

April 29, 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 welcome you once again to this weekly briefing session for the UT Southwestern community.

As we do each week, I will plan to spend about half of the session bringing you up to date on developments over the course of the past week, and then with the help of Jenny Doren, a Director in our Communications Department, I'll spend the remainder of the time responding to questions that you have submitted. But as I have also done in past weeks, I want to extend my thanks and appreciation to all of you who have continued to move UT Southwestern forward in its mission, and in all aspects of its mission, despite the extraordinary circumstances, and going beyond what we do on this campus, really, serving the needs of the community here in North Texas and well beyond.

But before launching into an update on COVID-19, which necessarily is a centerpiece of these weekly briefings, I do want to share some very happy news, and as also a reminder of the fact that things are still moving forward at UT Southwestern in those core missions. And so on Monday, we were delighted to learn that four members of our faculty were elected to the National Academy of Sciences. Those colleagues are Dr. Sean Morrison, Director of our Children's [Medical Center] Research Institute at UT Southwestern and Professor of Pediatrics; Dr. Kim Orth, Professor of Molecular Biology and Biochemistry; Dr. Mike Rosen, Professor and Chair of the Department of Biophysics; and Dr. Sandy Schmid, Professor and Chair of Cell Biology.

For those of you who might not fully appreciate it, being elected to the National Academy is essentially the highest honor one can receive as a scientist in America, and reflects the contributions that are really world changing in their significance and in the excellence of the research. As I know each of them would say, their accomplishments have been possible because of the extraordinary support that they receive in this institution, from colleagues in their departments, both faculty and staff, but in all of the supporting functions in our administration, and more broadly, on the campus. And so you should all share in the satisfaction of this honor. In fact, this is a banner year in that prior to this, we've never had more than two members of our faculty elected [in the same year]. And with 25 total members of the National Academy of Sciences at UT Southwestern, that is more than the number of the National Academy members in all of the medical schools across Texas combined by a factor of two.

The other happy news is that this Saturday our medical students will graduate, ready to go on to the next phase of their training and their service to patients. It'll be a Commencement unlike any other in the history of UT Southwestern – it will be virtual. But it does remind us that even as we have been dealing these past months with the challenges of COVID-19, we have also continued to prepare the caregivers for tomorrow and the years ahead.

So with that, let me bring you up to date on the COVID-19 response here at UT Southwestern and more broadly. If you follow our website, you'll know that as of yesterday, we had a total of 19 patients, either COVID-19 positive or under investigation, at Clements University Hospital. Eleven of those were known

to be positive. That has been relatively stable, although, really, about half as many as we were seeing in the hospital at Clements two and three weeks ago. Parkland has had an increase over that same period of time, although for the last few days it has been stable at about the low 70s.

Clearly, all of the ways in which life has been changed for us in the stay-at-home era here in North Texas have had some significant impact on leveling the growth of the number of cases in North Texas. And while we continue to see about 100 new cases a day reported in at least Dallas County, that has clearly flattened, and our insights gained from our colleagues who have developed models, who I noted last week, suggest that we may be seeing now a decline in active cases. That does not mean that we are past the challenge, and continued vigilance and really careful management of how we go forward will be essential if we can maintain the ground that we've gained and hopefully, in the course of time, see this put behind us.

Testing, as everyone appreciates, is a key to navigating the future. You might be interested to know that as of this week, we have processed, at UT Southwestern, somewhere in excess of 4,000 tests, a little more than 10 percent of those positive. Those 4,000 tests, by the way, represent about a quarter of all of the testing by all sites here in Dallas. In this past week, realizing that there is a broader need for testing capacity to help the whole community of North Texas, and of the state, move from where we have been to a cautious restart of some of our operations, we are now providing testing support for the state, for those areas which don't have a sufficient capacity.

And we'll also be doing so for the county, and in the latter we'll be focusing our efforts in South Dallas, and particularly, to begin with, we plan, in the nursing homes in that region, knowing that the nursing homes have been here, as they are in other parts of the country, a real focus of clusters of COVID-19. An important bookend to the testing capability is to do contact tracing, when somebody has been found positive, and I'm very proud of our medical students who have volunteered to work with the health department here in the county to contribute to the person power needed to do that effectively.

Now, let me turn to a topic that is on everybody's mind, particularly in the context of the executive orders issued by the Governor on Monday. I'm sure most, and perhaps all of you, saw that his executive orders included the sunset, as of the end of the day tomorrow, of the stay-at-home order for the state and grant permission for a number of types of businesses to begin to operate, albeit at a significantly reduced level than the pre-stay-at-home order. I will say that the one sector in which the constraints were not included in expanding operations are in health care operations. They're leaving it to health care systems, physicians, to decide based on their expertise what is prudent in expanding the health care services that they provide.

So we've been hard at work over this, really many days, preceding the Governor's orders, to lay out a path to expand operations at UT Southwestern. This is an important responsibility being carried out by what we formerly called our EOC, and we now are designating our ROC, for Restoration of Operations Center. They will be delivering a plan to me by Friday, in which we will identify the initial steps for reopening our operations beyond what are already in place. We've begun to do that a little ahead of the curve in the health system, and as of Monday we have begun to perform procedures for patients that were postponed, where we had serious concern about any further delay impacting the outcomes for those patients. And there will be a stepwise increase over time, if conditions permit, to expand the number of those nonemergent procedures and to continue to see the opportunities for the

nonprocedural visits to the campus in the outpatient setting, for those who can't be served effectively through telehealth.

Now, having noted those changes, we will still be very cautious, and where telehealth is sufficient, for example, we'll continue to use that. That's turned out to be effective and really embraced by many of our patients as an experience for them. With the Governor's orders, I know an aspect of this which is foremost on your mind is when can we come back to campus? Or for some of you, will we have to come back to campus? At least in the initial steps, our approach, our philosophy as it were, is that if somebody can still effectively do their job from remote, we're going to continue to do that. We will still want to ensure, as we make our way forward, that we can ensure social distancing on the campus. And part of what enables that is not having all of 19,000 of us working here every day.

And so we do expect that for some time, those of you who are effectively working remotely will continue to do so. For those of you whose work really depends on coming to campus, there's where we'll continue to expand activities. We are still finalizing plans for how we will safely do that, in terms of screening people coming onto the campus, what kind of measures, such as wearing a mask and social distancing, will be required to ensure the safety of you and your UT Southwestern colleagues. So more details of that will be forthcoming.

I guess the one further aspect that I'll mention as part of that plan is to allow those who are 65 and older and have preexisting conditions to work with their supervisors in the clinical setting – and these are individuals working in the clinical arenas – to be able to come back to campus and take up those clinical responsibilities, at least in an area where COVID-19 patients will not be seen. Our approach will be to permit this, but not to require it for those who still feel unsafe in the current environment. So as I said, more to follow on that.

Let me touch, as I have in past weeks, on the financial implications for the campus. You've heard now that those are quite significant. We've had some good news in the form of some of the funds which were allocated by the Congress for relief for the COVID-19 disaster for providers has come to UT Southwestern now – a total of about \$34 million. So that's, of course, very welcome. At the same time, given losses because of the deferral of all of those elective procedures and the additional costs that we've taken to try to keep our community safe and to serve those in need, we still project an operating loss by the end of this fiscal year, which would be Aug. 31, of up to \$130 million. And it's for that reason that we have issued budget instructions for the next fiscal year, which will provide a path to ensure that we will return to a performance that yields a modest operating margin as we have done in all past years prior to this.

That does unfortunately require some measures that I certainly wish weren't necessary, but it would be irresponsible to proceed otherwise. And so at a time when there is so much merit to go around because of everything that you've done, unfortunately when it comes to the finances, we will not be able to support a merit program. This does relate to what I've told you before – our prioritizing, first and foremost, preserving the employment of everybody at UT Southwestern who's currently here. We will look for savings outside of salary for things like travel or other discretionary spending, and at the same time, we will be laying the groundwork for important new initiatives, such as the opening of the Clements University Hospital third tower in the next fiscal year.

So I share that with you as the practical reality. I am delighted that we've not had to take even more difficult measures as we've seen at peer institutions, not only around the country, but even within the UT System. I think with that, I'm going to conclude my comments and now turn to Jenny Doren to hear your questions.

Jenny Doren:

Good morning, Dr. Podolsky. We continue to receive very strong questions. Of course, we welcome those questions. I'm going to dive right in.

With state restrictions now easing up, we are seeing a spike in questions about returning to work and what is being done to ensure our health and safety. Can you please explain what UT Southwestern's plans are to thoroughly sanitize our very large campus and minimize COVID-19 exposure risk?

Dr. Daniel Podolsky:

Well, really since early on in our response to COVID-19, we have escalated the intensity of our practices with respect to sanitation and custodial support of the campus. Our Facilities Management and custodial contractor teams have been working very closely on this effort. Spaces are cleaned daily with products and procedures that are based on CDC guidelines to kill the COVID-19 virus.

We've also implemented enhanced measures to wipe down and disinfect high touchpoint areas, three to four times daily, in all buildings. Examples of some of these high touchpoint spots and spaces include door push bars, push plates and knobs, elevators, including cab rails, interior and exterior call buttons, our light switch plates, drinking water fountains, stair handrails, and the shuttles. So we will maintain this significantly more intense effort because we do appreciate that is one of the nonpharmacologic interventions which contributes to a safer environment.

Jenny Doren:

I would imagine, too, you would say people should keep the hand sanitizer with them, keep the cleaning products. I know in my office, I've got a whole stash of things, and I'm seeing that kind of being an increasing trend.

Dr. Daniel Podolsky:

Certainly. Hand sanitation and washing your hands are both important measures as part of an overall approach. And let me just add to my response just a moment ago, to acknowledge the outstanding work by the Facilities Management led by our Vice President, Juan Guerra. And although you didn't ask it, even as they are keeping the campus as clean as possible, they have also been continuing to move the construction priorities on the campus forward, which are so essential to our future, including that third tower at Clements, but also the new cancer center outpatient tower and brain research tower on North Campus and our radiation oncology on East Campus.

Jenny Doren:

We love to see that growth.

Well, moving on, if you poll people, ranging from patients, vendors, community members, the concern is that there's going to be a second, perhaps a third wave of COVID-19 hit in the fall. So will there be contingency plans for this, and is there any merit to all of this talk?

Dr. Daniel Podolsky:

Well, certainly as I listen to all of the experts, it seems to be hard to escape the conclusion that we need to anticipate that there will be waves. I'm hoping they'll be wavelets, if we are really judicious in how we open ourselves up. And of course, it's not just what we do on the campus, but in North Texas generally. A part of that will be being very attuned to the number of patients who are being admitted, and number of tests that are positive, to pick up any uptick at the very earliest place. Because what experience shows, and that's the story of North Texas, when you do interventions early, they're that much more effective.

So having said that, we certainly are going to make preparations in anticipation that that at least could occur. And so that will be continuing to focus on having an adequate PPE supply, ensuring that we have capacity in our hospital, both in just regular rooms and ICUs, and ventilators – even if through this first wave, fortunately, we've never come close to being stressed in the resources available for patients. We will clearly modulate those nonpharmacologic interventions as circumstances dictate. A real great resource for us is that modeling group, who I mentioned last week and earlier in my comments this morning. Again, a group that is multidisciplinary from our Department of Bioinformatics, from our Department of Internal Medicine, Division of Infectious Diseases, from the Health System Administration, from the Department of Emergency Medicine. They've created a model which is not only informing our view of what the future may look like, but also assisting policymakers at the county and state level.

The models do suggest that with a loosening of the nonpharmacologic intervention, with people traveling more, we will expect, over a matter of weeks, some increase. And as I said, the goal and the challenge will be to be vigilant, to pick that up at the earliest spot so that we can hopefully make relatively minor adjustments to what we're doing to restore the control that we're seeing now.

Jenny Doren:

We appreciate those continued efforts on the planning front, without a doubt. We're also getting a myriad of questions, no surprise here, about vacation time. With travel restrictions in place, a lot of folks, myself included, had to cancel weeklong trips. Now, some people are even telling us that they have almost a year's worth of vacation time banked.

Will there be an increase in the number of hours we can carry over from to fiscal year '20 to fiscal year '21, so those who are being called on daily during the pandemic don't lose their paid time off?

Dr. Daniel Podolsky:

Well, this is an area of concern for me in part because it's not actually within the control of UT Southwestern. The policies and regulations around carryover of time across fiscal years is determined by the state. There is a Texas government state statute called Entitlement to Annual Vacation Leave. To date, we've not heard of any focused efforts to address this. I will be asking our government relations

lead, Marin Hill, our Vice President for Government Relations, to work with our elected representatives to highlight the concern.

Of course, I'm sure this concern is being felt all across state agencies, not just components of the UT System, and so I'm hoping that there will be some receptivity. But I need to be direct in saying, if it were under my control, this would be an easy decision, but it's not. We're going to work with the policymakers to see if they will be agreeable, given the extraordinary circumstances which have led to, for many people, unplanned and balances that they can't use of their paid time off.

Jenny Doren:

I think I speak on behalf of everyone when I say at least thank you for trying. I know that's pretty much the best that you can do under these circumstances.

I want to pivot now to testing. You've obviously been updating us quite heavily on testing. Another top question that we've been receiving is that, is there any discussion about broader testing of employees, including those who are asymptomatic, so again, not showing any symptoms, before returning back to work?

Dr. Daniel Podolsky:

Well, this is certainly one of the important and active areas of discussion of that ROC because it's really going to be relevant to all areas of the campus as we restore operations here. Let me start by saying the PCR tests, the fundamental test for the virus, remains essential for anybody with symptoms or exposure, and we are continuing to expand our capacity for that. There is, maybe what would be to some, a surprising amount of debate over the value of screening just broadly as you bring people back to work, and I'm not speaking specifically here at UT Southwestern.

The Centers for Disease Control and Prevention has actually increasingly come to suggest or recommend nontesting. And why would they do that? It's that there is concern from experience that when you start testing, people become lax and less attentive to that hand-washing and to all the sanitation, all the nonpharmacologic interventions, the physical distancing, and that it can give a false sense of security. While it's fine if I have a negative test today; I could have been tested when it was just too early to pick up the virus, and it doesn't say am I safe tomorrow or the next day. So we've not come to a final decision on that. But that's sort of the context in which that decision will be formulated.

Another test, and I believe I may have mentioned it last week as we were in the process then of just developing it for use on the campus, is serologic testing. That is testing for an antibody to the SARS-CoV-2 virus behind COVID-19. And when I say we've been testing, I mean Dr. [Ravi] Sarode and his colleagues in our clinical molecular laboratory. I'm pleased to say that we do now have that capability, having validated it in our own laboratory, but we are still thinking through how that can be deployed.

I would say that it's not a scale sufficient to test everybody, and we can expect that as we do test people, beyond those who have known COVID-19 infection in the past, we don't know how many people we will find are antibody positive, and so therefore what percentage of, say, the UT Southwestern community might at least take some comfort in knowing that you had this antibody. And then the final

part of this onion is that we don't know whether having the antibody really provides a sign that you are immune and safe from getting infected by the virus again.

Jenny Doren:

Learning new things about this every single day. Well, as we wrap up our Q&A, I want to share one final question we received, which also includes a compliment.

The person who wrote us says these weekly addresses, "They help us connect as an institution, and would Dr. Podolsky consider continuing live or recorded audio briefings after COVID-19 is over? Perhaps on a monthly basis, to learn more about ongoing activities, including challenges and successes across our campus."

So what are your thoughts about that?

Dr. Daniel Podolsky:

Well, first of all, I'm very pleased if these weekly briefings are of help to all my colleagues here at UT Southwestern, and I would certainly very much be willing to continue them in some fashion at a pace that seems appropriate when we're at that happy day, when COVID-19 is not going to dominate the discussion.

But I wouldn't want them to, at any point, be instead of the town halls that we do a few times each year, when I have the chance to really hear directly from you and really have the exchange that unfortunately is not possible in this forum. So I look forward to those days too when we can all be together in a room, and you can ask me your questions directly, and I have a chance to get to know many of you who I don't otherwise cross paths with on our large campus. So thank you for the question, and I'm very pleased if these briefings are helpful to you.

Jenny Doren:

Thank you.

Dr. Daniel Podolsky:

Have a great rest of the week.