

## June 24, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again, I'm pleased to welcome you to this weekly briefing session for the UT Southwestern community. As in the past briefings, I will begin by sharing an update of events and developments over the past week and then turn to Jenny Doren, a Director in our communications department, who will pose questions that you have forwarded for me to address.

This week, I'm going to spend a little more time just talking about the general directions of the pandemic of COVID-19 here in North Texas and then turn to more specifics relative to UT Southwestern.

I am sure that virtually all of you have noted in the reports over this past week in the news that we are seeing a significant increase in the number of patients diagnosed with COVID-19 in North Texas and the number requiring hospitalizations. We are certainly concerned about this trend, and quite in addition to what we are doing to address COVID-19 on our own campus, are doing what we can to raise the level of awareness and understanding to the communities broadly.

It was in that context that this Monday we held a press conference. When I say we, three of our infectious disease experts: Dr. Mujeeb Basit, who is a data scientist and actually a cardiologist, Dr. Julie Trivedi from our Infectious Diseases department, and Dr. Amneris Luque. We were glad to see the attention that that news conference generated in terms of various forms of media. We hope it has served to increase the awareness of just the challenges that we are facing and how they are increasing, and with that, the importance that we all must place on complying with the things that we know can impact the pandemic – namely nonpharmacologic interventions like maintaining physical distancing, use of mass hand sanitizers, and other interventions.

I'm particularly grateful that Dr. Luque participated in that, as she was able to provide those insights to the Spanish speaking communities here in North Texas. That's being followed by a public service announcement, sponsored by the Governor, to go out to the rest of the state. That's particularly salient because we know that the Hispanic communities have been particularly impacted in terms of rising numbers of new diagnoses. But nobody should mistake that every community is affected, and every community is at risk, and that each one of us in every community needs to be part of the solution in terms of these nonpharmacologic interventions that we know can impact the curve of the pandemic.

I did want to mention some of the evolving trends and who's being affected beyond those broad communities, and this is certainly true in the patients we care for at UT Southwestern. Increasingly, we're finding that patients requiring hospitalization are younger than those that we typically saw early in the COVID-19 pandemic. So the increase is particularly strong in the 21 to 40 or 50 age group, as opposed to the above 60, which was appropriately a particular concern early in the pandemic.

It's not that those older age groups are now in some ways insulated from this, it's just that we're seeing the vulnerability of younger individuals and many of them requiring hospitalization. In fact, so far in the month of June, 50 percent of patients requiring hospitalization and 30 percent of those in the ICU are in

fact below the age of 50, and actually the highest proportion of those, even, in a lower age range of 21 to 40.

We're also seeing increasingly family clusters, so that individuals may be acquiring this out in the community, but bringing it into their home and putting all of those in their home at risk of infection, too. Which just underscores, again, a reason why everybody, if not for their own sake, needs to think of those close to them, their loved ones, as being put at risk when they really don't adhere to those nonpharmacologic interventions.

I did want to mention two things that we at UT Southwestern are doing beyond raising that public awareness to address the broader impact of COVID-19. One is that as of this past week, we are offering free testing to individuals who have participated in the marches that are aimed at ending racial inequality and racism more broadly, but in the course of those demonstrations may be understandably concerned that they were exposed to someone with COVID-19. As a matter of trying to promote public health, we are offering the testing for anyone 12 or older who attended a recent demonstration.

A special phone line has been established to set up appointments. Adults must present a government issued ID, and children under the age of 18 need to provide a parental or guardian consent. I'm pleased to mention that since we began this initiative at the end of last week, we have had more than 230 individuals reach out to take advantage of the testing that's being offered.

The second broader initiative that goes beyond our campus that I want to mention – actually, it's really a matter of mentioning again, because I've touched on it in a past briefing – is a study to really take a broad view of the prevalence of COVID-19 in DFW, or more particularly in Dallas County and Tarrant County. This is a project that's being led by Dr. Amit Singal from our Department of Internal Medicine. We're also undertaking this in collaboration with our partners, Texas Health Resources. We hope that this will begin in the second week of July, so practically around the corner.

To give you a sense of scale, we aim to solicit participation of up to 44,000 individuals that will encompass those across the range of socioeconomic circumstance and all different communities and geographies within the two counties. In addition to taking that kind of broad cross-cutting survey, if you will, we will also be sampling 1,000 individuals in several key business sectors/industry sectors, like groceries, like transportation, to get an understanding of what occupational risk may be accompanying these various important business arenas.

So with that sort of summary of the pandemic as it's broadly affecting North Texas, let me spend a few minutes on where we are specifically on the campus. Our experience over this past week really reflects what I've said broadly within the region. We have seen what I will characterize as a significant increase in the number of patients we're caring for in our hospitals. As of yesterday, we had 36 patients in Clements University Hospital. You may recall a week ago, we had 20, 21 patients or so. We are also caring for many patients at Parkland. The numbers there have been in the 90s really for this past week. And these numbers I can tell you are indicative of what we're hearing from other hospitals and health systems in the region.

I do want to assure you that we still remain well within our capacity, not only to care and to provide excellent care to all those patients, but also to keep a safe environment for all of our other patients and for all the people working in our health care facilities, and we'll continue to focus on those as priorities

above and beyond, or at the same level of our attention to the medical needs of our patients. This may require some adjusting to meet all of those objectives and, for example, to accommodate a little bit more of that activity. At Clements University Hospital, we have transferred the geriatric service over to Zale Lipshy, again, with the best interest of all of our patients and all of our caregivers in mind.

This is obviously a dynamic situation. We don't know exactly what the future holds, but in turning to our modelers who have continued to do great work and have proven to be remarkably accurate in their predictions, as we look back in two-week intervals to see how well what was said two weeks ago played out over the course of that period of time. And seeing how accurate that is been, that's I think the reason we appropriately have confidence in what their model says we may expect over the next couple of weeks. And what it does say is across both Dallas County and Tarrant County is a continued rise, and I would say at a minimum an additional 20 percent in terms of number of patients who will be in the hospital and perhaps as many as 50 percent.

So this really underscores the need for vigilance, certainly at UT Southwestern, but as a region over the weeks ahead, and I hope only reinforces – to say it a third or fourth time – the responsibility we all have for complying with the nonpharmacologic interventions.

With that, I'm going to wrap up here in just a moment or two, but do want to touch on a few other topics before I do. And that is that we are going to be continuing in our current state of operations on an open-ended basis, pending changes in what happens over the weeks ahead. We do not see any of these developments which I've shared with you, as concerning as they are, necessitating a pullback from our current level of operations, which at this time remains pretty fully engaged in our health care system and at about 50 percent in our laboratory operations and a gradual return in terms of some of our educational programs, at least with respect to our third- and fourth-year medical students. However, we will be guided by the events as they unfold. Clearly, we hope we will see a time when the curve is now on the descending limb, and at such time as it's sufficiently diminished, we would consider further expanding our operations.

On the other hand, if we do find ourselves in circumstances where we are concerned about the ability to safely provide care for all those who will need it or safely carry on our operations, we will, in that circumstance, pull back on what we're doing. But we do want to assure all of you that safety of the campus and our ability to deliver to those who absolutely need our help remains paramount in our planning.

I do want to also mention before wrapping up, in follow-up to the briefing last week, that we are now posting on our website the number of members of the UT Southwestern community who have been diagnosed with COVID-19 and also, further, where they may have acquired it. And that will be updated weekly. But as of last week, if you go to the website, you will see that there are 62 members of the UT Southwestern family who have been diagnosed with COVID-19 since the beginning of the pandemic. Of those, 51, we know with confidence, acquired the infection in the course of some exposure out in the community. The remaining 11 – and to put that in perspective, that 11 is over the course of these two to three months and within the entirety of the UT Southwestern employees of approximately 19,000 – and of those, as you will see, two of those were employee-to-employee exposures in the nonclinical environment, four of those were exposures from employee to employee in the clinical environment, and the remaining few were from a caregiver acquiring it from contact with a patient.

I would suggest that 62 instances of COVID-19 is 62 too many. Still, to put it in perspective, it's below half of 1 percent of the UT Southwestern community. And I think that the fact that the number, particularly of those who have acquired the infection actually on our campus being nearly in single digits, is a testament to just how well we as a community have been adhering to the physical distancing, and mask requirements, and hand sanitizers, and campuswide application of deep cleaning. But nobody should take those numbers as any license for complacency now.

We will only continue to see that very low rate if we continue to be just as vigorous and rigorous as we have been up to date in our attention to those nonpharmacologic interventions.

So with that, I'm going to conclude my remarks, and I can turn to your questions, and Jenny, maybe you can raise the first question.

Jenny Doren:

Well, good morning, Dr. Podolsky, and I really sincerely appreciate the opportunity to be here every week and to ask these questions. A lot of really thoughtful questions are coming in for you, both COVID and non-COVID related.

I'll begin with a question I have asked before, but one that remains on the minds of many, especially as the volume of cases, as you just mentioned, continues to climb. Media are repeatedly reporting layoffs and furloughs as health care institutions across the nation and here in Texas are facing these same struggles. Does UT Southwestern have plans for layoffs or furloughs in the immediate future?

Dr. Podolsky:

Well I understand why this is a question that is on people's mind from one week to the next. And I will say once again, and unequivocally, we have no plans for layoffs or furloughs in the immediate future, or for that matter at this point, at any point looking forward.

Now, I think it's important to acknowledge that we are ultimately subject to events beyond those that we can fully anticipate at this time with certainty. And should we find ourselves in a circumstance where we would have to return, for example, to reduce or eliminate elective procedures, that would have a severe impact on our revenue and accordingly might require consideration of measures that have not been necessary today.

So I want the entire UT Southwestern community to, again, know that we are not planning on layoffs. We're also not planning on reductions in compensation, but if circumstances change, we will be sharing that with the community. And I will say if we should ever have to cross that bridge, our primary consideration is how we can do that in the most equitable fashion.

But on our current path, we are still anticipating that with the discipline and hard work, which has characterized UT Southwestern, even though we will sustain and are sustaining significant operating losses in this fiscal year, that in the next fiscal year we can return to an operating margin which is important and necessary for the long-term vitality of UT Southwestern.

Jenny Doren:

I think “discipline” is that key word that you just used.

There remain a lot of strong opinions – and in some cases anxiety – about returning to campus. Given that the number of cases is rising, why is UT Southwestern not spinning down operations once again? Is there any political pressure for UT Southwestern to return to normal operations as the state of Texas has reopened?

Dr. Podolsky:

Well, again, I appreciate the question, and I understand the anxiety, and it’s for that reason that even as we have obviously restored many operations, in no circumstance are we compelling somebody to return to environments they don’t feel [safe in] for whatever reason – maybe their own health conditions or the specific circumstances of their work environment to the campus – particularly when they’re able to carry on their work on a remote basis.

I can say unequivocally the decisions that have been made regarding both the shutdown of activities on the campus, with one asterisk – to that I’ll come to – but in particular, the reopening of it has not been impacted by anything other than the best judgment that we have arrived at here at UT Southwestern as a leadership team and listening to the members of a UT Southwestern community. And specifically there is no political pressure from the state for us to change our decisions about operations.

That asterisk I referred to was simply referencing the time when the Governor issued an executive order, which did require that we postpone all elective procedures, but more particularly in terms of opening up, that has been guided by what we have, based on the data and criteria established, particularly by our EROC, could be done safely on the campus. And that will continue to guide any future developments.

I’ve mentioned in my remarks that we have, in tracking the number of individuals who have been tested positive for COVID-19, been reassured that we maintain a very safe environment. That safety, as well as ultimately our obligations to patients, will be the overriding considerations here. And so far as we continue to be able to do both of those things, as I’ve said already, we’re going to continue at this current state of operations until such time that circumstances warrant a change one way or another.

Jenny Doren:

Thank you. Dr. Podolsky, you and I have spoken at great lengths during these briefings about the rise of telemedicine amid COVID-19. As of July 1, some insurers are refusing to pay for telemedicine for new patients. What is UT Southwestern doing to push back against these new restrictions?

Dr. Podolsky:

So UT Southwestern has been very active in efforts by our Government Affairs Team, led by Angelica Hill, at both the state and federal levels to advocate for virtual care reimbursement to remain at the same level as in-person visits. And obviously we are kind of motivated by seeing the remarkable uptake of telehealth, digital health, as a means of delivering care to our patients. And being convinced of the ability to deliver a high quality of care and one that patients tell us provides a great experience, we are

going to do everything we can to see that the lifting of restrictions on a temporary basis, beginning with the federal government, can be made as a permanent change.

And this includes, as said, reimbursement on a plane equal to that of in-person visits. And we hope to have the same kind of impact, as often has happened when the government makes its decision, to see it follow in the commercial sector as well.

Jenny Doren:

Shifting for a moment to a question stemming from your remarks over the past few weeks about UT Southwestern's commitment to diversity and inclusion: Academic Colleges are named for renowned UT Southwestern faculty. Yet not only are each of these namesakes white and predominantly male, the College Masters are also white. Has any consideration been given to perhaps add more namesakes that more accurately reflect the diversity we embrace today? Further, has any consideration been given to ensure that the College Masters are also representative of the student population they lead?

Dr. Podolsky:

Well, we do not have any plans to increase the number of colleges as a means of addressing the concern behind this question. Part of that is really a physical limitation, the number of commons in which we have to have colleges have their home. And I do want to reemphasize what I've said in past weeks, that we as an institution are determined to address any dimension of inequality, discrimination, racism in any aspect of our campus activities as part of a core value of believing in the power of diversity and inclusion.

Now, speaking first about the mentors, I would point out that there has been some real significant directional change there, as currently out of the 65 mentors there, 32 are women, five are African-American. I do acknowledge that all of our six current masters are white. They are all superb individuals, they're doing a superb job, but as those positions turn over, the issue of seeing diversity at that important leadership level will certainly be very much in the forefront of the Dean's decision too, as people are replaced. So, I understand we have a ways to go from where we are starting. It's not our intention, as it were, to remove any of the Masters, as they are doing a great job, but we will do everything we can as things evolve, to see that the diversity is reflected in this aspect, as we want to see it in every aspect of UT Southwestern.

Jenny Doren:

Appreciate your answering that. Now to a question about dependent care accounts and concerns about having contributed large amounts of money that may not be used due to closed or very limited summer day camp opportunities. Are reimbursements being considered on any level?

Dr. Podolsky:

Well, that's a tough one. Employees currently have the ability to stop day care flex contributions, and I do realize that many are upset that they are unable to use the funds contributed to date, but the rules

and use of dependent care funds are established by the IRS guidelines, which specifically state that unused funds have to be forfeited to the plan. So once again, this is an instance where what we might want to do is simply at cross-purposes with the legal obligations and, in this case, federal ones. Our UT System Office of Employee Benefits is continuing to monitor all updates and changes to the IRS guidelines as they relate to the impact of COVID-19 on flexible spending accounts, and we can hope that given the extraordinary circumstance, this will be one more instance where there will be flexibility that we've not had before. But again, this is something that will be decided at the federal level. And for anybody who may be looking for more information, you will find it if you go to the UT System FLEX spending policy, which is accessible online.

Jenny Doren:

So one final question: The pandemic has placed additional burden on both clinical and nonclinical staff. How is the University planning to manage crisis fatigue?

Dr. Podolsky:

Well, first of all, I want to remind everybody that from the first days of the pandemic, there has been available a stress hotline to provide immediate advice and then, as appropriate, connection to more formal, if you will, mental health services.

And what I would like to take this opportunity to do is to strongly encourage everyone working – in terms of scheduling with your supervisor – to take some of that vacation time. We understand that summer vacations are, for the great majority of individuals, not going to be what you might have otherwise planned, but do take that time off. And in past sessions, I've been asked whether you could carry over vacation time into the next year beyond the limits, and again, as you heard from me there, there is no option. That's another instance where we're constrained by state law. So I really encourage people to take some time, this summer, to as much as you can put the pandemic out of your mind and enjoy your time with your friends and families.

Now having made that plea, I do want to remind you that you can find a number of other tools and resources at our .edu wellness page [[utsouthwestern.edu/covid-19/wellness](https://utsouthwestern.edu/covid-19/wellness)], and again, the information regarding counseling and mental health services can be found on our employee health website.

Jenny Doren:

Thank you. Appreciate your time.

Dr. Podolsky:

Thank you.