosed space, obviously in that circumstance without masks, but with the interchange that may occur across a table. So in those circumstances, I would leave to your judgment how to assess and protect yourself from the relative risk in that one circumstance.

So with that, let me turn to Campus Update and begin by calling your attention to the now-completed Six-Year Strategic Plan. As I've mentioned in past briefings in the fall as this strategic planning process was proceeding, we undertake a campuswide process of updating our strategic plan every two years. So it has a rolling six-year horizon. And this year in the effort, which was co-led by Drs. Lora Hooper and Tommy Wang, we see, I think, quite inspiring to me and I hope to you, an update in our aspirations and our strategic goals for the next six years. That is from 2023 to 2029. Among the things that you will find

when you look at that plan are to ensure that we continue to put UT Southwestern at the very vanguard of patient-centric, high-quality, safe care; also in ensuring that we continue to move forward as a source of innovative approaches to unmet medical needs and to our educational and training mission.

If, as I hope, you will look at that plan available on our intranet for everyone on the campus to see, you'll see the emphasis on a number of new initiatives in addition to our continuing work on the initiatives that have been in progress since we last updated the plan in two years. Among those new initiatives called out by the collective wisdom of our planning committees are the launch of a Medical Center Innovation Hub, the establishment of a Center for Health Equity within the umbrella of the Peter O'Donnell Jr. School of Public Health, and the launch of a comprehensive Office of Education.

In addition, the plan points to the future trends which may really influence the ability of our campus to really impact the health of our patients and the health of our communities, our mission as an institution, through the emerging trends in the application of artificial intelligence and the growing reality of cell and gene therapy as profound new ways to address important unmet medical needs.

For more details, I really hope you will review the full six-year plan, or at least the executive summary on that intranet, and appreciate that this really is the roadmap for our institution as we make the important decisions on where to concentrate our energies and time and our funds and resources.

Moving from our strategic plan, I do want to touch on two very important leadership changes on the campus. The first I expect you will certainly be aware of from an announcement made beginning of the week before – excuse me, the end of the week before last, that Dr. John Warner, our Executive Vice President for Health System Affairs and CEO of our University Hospitals, after many years of service at UT Southwestern, including the last five as our EVP, will take up the senior leadership position for the Wexner Medical Center. That's the academic medical center of The Ohio State University. In taking on that most senior leadership role there, I am sure you all will join me in wishing him well, and also thanking him for his great contributions to our institutions, not only in these last five years as EVP, but before that as the CEO of our University Hospitals.

I have no doubt that many of you, particularly those who are working within the Health System, will be asking what our plans are in light of that, of Dr. Warner's departure later this winter. And I would say first of all, it is to really continue in all that we've set out as our goals for this year and the years beyond, and including some of those things which I've touched on in discussing the Six-Year Strategic Plan. So we are not entering a period of treading water or pause, but moving forward. I, myself, am in the process of meeting with all of the excellent leadership team that Dr. Warner has put together to understand how to best support them so that they can continue moving that ball forward. And of course, that means

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working with you, the teams in the Health System, and across the University broadly. As we are doing that, we are already gearing up for a national search to find the right person for his successor. As I mentioned in my campus message, Dr. Andrew Lee, our EVP for Academic Affairs, and our Provost and Dean will lead that search. And I'm confident with his leadership and a cross section of those from across the campus, that we will identify an outstanding successor to build on all that's been accomplished to date. We will, I hope, accomplish that just as quickly as possible. But as I say, whenever entering an initiative to recruit a new leader or colleagues here on the campus, I am not in a hurry to get the wrong person, so we will be sure we are really taking this opportunity to find an outstanding colleague to join us on our journey.

Now, let me turn to another leadership development that you will also, I hope, know of from another email more recently. That is the selection of our inaugural Dean for the Peter O'Donnell Jr. School of Public Health. Dr. Saad Omer is currently the director of the Institute for Global Health at Yale University. That role follows on important leadership and accomplishments within the broad fields of epidemiology, emerging infections like COVID and others we've seen in this country over the last decade, and health care policy. Prior to being at Yale, he served on the faculty and the leadership at Emory University and before that at Johns Hopkins University. He will join us on June 1, and I believe bring great vision, and as an inspiring leader also the momentum to achieve our high expectations and goals for the Peter O'Donnell Jr. School of Public Health.

I don't want to miss this opportunity to thank Dr. Celette Skinner, who has served as the interim Dean, and to ensure that even as we were still searching for that first permanent Dean, we were moving ahead in recruiting faculty, several of whom have been either appointed and on campus or in the process of joining our faculty. And also, in the meantime, we are actually currently receiving applications to enter our first class for the Master of Public Health degree. Indeed, in just a short couple of weeks, we will also be asking the Board of Regents to add to our already-approved program for a master's to begin doctoral degree programs in our School of Public Health. So I, as I hope you are, am very pleased to see the momentum in this first new school on our campus in more than 50 years.

So let me turn to updates on other topics after those leadership changes. And one is to take note that the Biomedical Engineering and Sciences Building, which is on our East Campus, is progressing – at least at schedule and by some calculation ahead of schedules – to be completed this summer. To remind you, that will be the home of our new Department of Biomedical Engineering, led by Dr. Sam Achilefu, but also will be, if you will, co-occupied by colleagues in biomedical engineering from UT Dallas. And as that's progressing, you can see in walking through it why it will be a hub for innovative approaches using the principles and sciences of biomedical engineering to find new solutions for important unmet medical needs.

Planning is also proceeding in the future new pediatric campus, which will, in the course of time, take shape right where the Bass Center currently is located and in close proximity, of course, across the street from Clements University Hospital. The enabling work of getting all of our activities relocated from the Bass Center buildings is largely complete. There are still some other occupants who will move their activities off by the end of March, as we are already in the process of preparing the buildings for demolition. And one of the things that we will see before the end of the calendar year is an implosion of those buildings to clear the way for a new pediatric campus. As I mentioned, the actual plans for the pediatric campus remain a work in progress but are advancing, I can tell you, in a very compelling way.

Actually, somewhat ahead of that time curve, you can see another important cornerstone of the next era for UT Southwestern at the south end of our campus. That is on Harry Hines, just south across the street from Medical Record Drive from Zale Lipshy Pavilion, and that is the site of the Texas Behavioral Health Center at UT Southwestern – what we have referred to in past briefings as the state psychiatric hospital. If you go by there, you'll see the blue fencing to signify that it is now a construction site. And ground has been not only broken ceremonially last month but now with the construction really proceeding. To remind you, that project has been expanded from its original scope and vision, which was to include 200 beds for adult patients with serious mental health disorders, to also now include nearly 100 beds to serve the needs of pediatric and adolescent patients. So overall now will be a 300-bed facility and an important part of how UT Southwestern, working on behalf of the state to not only design and oversee construction, but then operate that hospital to meet the needs of the broad communities of North Texas.

I think nobody can have any doubt how much an expanded access to behavioral health care is needed by those in this region. As a second-to-last topic, I will take note, as I expect many if not all of you have also seen reported in the convening of the 88th Legislative session of the Texas Legislature, this is, of course, important for our state in every dimension but has specific importance in salience for UT Southwestern insofar as a state agency, we receive important funding from the Legislature as they form

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a budget every two years and appropriate dollars they feel are appropriate to support our institution. While in one lens you might say that this is in the total picture a small percentage of the revenue that supports the activities, about 4% is vitally important to us. These funds support, in particular, our educational and training programs and our research infrastructure. Even though they do not directly support any of our clinical programs or clinical facilities, obviously as an institution the strength of our academic programs is central to UT Southwestern being the institution that it is.

I am pleased to say that in this session, as the initial budget bills were introduced last week, there is a modest increase of proposed funding for UT Southwestern. We will work diligently, and the “we” in that sentence will be in particular our Vice President for Government Relations, Angelica Marin Hill, to work with the Legislature to make clear the important needs for us to continue to deliver on our mission to the state and make the case as we believe we can for the importance and value of an investment in UT Southwestern and what it returns to the citizens of Texas.

So I will be keeping you up to date on our progress toward that goal of ensuring we have the resources to the extent possible to provide optimal delivery on our mission. Finally, for those with children or perhaps grandchildren who will be in pre-kindergarten or through second grade now this year, I'll remind you as I did in my last briefing, that the application period is open for Dallas ISDs, various magnet and charter schools, and in particular, I mentioned it here because that includes the Biomedical Preparatory at UT Southwestern, which we opened in this current academic year and we'll expand by one grade to second grade in the next year.

The deadline to apply is Jan. 31, and I don't want to miss this opportunity to also say how gratifying it is, I think for us as an institution, to have this partnership with the Dallas Independent School District in providing a remarkable environment and experience for the youngsters who are at school there. You can begin your application for Biomedical Prep as well as any other DISD school by visiting the website, www.dallasisd.org/choosedallasisd. Again, that's open through Jan. 31. So with that, I'm going to conclude and turn to Jenny Doren, who returns for another year of these briefings.

Speaker 2: Jenny Doren:

Well, good morning, Dr. Podolsky. It seems like every time we meet there is a new Omicron subvariant emerging, the latest being XBB.1.5. Why is it so difficult to contain this virus, and what are our experts saying about transmission and protection from vaccination?

Speaker 1: Dr. Podolsky:

Well, let me begin with the first part of that question and note that new variants are really an expected part of the evolution of viruses as they replicate and reproduce themselves every time there's an opportunity for there to be a change in the nucleic acid, which is essentially the virus. And there are two major ways that the SARS-CoV-2 virus changes. And SARS-CoV-2, in case we're all out of practice, is the virus responsible for COVID.

So the first way they change is by gradually developing a collection of mutations in its RNA, and second is through recombination where individuals who may be infected with two strains, the strains mix in their cells to generate a third strain, a new variant. And that's what's occurred with this latest subvariant. The latest CDC forecasting estimates that XBB.1.5 accounts for about 49% of all viruses in the U.S. That may be a little high, but not far off for our region as our teams here continue to sequence positive COVID samples from patients across the region and certainly including from our own hospitals and clinic.

While data is still emerging, XBB does not appear to lead to more severe disease but is more able to escape prior immunity, including both past infection and/or immunity from vaccination. That being said, the evidence suggests that the bivalent boosters that I hope you who are all eligible have received, continue to offer important immune antibody protection against severe disease, all the more important in those who are older or may have conditions that put them at risk for severe outcomes.

The one thing that though has been a fallout, so to speak, from this new variant is that the monoclonal antibodies, which were used as therapy, these are the antibodies that would be given by injection or infusion, are not effective against this variant. But on the positive side, antiviral drugs like remdesivir and Paxlovid still appear to be effective. Finally, although there have been intense public health efforts to control the pandemic globally, the virus continues to adapt itself to spread, which means new variants will keep emerging.

As was reported just within the last day or two, our government officials – I'm talking about at the federal level – are gravitating to what will seem familiar to us, which would be a long-term strategy of a yearly vaccine just as we've come accustomed to do for flu. And obviously, we'll be following that carefully. As you know, as real consensus around that emerge, obviously, our practices here on campus will evolve along with those.

Speaker 2: Jenny Doren:

You mentioned that it's respiratory virus season. I think we're all aware of that. Some employees have shared challenges in scheduling a primary care visit with one of our providers. Has UT Southwestern ever explored opening a walk-in clinic for employees?

Speaker 1: Dr. Podolsky:

The answer to that is yes, and in fact that's ongoing. We've not yet identified a location, but we're actively exploring and looking for a suitable place to establish a walk-in clinic and certainly will keep you posted. I think we're all aware that our region has experienced unprecedented growth in the last few years, and we are working diligently to expand our primary care footprint in response to this growth. In the meantime, our primary care clinics are committed to caring for our patients and their families, and that certainly includes our employees.

Speaker 2: Jenny Doren:

So this next question, I have to admit, I hadn't heard about this new artificial intelligence tool. It's called ChatGPT. It's gaining a lot of attention, including from social scientists. And somebody wrote us asking, "Does UT Southwestern have any official position on its usage for institutional business or education? And does IR have plans to block the website?"

Speaker 1: Dr. Podolsky:

Yeah. This is truly a remarkable development for those who weren't aware of it or haven't been following it. This ChatGPT was first published or made public in November and it took exactly seven

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days, as I was told by our colleagues in our Department of Bioinformatics, took about seven days for 1 million people to be using it for all kinds of applications. I will say it's very much something we are continuing to begin to understand. I would say we're in the earlier rather than the later phase of that ultimate understanding of how it could be applied appropriately and where the risk to what may be. Just to be clear, there have been former artificial intelligence approaches to this natural language processing and the ability to formulate answers in return based on an enormous reservoir of prior information provided into the program, if I'm saying that in an appropriate way as a nontechnically sophisticated appreciator of this technology. For those who are unfamiliar with this new tool, it involves communicating with an AI so-called chatbot that can answer your questions, responding often in a human-like fashion.

It automatically generates text based on written prompts. In learning more about this technology from our Chief Information Officer Russ Poole, I understand the potential for many things like writing code, writing an article or poem, translating, and debugging. Several individuals and groups on campus are exploring ChatGPT for potential use. We have not yet identified a reason why we would block this particular tool to this – excuse me – access to this tool, but we do realize that it challenges our historical notions of our own production. We see in educational settings that ChatGPT can write a paper for a patient, or excuse me, for a student as one example of what is original and what is particular to an individual versus, if you will, artificial. So we're going to continue to follow this closely. We are, I think, determined not to miss the opportunities that may provide for enhancing our functions, so stay tuned.

Speaker 2: Jenny Doren:

Quite fascinating. Thank you for that. This next question is regarding loud cellphone usage in break rooms, the cafeteria, and while walking the halls at work. Unfortunately, we have heard that sometimes inappropriate language from employees' cellphones can be overheard by our patients, their families, and other visitors. Can anything be done?

Speaker 1: Dr. Podolsky:

Well, I'm glad for the question because I think it really is an important issue. It's a matter of, I would say in the first instance, respect for our patients, their privacy. I would hope out of common sense, but certainly out of the values that we have and how we commit to the very best care for our patients and respect amongst ourselves and each other, that everyone who uses a cellphone would limit it to necessary work-related activities to prevent distractions in the workplace and help ensure the safety and privacy of all personnel, not just our patients and the families we serve, and especially in our patient-care areas. Though providers and staff, I will remind you, are required to speak in quiet, modulated voices and remain alert to any opportunities to decrease noise levels and maintain a quiet and healing environment. I would end by saying certainly if you see unprofessional behavior by a colleague, please report that to your supervisor who will have the responsibility of addressing that appropriately. Concerns can also be reported to Employee Relations or the Office of Compliance.

Speaker 2: Jenny Doren:

I know you're aware since the start of these briefings almost three years ago, there's always heightened interest in expanding food options on campus. Are there any plans for the Professional Office Buildings? We are hearing that employees are having difficulty getting lunch since Fresh Market left there.

Speaker 1: Dr. Podolsky:

Well, I'm sorry for that. For those who may be unaware, I just want to call your attention to the fact that there is a mobile food station in POB2 that is manned by a University Hospital Nutrition Services staff member. Salads and sandwiches are made fresh daily at CUH and sent directly there. We have the same process for delivering grab-and-go-style food in the East Campus Radiation Oncology Building, the Aston Ambulatory Care Center, West Campus Building 3, and the Outpatient Building. As for long-term food offerings, I'm glad to share that we are in the final design phases for a new cafe that will be built in the old Fresh Market space in POB2. If you could have a little patience, there may be more appealing options coming in the relatively near future.

Speaker 2: Jenny Doren:

Very good. Well, our next and final question is regarding campus security. What should we do when people are standing around building entrances, waiting for someone to badge in so they can follow? I think we've all seen that happen at some point.

Speaker 1: Dr. Podolsky:

Yes, an understandable and appropriate point of concern. To promote a secure working research education, and health care environment, it's our policy to assign means of access to areas on campus based on what is appropriate and necessary for completing the assigned duties and functions. All UT Southwestern students, employees, faculty, and approved persons of interest must wear their assigned ID badges whenever they are on campus; I take this opportunity to remind you of that. If someone is standing around waiting to enter, ask, "Can I help you?" It is possible the individual left their badge at home, in their car, or has legitimate business on campus like a scheduled meeting or clinic visit. You can direct the person from there to enter through a non-badge access entry where there is, in general, scrutiny where that door is not secured by an RFID badge-controlled access.

You can also offer to call the Campus Police to assist them with access or offer directions. If you'd like more information, University Police offer classes on campus on personal safety that address a variety of circumstances and situations like this. They can work with you to tailor those as may be appropriate to your specific needs and the time and place that you are accessing your sites on campus. Feel free to reach out to the Crime Prevention Unit at utcrimeprevention@utsouthwestern.edu and they will gladly arrange for time to do just that.

Speaker 2: Jenny Doren:

Well, thank you for your time Dr. Podolsky, and thank you to everyone listening.

Speaker 1: Dr. Podolsky:

Thank you all.

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