

May 27, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I am pleased to welcome you once again to this weekly briefing for the UT Southwestern community. As in past weeks, I'll spend the first half of our time together providing an update on events that have occurred since last week. And then we'll turn to your questions, which will be posed by Jenny Doren, a Director in our communications department. I want to begin also though by thanking you for your continued commitment to UT Southwestern. The efforts and resilience of the UT Southwestern community has been remarkable in enabling us to continue to move forward in all our missions, despite the extraordinary circumstances of these past few months.

So, let me start with the current state of affairs as it were here on the campus with respect to the COVID-19 pandemic. Over the past week, we've seen a slight increase in the number of patients we're caring for at Clements University Hospital. Those numbers having been in the 10 range for a couple of weeks have now gotten into the high teens. Interestingly, in the same period we've seen somewhat of a decline in the patients we're caring for at our partner, Parkland Hospital. Where there had been a census in the 70s over a period of weeks, that has gradually declined and within the last few days has been in the 50s.

Where are we on the campus in our journey? We are now fully engaged in what we have designated phase two, which is the beginning of the restoration of our operations. With that, fully 14,000 of the 19,000 or so individuals who comprise the UT Southwestern community are working at least to some degree on the campus. I'm very pleased that the return to campus for those many who for several weeks were working remotely has gone very smoothly. And at this point we have our EROC, Emergency and Restoration of Operations Committee, working actively on a plan to advance the opening of our operations into phase three.

But I do want to emphasize that our progression in opening up our activities beyond the point we find ourselves now will depend on the evolving circumstances in our community with respect to the pandemic, as well as the circumstances on our own campus. As eager as we all are to get back to normal, it will need to be a paced and stepwise return to full operations with the readiness to pause or even pull back a bit should circumstances warrant.

Having said that, I am encouraged to see, in the models done by our own UT Southwestern multidisciplinary group, a projection that suggests that we will see a continued flatness if not actually a small decline in the number of new cases over the next two weeks. And I think given how close the UT Southwestern modeling group has been to the mark over the past weeks, that does give me some confidence about our ability to continue to march forward in opening our operations and a phase three. And later in my remarks, I'll come to an initial step for that with respect to our research operations.

But before I do, let me give a summary of where we are in the Health System. We, at this point, have restored our operations to the extent that we're at approximately an 80 percent level of the activity

with respect to surgeries and procedures and our hospital's occupancy as we were pre-COVID. Ambulatory volume has been a bit slower but is steadily increasing. At the same time, we are seeing continued robust uptake of our telehealth options. And in fact, this week we have at least one day in which we have 2,000 telehealth visits scheduled. And I put in context that pre-COVID, our telehealth could be numbered in the single digits in a given week. And so, this is a reflection of one transformative change that undoubtedly will be with us as an enhanced way in which we can provide convenient access to our care for our patients.

Let me spend a moment to touch on our return of our educational and training programs.

Comprehensive plans have been now developed to allow our third- and fourth-year students to return to clinical rotations as of next Monday, June 1. We'll begin with our fourth-year students and then phase in over the month the return to clinical rotations for our third-year students. In the meantime, plans are being formalized to welcome our new first-year students later in the summer. So, we are actively in a phase of being sure that our educational mission is fully addressed, and that will include the plans to welcome approximately 500 new residents who will be arriving late in June to begin their residency and fellowship programs.

Our research operations were restarted now more than two weeks ago at a level of about 25 percent of pre-COVID activity. And these have gone smoothly in conjunction with all of the broad areas of research that have been important at UT Southwestern over the years. There have been some specific initiatives addressing the COVID-19 challenge. In addition to approximately eight labs actively working at the bench on the COVID-19, SARS-CoV-2 virus to identify vulnerabilities and potential strategies for ways to treat COVID-19, we are facilitating clinical research activities through the formation of a biorepository that was launched over this past week under the leadership of Dr. Ben Greenberg and Dr. Nancy Monson. This will give all of our investigators access to specimens that can be used in a variety of different research projects. In addition, a registry of our patients has also been launched to enable us to really learn as much as we can from the patients that we've taken care of. And I think it's especially impactful that both of these initiatives encompass not just UT Southwestern University Hospital and clinics, but also our partners at Parkland, at Children's and Texas Health Resources.

I said that I would come back to one of the changes in our opening operations, and that is with respect to our research programs. Given how well things have gone over the past two weeks and given our projection for the continued level of COVID-19 in the community, the EROC has recommended and I have approved that as of June 1, we will go from 25 percent to 50 percent of our research operations. It will also though be essential that we continue the rigorous application of our nonpharmacologic interventions within the context of expanding those operations. That includes in particular the wearing of masks really throughout all of our research facilities to ensure the safety of everybody working in the laboratory.

Finally, I would like to touch on the matter of finances – something I've not spoken about in the last few weeks. I thought I would do so after seeing this morning's paper which highlighted that one of the other large health systems in North Texas is announcing a large number of layoffs. And I, in seeing that, wanted to once again make clear that UT Southwestern, despite the economic and financial challenges that COVID-19 has presented to us in this fiscal year, has no plans for involuntary layoffs or furloughs.

We will, however, as I have emphasized before, in looking into the next fiscal year be very rigorous in how we control our expenses and where positions are open, whether they indeed should be filled at the present time or can be deferred to a later time. But given the prominence of the announcement this morning, I thought I would take up this issue just to assure you that nothing has changed from the perspective of UT Southwestern. And with that, I'm going to complete my remarks, and I will turn to Jenny Doren to pose the questions that you forwarded over this past week. Jenny?

Jenny Doren:

Right. Good morning, Dr. Podolsky, and thank you again for having me. Many of our colleagues listening right now are asking the same question about vacation time. In fact, we've received five questions since we spoke about this last week. Are there any institutional or UT System updates on asking the state to waive vacation accrual limits for this year?

Dr. Podolsky:

Well, we have raised this both with the UT System and in Austin, and I wish I had better news to share, but we are not getting any uptake on the request to make this accommodation. I've mentioned before that the vacation caps are not a matter even of UT System policy, but are set in state law. And for those who are interested to go and look for themselves, it's Texas government statute 661.152. And the two changes would actually require an act of the Legislature. So between the fact that we're between legislative sessions and the lack of resonance when we've raised this in Austin, I'm not able to give any further encouragement about that being changed for us.

With that, I do recommend that managers and employees review their leave balances and their plans for using vacation time versus allowing some of that time, if it is over the cap, to roll over into sick leave. I understand that given the circumstances, the kind of occasions that many would want to take during the summer will not be either possible or within a safe set of expectations. And so, I would ask you to at least find the time to take time off for just your own wellness, even if it's to stay locally or to think of other kinds of occasions that don't require long travel and can allow you to enjoy the time off in safety. But this is one where it's beyond the real control of UT Southwestern. So, Jenny, take the next question.

Jenny Doren:

Continue to stand by on that one then. Our second most asked question relates to return to campus for those 65 years and older. People are seeking clarity for who is considered a high-risk employee, who is allowed to return to campus, and who should continue working remotely.

Dr. Podolsky:

Well, let me start with the last part of that question. Anyone who can effectively carry out their job remotely should continue to do so unless given approval to return to campus by their supervisor. High-risk employees in the health care environment – and that would encompass those who are over 65, those in their third trimester of pregnancy, or those with an underlying health condition – can voluntarily return to patient care by submitting a written request to their supervisor, or they may be temporarily reassigned when possible to duties that do not require direct patient contact.

High-risk health care employees who are exposed to patients for no more than 10 minutes and can remain at least 6 feet away are safe to return to their work here on the campus. If your essential job functions do not require direct patient care, you are not considered a high-risk health care employee and may be required to return to work on campus if you are not able to carry out your responsibilities remotely.

Jenny Doren:

All right. Well, I was really happy to hear you mention the 2,000 virtual visits a day that we're now experiencing. There is certainly heightened interest in telehealth and whether virtual care may impact our near- and long-term capital investments. Additionally, is there an opportunity for UT Southwestern to provide specialist consultation through telemedicine for patients in rural areas outside of North Texas, or even outside of the state?

Dr. Podolsky:

Well, on the first part of your question, indeed as part of our planning processes at UT Southwestern for new or spaces that we're renovating, we are incorporating telehealth specific rooms that are optimized for technology, including sound or lighting and equipment, and of course ensuring patient confidentiality. So yes, the future of what a UT Southwestern health facility will look like does encompass telehealth as a pillar of how we care for our patients in the future.

On the other part of the question, UT Southwestern is actually already providing telemedicine consultations for transplant patients through satellite clinics in areas such as Amarillo and El Paso, and we do envision as part of a clinical strategic plan – which is virtually complete, having been launched last fall – that telehealth to give access well beyond our region will be a key pillar of that as well. During this public health emergency, state line requirements were waived and allow us to provide care outside the state of Texas. Whether we will continue to be able to do that will depend on whether the state relaxes those rules on an ongoing basis after the public health emergency ends. And I can assure those who are interested that UT Southwestern is advocating to see that that kind of flexibility and that expanded access is in fact instituted out as a permanent change to our health care environment.

Jenny Doren:

I know we're hearing from a lot of patients who really like having this available to them, that it makes things more convenient for a lot of different families. I want to shift now back to the budget. We very much appreciate your transparency on this topic. And I know you spent some time discussing this during your opening remarks. But we are getting more questions about this, hearing from folks who are saying the UT System has asked everyone to reduce their budgets by 5 percent and still concern about how this may affect UT Southwestern, not necessarily in the immediate, but perhaps the long term.

Dr. Podolsky:

Well, the request that I think is being referred to here was really following an executive order by the Governor directing all state agencies to decrease their budget by 5 percent. But it's important to distinguish budget from the state appropriation. And so the directive from the Governor and from UT

System really is reflecting 5 percent of essentially the state appropriation. The state appropriation is a very, very important part of UT Southwestern's total means of supporting its programs. But in its entirety, it represents, maybe by coincidence, 5 percent of our total budget. So to put it in perspective, a 5 percent cut in our state appropriations will represent a 5 percent cut of 5 percent of our budget.

Having said that, actually the Governor made an exception for health-related institutions in this particular executive order, out of a recognition that institutions like UT Southwestern have already experienced a very significant financial impact of COVID-19. I've shared before and referenced it just earlier this morning that that impact is significant to the extent that we still project at the end of this fiscal year that we will have had an operating deficit of approximately \$130 million.

So I'm grateful that the Governor saw it fit to exempt institutions like UT Southwestern from its 5 percent cut for the current biennium. But as anybody hearing those numbers will appreciate with the arithmetic, that still leaves UT Southwestern in a significantly negative operating margin for this fiscal year. We are able to sustain that because of all of the discipline that we've had over years past to accumulate reserves by always being sure that we spent less than we brought in in revenue. But we'll emphasize just how disciplined we are going to need to be to return to that positive margin in the next fiscal year.

Jenny Doren:

And I know there are a lot of really positive efforts happening right now to remind patients it's safe to come here for care, and we're already seeing those numbers going up. So I know that's some good news.

Dr. Podolsky:

In the end, much of what next year will look like is of course dependent on the confidence that patients will have to come and get the care that they need. You're right, Jenny, that what we've seen since we began to call back patients whose procedures had been postponed, that they're returning and it's encouraging, but we still have ways to go and our work cut out for us.

Jenny Doren:

Certainly. Here is a Health System related question. Do patients who are traveling to UT Southwestern from out of state need a self-quarantine for 14 days prior to their appointment, or does that only apply to certain high-risk states and countries?

Dr. Podolsky:

Well, all patients are asked to self-report travel through a pre-visit screening, whether that's via MyChart or a telephone call, and as well when they check in within the clinic. Any reports of travel are reviewed by clinic staff and escalated to the patient's provider for review. Depending on the level of risk determined by the provider, and that is indeed to a significant degree a reflection of where the patient may have traveled from, patients may be required to self-quarantine for 14 days and all the more so if they've had exposure to somebody who is known to be positive for COVID-19.

Jenny Doren:

Has tuition reimbursement been affected by the pandemic?

Dr. Podolsky:

UT Southwestern will continue to complete and pay any requests that have been previously approved before the COVID-19 event upon notification that the employee has met all the tuition reimbursement requirements. Right now we have not contemplated any modifications of the tuition reimbursement program. If we come to decide that that would be an appropriate measure, naturally we will share it with the campus. But as of this morning, our tuition program remains in its normal operating state.

Jenny Doren:

So Dr. Podolsky, we are also hearing from learners who are supposed to start nursing clinical rotations next month. When can they expect to return to campus?

Dr. Podolsky:

Well, assuming circumstances permit, we are anticipating that a limited number of nursing students will start in August for the fall semester. We are working with our nursing school partners to determine the number of students we can welcome through the end of the calendar year. As I'm sure many would appreciate, one of the considerations there is the level of COVID-19 activity and of course the supplies of PPE that we want to be sure we have to address any uptick in that activity. So, I would just ask those who are interested to monitor your email for additional information updates, which will be forthcoming over the course of the early summer, looking into the August return of these students.

Jenny Doren:

Thank you for that update. So if and when a COVID-19 vaccine becomes available, will UT Southwestern offer it to employees? And if so, will there be a cost?

Dr. Podolsky:

A difficult question to answer in that there is no vaccine there. I will say that when a vaccine becomes available, we will naturally want to do everything we can to see that our community is protected. As to how that will be paid for, how it will be distributed, all of that is hopefully a problem that we will cope with soon. But in the absence of the vaccine, it's hard to give any specific response to that. The decisions about how we will approach vaccination will be guided by our infectious disease experts. And we'll certainly be communicating that if and when we see a vaccine available.

Jenny Doren:

All right. We'll stand by for more information on that one then. Some universities are changing their retirement plans. Is the UT System looking at changes for this year?

Dr. Podolsky:

There have been no plans to change the retirement plans to the best of our knowledge. They certainly have not been communicated by the UT System, and as soon as we hear that there are even discussions of that, we will be sharing that. But as of now, there are no plans to make any changes.

Jenny Doren:

Returning to telemedicine, we received a lot of questions about telemedicine. Can we explore the potential of creating a telepsych service within Clements University Hospital to reduce a patient's length of stay and/or time spent waiting to be consulted by a behavioral health specialist?

Dr. Podolsky:

Well, I'm glad for the question. I do know that our psychiatry colleagues have provided a number of different instances of just that, providing a consultation, but without, at least to my knowledge, a fully organized and launched program. But I will be very pleased to bring this to the Chair of our Department of Psychiatry, Dr. Carol Tamminga, and ask that she and her colleagues consider this service to facilitate the care of our patients.

Jenny Doren:

Thank you. Well, as I've said multiple times, we really are receiving a lot of tremendous feedback about these weekly briefings, and people just appreciate you taking the time to answer their questions and to break down what the latest information is. So, really, thank you for sharing this time with us.

Dr. Podolsky:

Thank you, Jenny. I look forward to being back with you next week.