

April 22, 2020, Weekly Briefing Transcript

Dr. Daniel Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I am pleased to once again welcome you to this weekly briefing session for our UT Southwestern community. I want to begin as I have in past weeks by really saluting and celebrating the exceptional efforts that all of you are exhibiting every day even as we go through this unprecedented and extraordinary period in our lives and in the life of our institution. I have been inspired, really, on a daily basis by the extraordinary commitment you have to all of our mission, whether that's caring for our patients, educating and training our students and trainees, or advancing medical knowledge to our research.

As I have in past briefings, I will spend about 15 or so minutes providing you with an update on activities over this past week, and then we'll use the remainder of the time to address your questions as they have been forwarded to us over the course of the last several days, as before. Also, if we are unable to get to all of those questions, they will each be addressed with a response that you can find on our COVID-19 webpage.

With that, let me start with where we find ourselves this week. Actually, what we have seen over the past week is a modest, but steady, decline in the overall census of our inpatients at Clements University Hospital who have COVID-19. Yesterday, we had only nine positive patients at Clements, three of those in the intensive care unit, and that contrasts with a week or 10 days ago, as you may recall, with a patient census in the low 20s.

On the other hand, we do see in our partner institution, Parkland, that there has been a modest increase in the cases that they are reporting. As of yesterday, that was approximately 50 patients, contrasting with the low 40s in that same time frame when UT Southwestern had in the low 20s.

What we are seeing in the county, as a whole, is some vulnerable populations who are increasingly affected by the COVID-19 pandemic, and those are members of the nursing home population, those who are in our county jail, and those in homeless shelters. These are clearly areas of vulnerable populations, which will be important to address in their needs as we endeavor to cope with the entirety of the pandemic here in North Texas.

Overall, in Dallas, our cases, while having been relatively flat over several days, have ticked up slightly in the last few days. It's of interesting contrast that the number of cases in Collin County and Denton County have actually shown a notable decrease. In that same time, Tarrant County [had] a slightly upward slope – actually one that's more pronounced as of the last few days than we've experienced here in Dallas County.

As everybody appreciates, a very important part of our approach – as an institution and then collectively as a community – to the COVID-19 pandemic has been to have access to adequate testing to detect those who are infected by the virus. At present, due to the exceptional efforts in our clinical

laboratories, led by Ravi Sarode and supported by some key members there – I do want to acknowledge Dwight Oliver, who's the Medical Director, Vincent Wang, who's a developmental scientist and the coordinator for the group, and Pei Irwin – we have the capacity not only to support the needs of our patients, but to support some of the other health systems in the region.

It is our hope that we will significantly expand that capacity within the next couple of weeks to also address some of the underserved areas elsewhere in the state and within the broader community of Dallas. We have committed to providing additional testing support for the communities in South Dallas, the specifics of which will be worked out within the next few days. And as regards the state, some of you may have seen the announcement by the Governor very recently of his directive deploying the National Guard to collect specimens. We will be one of the sites running some of those specimens collected from areas where they don't have that capacity.

We, as I said, do look to a time in a couple of weeks when we will go from our current capacity of just under 1,000 tests per day to probably 3,000 4,000 or even 5,000 tests a day, which will allow us to really serve as that much more of an important resource for the whole region, really, as we understand that the importance of testing will only increase as we think about how do we, at least in incremental steps, go back to more normal operations.

Many of you, I'm going to assume, are also interested to know where we are on serologic testing. That is testing for antibodies for COVID-19. Right now, the group led by Dr. Sarode is working intensively to validate a commercial test, which we intend to make available when they are convinced that we have defined its sensitivity and specificity to know its true clinical utility. This is against a backdrop, as some of you, I'm sure, will be aware, of a real rush of tests being deployed without the prior validation usually required for FDA approval and accordingly with great uncertainty as to their true value to know for sure if the antibody is present, that you are indeed protected, or at least have an antibody truly to COVID-19 and not to perhaps some other related virus. We are actively at work on that.

Without trying to be too specific, I've been assured by Dr. Sarode that in about a week or so, we should be in a position to have that as an added tool in our efforts to define the extent of COVID-19 virus in our patient population and then, also within our own community and of UT Southwestern and more broadly.

This actually, in a way, is illustrative to me of some of the exceptional work that has been going on in the campus that might go easily unnoticed. Not only has it required the great work of those in the clinical molecular laboratory, but our Facilities Department, who, in kind of light speed, are building out the space to accommodate that expansion of our testing capacity. It may be very obvious to us of the great efforts of those responsible for running the test, but their ability to do it reflects really tremendous effort much more broadly than that.

Turning to our health system, everyone, I'm sure, will be aware of the mask policy that's now in place for all of our visitors to the UT Southwestern University Hospital and Clinics. We are certainly aware of the Dallas County guidelines that were issued this past week, which require everyone over the age of 2

to wear some version of a mask covering their nose and mouth when visiting essential businesses. UT Southwestern clinical facilities are an essential business, and even though we are technically a state institution, messages have been sent to all of our patients through MyChart about the need for them to wear a mask if they are coming to campus. The assumption is that these will, in many instances or most instances, be cloth masks, but for those who are unable to find one for themselves, we will ensure that they are also protected.

I also will acknowledge the exceptional work that has established our telehealth platform. Even as we have endeavored not to have patients come to campus except for truly essential in-person medical care, work by Alan Kramer working with now 1,400 providers, physicians, and advanced practice providers, this past week we've done somewhere in excess of 6,000 telehealth visits. And our patients [are] telling us that it's been a very satisfying and satisfactory experience and one they appreciate for the safety it provides to them in this time where everybody's aware that any travel and certainly coming to a health care facility entails a irreducible risk that you might be exposed to the virus. So that's been a silver lining to all of this.

I've mentioned in past briefings the vigorous efforts going on in the research arena that's focused on COVID-19. These continue to progress with efforts organizing both a SARS-CoV-2 bio repository, remembering that SARS-CoV-2 is the name of the virus which causes the COVID-19 illness, as well as a registry of our COVID-19 patients seen here and in our partner institutions.

I think it's a pretty remarkable fact that nearly 50 percent of our patients who are COVID-19 positive who have been admitted to Clements University Hospital have actually enrolled in one of the clinical trials of agents that hope to be effective in treating the COVID-19 disease but unproven in the absence of the controlled trials, which are now ongoing. So this reflects a tremendous engagement of our patients, supported by all of our staff, to be part of generating the knowledge which hopefully gets us to a point where we do have proven, effective, and safe treatments for COVID-19.

I'd like now to spend a few moments talking about the road ahead. I've just tried to capsulize where we've been up till now and in particular in this last week. But, as we are coping with the present challenges, it is time for us to really lay the groundwork for how we will return to providing more normal operations.

Our current work-from-home policy is in place until April 30, and we will be extending that to May 15. And that's a provisional determination. Many, if not all, of you will have been aware that the county judge yesterday issued an extension of its stay-at-home policy to May 15. As a state institution, we will be mindful of what the Governor will determine as the future course beyond the current stay-at-home stipulations in place, and we expect that he will be announcing that on Monday, and we'll be guided by that.

In the meantime, I have asked the EOC, our Emergency Operations Center, to begin to pivot to function as what we will call an ROC, a Restoration to Operations Center. So we will be balancing the current challenge. We will not be letting down our guard, but they are now working on plans for how we would,

in a sensible stepwise fashion, return to more and more normal functions subject to the evolution of the circumstances around us.

Certainly for the time being and as suggested by our provisional expectation to extend the work-at-home order, we will continue to ask those of you, our colleagues who are able to effectively carry out your jobs remotely, to do so. But we will be looking to address some of the unmet needs of our patients whose care has been deferred in the context of these most immediate challenges, and then beyond, that restoration of other functions such as our operations of our laboratories.

Accordingly, the group is developing the path to begin to provide those deferred medical procedures or surgical procedures that in the absence of having them performed, put a patient's welfare at risk and expect to gradually restore the number of procedures that we were doing, certainly not in one fell swoop toward our sort of pre-COVID-19 levels, but in an incremental and thoughtful fashion.

We will do so in a way which conforms to the two requirements that the Governor stipulated for undertaking these expanded services when he spoke last Friday at a press conference, and that is that we will maintain sufficient bed availability to ensure that we are ready to respond if there is an upsurge in the number of COVID-19 patients and also in a manner which preserves our PPE sufficient to care for those patients.

Part of the plan to return in stepwise fashion to provide these medically necessary and important procedures will be to have effective testing of all patients prior to any procedures, so that first of all, we can keep our caregivers safe, but also know how we can conserve our PPE.

So on the one hand, we want to give you some sense that we begin to move toward the goal we all want to see eventually achieved, which is a return to a normal life here at UT Southwestern but, more broadly, in our lives and in our homes and in our community. But we will do it in a very, very measured fashion, one which still puts at the top of the priorities the safety and well-being of everybody. That certainly includes everybody who's a member of the UT Southwestern community.

Part of what will guide our approaches to this is the outstanding work being done by a group of colleagues coming principally from our Department of Internal Medicine, Division of Infectious Diseases and Geographic Medicine, and our Lyda Hill Department of Bioinformatics. Another example of those who are doing an outstanding job and to mention just a few of those – those are Mike Holcomb and Andrew Jamieson, working in the Department of Bioinformatics led by Dr. Gaudenz Danuser, and in the Division of Infectious Diseases, Dr. Mujeeb Basit and Dr. Trish Perl.

And they have now in their dynamic modeling given us some appreciation for, first of all, where we are in the curve and demonstrating that we really are flat in the present circumstance – with all of the measures in place, those nonpharmacologic interventions that keep us at a physical distance from each other and other nonpharmacologic interventions, which is what gives us the confidence that we can safely begin to undertake some of those medically necessary procedures, which were postponed at the outset of our intense efforts to address COVID-19.

But also to begin to have insight into what will be the expected impact of moderation of those nonpharmacologic interventions. So we will be sharing those as they emerge. The model matures every day. It's a dynamic model, meaning with each day's data added to all of the days before, it becomes more refined in its ability to predict what lies ahead for us.

So the last, but one topic that I want to address, is the look ahead to the next fiscal year. As I've mentioned in past briefings, the measures we've taken to responsibly take out the challenge of COVID-19 as an institution have been costly to us. Much of that is in the form of the lost revenue for all the procedures which were deferred, and which is an important source of revenue that supports not just the activities right within the health system, but more broadly in the institution, as well as the added costs for responding to COVID-19. This will lead us to tell you, in very straight terms, what we expect will be for the year a loss in excess of \$100 million. And I will say, to put it in context, that UT Southwestern in every year prior to this, certainly as I've been President now for 11 years, through its discipline has had a positive margin, which has kept us strong and which is why we are able to weather this. We will now begin the process of formulating our budget for next year, and that will be officially launched next week, and we will provide the specific guidelines to it.

I will tell you, even as I'm speaking with you this morning, we are still formalizing and finalizing exactly what those budget guidelines will be. But as I've said before, I want to assure you they do not include reductions in force, and they do not include furloughs, even though that has seemed necessary to many other health institutions, including some of the other health-related institutions in the UT System. I think that's a reflection again of the strength that we have by virtue of the discipline and the hard work that has been at the essence of UT Southwestern over the years. But we will need to look for areas where we can save, particularly in nonsalary expense – things like travel and other areas where we believe we are anything but good stewards for every dollar that we're entrusted with, but where there is an ability to exert some discretion.

So that will be an important source of some savings in the expense side of our budget. As I've said, there will be no layoffs, but we will look critically, as we do really on a standing basis, at open positions to be sure that they are absolutely necessary at this point in time. Actually, as was noted by the Governor yesterday, UT Southwestern is still hiring. We anticipate the opening of the third tower of Clements in the next fiscal year, and that will need to be staffed by the same kind of talented people who care for patients in the existing structures. But we will be especially disciplined in thinking about any additional jobs, or any ones which are being filled, which are empty, to be sure they really meet the needs and requirements of the University.

So I will tell you that we believe we certainly can manage despite this year's anticipated deficit and have a robust return to the mission in its full breadth. But we'll do so with the kind of rigor that ensures a success in that aspiration.

So I now will conclude with one kind of final topic. One of you was kind enough to ask at the end of the last week's briefing how I was doing, and I was very happy for more than one reason to let you know

that I was doing just fine. Just inspired, as I've said already this morning again, by the great work that is going on. But I also want you to know that a part of the reason I can say that is to know what a great leadership team I have working with me for EVPs. Dr. Lee is our EVP for Academic Affairs. Dr. Warner is our EVP for Health [System] Affairs. Arnim Dontes is our EVP for Business Affairs, and Dr. Marc Nivet is our EVP for Institutional Advancement.

We're working incredibly hard and cohesively as a team, and the people beneath them, and it goes well beyond that. But I think we're all fortunate to have such a great team, that are all rowing in the same direction for the welfare of the campus and to really keep UT Southwestern on target and on mission.

So with that, I'll thank you for joining me and listening to my remarks. And I'm now going to turn over to Jenny Doren, the Director of Communications for the health system, who's going to field some of the questions to me that you have forwarded over the past week. Jenny?

Jenny Doren:

Well good morning, Dr. Podolsky. I always appreciate this opportunity to join you. And you have done a phenomenal job powering through most of the questions that we have been getting. So right now we'll probably just take a little deeper dive into some of those questions. I'm sure you're not going to be surprised that we are definitely seeing an uptick in questions about returning to campus, adapting to whatever our new norm will be.

So I know you spent some time looking ahead, if we can return to that. One of the questions that we received mentioned a modeling study published in the journal *Science*, and that was about a week ago, and it indicates a need for intermittent social distancing in the U.S. through 2022. So we're talking a substantial amount of time. Can you walk through what additional social distancing measures will be in place as staff return to campus? And maybe any sort of predictions as to really how long that could stretch on?

Dr. Daniel Podolsky:

Well, I would start by saying it's a challenge to know what's going to happen with any certainty in a week, much less out to 2022. And I think anybody who has been involved in trying to make as much sense as one can, notwithstanding that uncertainty, would acknowledge the inherent limits to the modeling.

As I've heard, I don't know how many times now in the last many weeks, models are just models. They're not a fact. They're a projection based on an analytical approach. And let's start by noting that there are many models beyond the one that you've pointed to in *Science*, among those are ones that came out of the Imperial College in London, out of the University of Pennsylvania, out of the University of Washington. And then we have our own model developed by the talented group that I've mentioned in my remarks.

I think, having been schooled by our experts, there are reasons why our models are maybe particularly robust, particularly here, in looking at our own area, because they're informed by local data every day, and they are a dynamic, as opposed to what I've learned is a stochastic model, that allows for taking

advantage of our massive computing power to look at all of the potential variability in outcomes when you input relevant factors like the number of new cases, a number of nonpharmacologic interventions.

What they do show, as I've been instructed by our colleagues, is that when there is loosening of these nonpharmacologic interventions – and, specifically, what's been looked at is distancing as measured by amount of traveling that's going on within a county – that you will see predictably, as night follows day, after time, some uptick in the cases. What's not yet clear from the models that I have seen, and I believe this is the case as opposed to my ignorance, is how some of those upticks will be modified by other interventions such as wearing masks. And that's the work that the group is engaged in now – to really look at every permutation that we can to see how we can at least minimize those waves, or wavelets, down the future.

But I think it's unrealistic for us to think that this will be over soon at a point in time, or that it will be over at a point in time, and that you can just, say, set aside in one fell swoop, or even a series of steps, forever, all of these interventions. The trick will be, if you call it a trick, the essential issue will be, sufficient testing and vigilance to detect small upticks at their earliest point, and then modify the modifications of the nonpharmacologic interventions to see that they dampen down before you see a significant increase in cases to the point where you have to back up all the way to the beginning, as it were. Now, whether that is out till the end of this calendar year or through the next calendar year, I certainly don't know, and I would surmise that nobody would know that because we've known about this coronavirus for all of about three or four months, and it's clearly distinct from other viruses. So we need to maintain a certain amount of humility about what we do know and how much yet is still to be determined.

Jenny Doren:

And just be smart in our everyday behaviors for all of us. All right, thank you. So masking, another topic that has a lot of attention. There's some confusion. Folks on campus want to know, should every single employee be wearing a mask, and does wearing a mask at work in nonclinical settings override that 6-foot social distancing rule or are 6 feet still required while wearing a mask?

Dr. Daniel Podolsky:

Well, I'm going to half-dodge the question in saying that I don't want to preempt our EOC/ROC, who are working through these very issues. To kind of work that backward, the one part of that question which is easy to answer is that a mask does not finesse the importance of still maintaining social distancing. And so at least as I think about it – and I want to make this clear as a provisional statement – pending the recommendations coming from our operations committee, will be some, for example, thinking about our laboratories, will be some combination of a mask as a way of protecting those around you, as well as social distancing, which will guide just how many people will be able to be in a lab at one time. But take that as directional or notional, to be followed up by specifics within a very short period of time.

Jenny Doren:

All right. Thank you. So I think this is probably going to be our last question. I want to talk a little bit more about the financial fitness of UT Southwestern. You mentioned the really good news, the fact that we are still hiring, which is fantastic, but we've heard of the University of Texas at Austin freezing merit pay increases, so naturally people are wondering whether or not we're next. Will UT Southwestern do the same?

Dr. Daniel Podolsky:

That is certainly one of the considerations that is very much part of our discussions as we're going to formulate those budget guidelines that we will share next week with the campus. And I have to say that's certainly one of the things that we will consider prioritizing, as we have the ability to keep everybody working, as opposed to what inevitably might be a trade-off to fund a merit program at UT Southwestern. Just to give you a sense of scale, a 1 percent merit program at UT Southwestern is \$24 million. So \$24 million supports a lot of salaries. And that's just to give the campus a realistic understanding of kind of what we're wrestling with.

I am especially pained to think that at the very best we would, in being responsible for the long-term welfare of the institution, that we would have to think of a very modest, if any, merit program at a time when, as I've said and want to emphasize, people are doing an exceptional job. It's just the realities, and so it's the uncertainty about how much revenue will come back. We want to take a measured step out of safety, but let's also acknowledge that it'll take awhile for our patients to feel the sense of security that may make them comfortable getting even needed medical care. So I want to be forthright with the campus in telling you that that's the consideration. You'll get the real final decision about where we come out of that, but do understand, for all of those listening, of what we're trying to balance. It's not that there's any doubt that there's tremendous merit on the campus, but there's also the financial realities that we want to be able to protect every member of the community that we can, especially when we see our sister institutions in the UT System actually having to put in place actual reductions in compensation.

Jenny Doren:

Well, we appreciate your honesty, and I know I've been hearing over and over again from people that we're just grateful to have a job right now. If you look at the global landscape, we are definitely lucky. So as always, the reminder, we will be reaching out to folks whose questions we didn't get back to. We will send them emails with responses and then also continue to update our COVID-19 webpage.