UAB's Leadership Fosters Innovation to Address Diversity, Inclusion and Health Equity

Transcript

[00:00:00] Selwyn Vickers, M.D., FACS: We also had a bold initiative called the Grand Challenge that our university has taken on, because, in the space of delivering this care as you know, health disparities are driven by only in part medical determinants. They are largely driven by social determinants that often AMCs are not readily set and equipped to deal with. We've taken on this Grand Challenge, as it's called, few universities have, to go into neighborhoods, both rural and urban, to deal with sidewalks, to deal with food deserts, to deal with reading and education, to deal with primary care access, to deal with walking and play safe areas.

The things that we often take for granted, but that are fundamental, their keeping somebody at their house versus in your emergency room because their refrigerator broke down because they couldn't keep their insulin refrigerated.

[00:01:15] Larry Kaiser, M.D., FACS: Welcome to A&M's *What's Your Moonshot* podcast. My name is Larry Kaiser. I'm Managing Director in Alvarez & Marsal Healthcare Industry Group. I'm here today with my co-host, the Honorable Secretary, Dr. David Shulkin. David, it's my pleasure to welcome to the podcast Dr. Selwyn Vickers, who leads the healthcare system at the University of Alabama at Birmingham, one of the preeminent medical centers in the country.

Dr. Vickers is an internationally recognized hepatobiliary and pancreatic cancer surgeon, pancreatic cancer researcher, pioneer in health disparities research, and the current president of the American Surgical Association, the senior Society for American surgery.

In 2013, Dr. Vickers was appointed Senior Vice President of medicine and dean of the UAB School of Medicine, one of the largest public Academic Medical Centers in the United States. In his role as dean, he leads the medical school's main campus in Birmingham as well as its regional campuses in Montgomery, Huntsville, and Tuscaloosa. On January 1st, 2022, Dr. Vickers assumed the role of CEO of the UAB health system and CEO of the UAB Ascension St. Vincent's Alliance.

We are very pleased to welcome you today to the podcast, Selwyn.

[00:02:26] Dr. Vickers: Thank you Dr. Kaiser and Honorable Secretary, Shulkin. It's an honor for me to be on with you. Thank you for the generous introduction. I'm pleased to be a part of this podcast and look forward to our conversation.

[00:02:38] David Shulkin, M.D.: Great. Well, Dr. Vickers, it's our honor to have you on. This is really a chance for people to hear about what you dream about, what you hope you can get done, what may be your moonshot is. I think a lot of people who listen to this podcast understand that structure, the way that you're organized in your role and your leadership allows you to do a lot of things and is really important. What was the motivation for

integrating the academic and the clinical roles together at UAB, and how do you think that might help you accomplish your vision and your plans for the future?

[00:03:19] Dr. Vickers: Although we've grown very rapidly as an Academic Medical Center, and certainly one of the top 10 public and one of the top in size, largest in size in the country, we've evolved in our leadership. Larry knows, as he's probably looked at different jobs, this was a fairly isolated dean's role in its history, and one where it was really over education and research, and not really able to embrace any segment of the clinical enterprise.

When I took the job, unfortunately, my predecessor was a sitting chair department who went on to be president of the university. He got the same issue that the dean's job needed to be involved and evolved in really the fullest scope of the academic mission. There were a number of structural and tactical things we needed to do, but I know you each, to where you have gone in your career, no matter what you've done from an academic performance, to me, you have to demonstrate leadership, and you have to actually put together strategies and plans that allow that to happen.

We were fortunate enough to do that, and this evolution went from the dean role just over education, eventually over our practice plan, which when I got here, there were really three individuals leading the Academic Medical Center, one of your former colleagues at Penn, Will Ferniany, president of our practice plan who would be a sitting chair and the dean. Obviously in that, you have a chair in some ways as appears the dean in that structure.

We realized that that role, particularly for that chair was both not as productive as it could be for the institution, and particularly if the dean was someone who was not only a researcher but who was a clinician and a previous department chair, that role didn't have to be served by a sitting chair because the previous deans were either administrators or researchers alone. We evolved to that role being one that reported to the dean and the CEO.

In this process called organization for success, we work with the consulting group to move us more into mainstream. Larry and you both know there are plenty of excellent models where the Chief Academic Officer is the chief leader of the broader enterprise, including clinical. We aspire to that, but it took both the evolution and Will. As we grew this, I think the right thing is for me to eventually report to you. That occurred only after he retired, but we didn't set it up in that fashion that the CEOs who run our clinical enterprise report to a senior strategic academic leader.

It's been a journey, and I think it's been an important one for our institution to evolve to that to really become, if you would, more mainstream in its leadership style.

[00:06:30] Larry: Yes, and as you know, there are all sorts of different models of governance for Academic Medical Centers, and what works in one place doesn't necessarily work in another. It really sounds as if you've gone through a process where what you have come up with now, combining those roles really to focus on the mission, I think, is going to sit well with you and your colleagues. As you know, you and I discussed your role there when you were contemplating taking that job, and we talked about how it was segmented at the time.

[00:07:04] Dr. Vickers: Yes, we did. We did very much so. Success metrics for me is when I step away, that the model continues. That's what I will hope to be the case because I do think it's the best opportunity for the institution to grow in all phases of its mission.

[00:07:24] Larry: As part of that, you've articulated a plan to become the preferred Academic Medical Center of the 21st century. What are the distinguishing characteristics of

a preferred medical center? How do you see UAB becoming a preferred Academic Medical Center, and what's it going to take to get there?

[00:07:43] Dr. Vickers: I would say that, at first, Larry, begins with great clinical care. That's been a hallmark of our institution, certainly since John Kirkland came and since in large part, we lead this area both in cancer and in transplantation. We, last year were number 11 in quality for Vizient, our goal is being the top 10, so we're just short of that. One of the identities that we think very much fit that is really being in the top 10 in Vizient and quality.

The other aspect for us was clearly the growth in research. When I came here, we were 31, and we had a fledgling plan that was both inadequate in its financing and also in its strategy, so we've grown from 31 to 21. We've increased our NIH funding by over $100 million, and we've been only five or six schools that have been able to do that. That is a measure. We don't think we've reached our asymptote, we want to be probably top 15. We think that's right for us in our size, but there's still further growth to go and more space to be added.

Then I think it very much relates to most recently Forbes named UAB America's number one employer, large employer, so any employer over 25,000. Our competition was Microsoft, Netflix, the Mayo Clinic, Yale, Google, and we were identified by Forbes as the number one employer in America. That was important for us to make that statement about what it means to be the preferred Academic Medical Center.

Then most recently, and I'll share as we've looked through our transplant program, we really focused on three areas for us, cardiac, cancer, and transplant. Our transplant program has done more transplants in African Americans than any institution in the world. When **[unintelligible 00:09:49]** came from Joe Murray's lab in 1967, to Birmingham, his list of people who had renal failure were 75% African American. In a quiet, methodical way, he transplanted everybody who needed one and the vast majority were African Americans. That's a legacy we are proud of, very much. Our cancer center has been funded continuously as an NCI, one of the first eight NCI cancer centers funded for over 50 years. That piece too is probably fundamental to this idea of becoming the preferred Academic Medical Center.

[00:10:31] David: Well, Dr. Vickers, there's a lot there that you said to be proud of but one of the things that coming out of this pandemic that's been so devastating in many ways is I think that everyone now has a much greater understanding of the need to think about the issues of health equity and the socio-economic determinants of health. How do the issues of diversity and inclusion and equity impact your thinking about being a preferred medical center? That statistic on transplanting the most African American patients in the country is pretty important. Do you plan on expanding on that and making that one of the central features of a preferred medical center?

[00:11:21] Dr. Vickers: We do, David. I think we believe we have an unbelievably compelling why of what we do. Dr. Kaiser gets a little bit of that when he left Temple, they served a region of Philadelphia, they had a compelling why have a mission. We sit in one of the most significant burdens of disease in the world, certainly in America, for stroke, for diabetes, for obesity, for renal failure, and even now for HIV. Nearly 60% of the new cases are in this part of our country. We're the largest public Academic Medical Center, one of the largest public or private in this area and we feel the compelling, really ownership of addressing these disparities.

We petitioned the NIH last year or two or three years ago about centers for chronic disease in a cancer center model because of the disease burden that we see in this part of the country that exists in disparate communities all over our country. They finally responded in a very significant way. We were one of the first eight institutions honored, we're awarded a

Center for Chronic Disease is about a $25 million grant but it involves UAB being the lead program, the lead institution for projects in Mississippi, projects in Alabama, projects in Louisiana. We, through our CCTS, our clinical translational research award, and community have a partnership across the deep south that we lead in this area. That grant is one of them.

The second one is that the NIH, as you may know, came out with the first award. It was an award to address the disparities in recruiting minority faculty. We were one of the first five to receive a first award and that award will allow us to begin further recruit-- what we will call Benjamin Carver Scientists to UAB in collaboration with a historically Black University Tuskegee. One, fundamentally, we believe that we have a great responsibility for the country to further address the disparities in disease in the populations that we serve that really, in many ways, represent the nexus of that in our country.

Secondly, we firmly believe that diversity is as much about excellence as about equity. I spent my time in Minnesota, which is not a very diverse state, but a place where they recognize that particularly many corporations if they were going to be great, they couldn't have everybody looking the same around the boardroom. There had to be some differences of the walks of life, differences of experience that drove different thought processes, different solutions, in order to be great.

We believe that is fundamental for us to be our best and some of the institution you all colleagues from Penn. Penn has a diversity of talent from some of the brightest people from all walks of life. We certainly aspire to have the same in our growth as well.

[00:14:46] Larry: Yes, there's no doubt and it's so great to hear leaders talking this way. This needs to become really language that is talked about in the C-suite, in the boardrooms, in every institution. I think your leadership here makes a big difference. You also talked about the importance of research to you and UAB and your vision for the future. What are the specific areas that you're going to prioritize when you invest in research?

[00:15:17] Dr. Vickers: The three areas that we think align across our institution very much relate to translation of ideas because of the population and the size of our clinical enterprise. Secondly, it relates to those three areas that I've mentioned, the cardiac, transplant, and cancer. Across those areas, we want to have a broad set of themes that relate to disparities. We feel we have a unique space to be able to address that on a national level. Our cardiac program now led by a young man who trained at the Mayo Clinic, but who did a fellowship at Penn and has grown to be probably the third or fourth-largest in volume of cardiac care in the country.

Really a diverse set of opportunities for translational clinical trial development and rich with populations that look like America which, as you know, 50% of our country will be a diverse background by 2030. Secondly, our transplant program is one where we still have well over 1,000, approaching 2,000 patients, on our waiting list for kidneys, 75% being African American, many dying because we don't have enough organs.

We recently were one of the first programs and probably the first to do it in a complete fashion to transplant a genetically modified pig kidney through our relationship and United Therapeutics and Martine Rothblatt, that really showed for the first time, this global concern about hyperacute rejection was really, I would say, significantly reduced or modified but really wasn't a factor in these kidneys function over a three day period.

We believe the opportunity to be able to develop that through a biohazard-free farm that we've developed, the genetically growth and management of these pigs to significant size to

donate their kidneys, their pancreas, their liver, their hearts are going to give us a platform to deal with chronic disease with a volume of organs like we've not seen before.

Then as it relates to cancer, it's being participants and leaders, as it relates to precision medicine in the evolution of what again, I say your institution's lead-in in RNA therapy, to make a difference in gene therapy and people's lives, to correct those rare diseases, and eventually some more common diseases because you've identified a toxic protein or lack of a protein that you now can replace by either a gene or RNA.

[00:18:18] Larry: Well, that is incredibly exciting. As you know, Bart Griffith just did that modified heart transplant at the University of Maryland and Bob Montgomery at NYU now has done something very similar to what you just mentioned as well, looking at kidney function in a deceased individual as a prelude to going ahead with this. That's very exciting. Let me change gears a little bit here. It's clear that the UAB Medical Center is a major provider of tertiary and quaternary care for the state, the major provider. Yet patients clearly want quality care closer to where they reside.

The centrality of medical care clearly is moving away from the inpatient setting and not just to the outpatient setting but really into the home. Tell us a little bit somewhat about your outpatient strategy and how you're making it easier for patients to access the outstanding care that you and your colleagues provide?

[00:19:13] Dr. Vickers: Larry, I will. Let me add one thing. Jayme Locke has been the surgeon whose lead that. You nicely mentioned those other two but I'd be remiss if I didn't give Jamie kudos for the work she's done and transformatively leading our transplant program. You bring up a great point in the fact that the pandemic has taught us several things but one of those is access was really killed when we couldn't see people in person. Like many places, we see telemedicine, tele-ICU, tele-stroke services are fundamental tools that we want to use. Now as you know, the reimbursement world has not caught up with us yet to give us the proper reimbursement.

We also have to catch up and get the right infrastructure and overhead costs for telemedicine, so that it's not using the traditional inpatient model or in-person model, which is quite expensive compared to what's for telemedicine. One, it's actually expanding our expertise through telemedicine in multiple spaces, particularly in a state. As an Academic Medical Center, we might have the largest catchment area without a competitive AMC of any center in the country. We clearly have a broad number of people who often want to come here. The fact of the matter is our occupancy is killing us now because it's north of 98%.

The reality is, we need to do more in an outpatient setting. We had grown our number of affiliations, and acquisition of rural hospitals, where we now acquired those through multiple mechanisms to be able to expand their capacity, to be able to help recruit talent in those areas and to be able to actually keep more patients in those areas for basic things that should be able to be taken care of in their community. It's telemedicine, specifically tele-ICU, tele-stroke are the key that we're using right now beyond the basic evaluation pieces for other unique subspecialties. It's also the acquisition on an alignment with rural hospitals as a part of our strategy. Then finally, it's about actually putting together talent that we can disperse along our state that can help also manage those patients in those disparate communities.

[00:21:52] Larry: I think that's critically important. By and large, you've got a rural state and you've got people spread out who would like to be able and need to be able to access the outstanding care. That strategy, I think, will pay many, many dividends in terms of being able to bring care to the patients where they live.

[00:22:09] Dr. Vickers: We also, Larry, have a bold initiative called the Grand Challenge that our university has taken on, because in the space of delivering this care, as you know, health disparities are driven by only, in part, medical determinants. They are largely driven by social determinants that often AMCs are not readily set and equipped to deal with. We've taken on this Grand Challenge, as it's called, few universities have, to go into neighborhoods, both rural and urban, to deal with sidewalks, to deal with food deserts, to deal with reading and education, to deal with primary care access, to deal with walking and play safe areas.

The things that we often take for granted, but that are fundamental, their keeping somebody at their house versus in your emergency room because their refrigerator broke down because they couldn't keep their insulin refrigerated.

[00:23:08] Larry: Yes, and as you point out to medical care. When it comes to the health of a community medical care makes a relatively small contribution compared to the social determinants. Housing issues, food insecurity, violence prevention, all of those things are critically important for the health of a community just as you have so nicely addressed. I'd be remissive if I didn't finish by asking, and recognizing that the medical school recently received a very significant gift that resulted in the naming of the medical school. As other schools have done, also have been the beneficiaries of these incredible gifts, how do you plan to use the funds from this amazing gift?

[00:23:51] Dr. Vickers: Yes, thank you. We feel very fortunate and our donor, Marnix Heersink, is that unique citizen of Alabama. He's that Dutch Canadian, who came here from Western Ontario through Philadelphia and Wills Eye Institute and ended up in a small rural town called Dothan, Alabama, and grew a phenomenal practice, but a tremendously successful serial entrepreneur. Really, fundamentally, he and his children, six of them were all professionals, five doctors, one dentist of all decided that they want to give their family's money away. We were the fortunate beneficiaries to be able to be a part of this $100 million dollar gift.

I think that there are a couple of things. Number one, as in most things, there are often things that our donor has an interest in. Part of his interest relate to giving medical students and physicians the bandwidth as well as the expertise, how to be successful entrepreneurs. Part of this is we have an innovation and entrepreneur institute that will be a part of that. Secondly, his wife, because of her relationship with the Dutch community and the Canadian community, has a really strong interest in global health. We had a Global Health Institute with programs in South Africa, Zambia, Cameroon, Peru, and in China, that we now will expand further as a global health program.

I think the biggest part of this, the largest portion of the gift will be the thing that we know continually allows great teams and Academic Medical Centers to be successful. That's the retention and recruitment of talent. A state that can quickly identify the concept of team sports, like football is really about how much talent can you assemble on the field. When I look at it, the aspirational peers that you all have worked at and that I trained at, it's about the accumulation of talent. It's really getting those individuals both to stay where we are and to come where we are, to really use those talents to be transformative in the care of patients and the discovery of new treatments and therapies.

[00:26:10] Larry: No, you're so right. It is all about the talent, being able to not just to recruit but to be able to retain the talent and provide them an environment where they really can be successful. I know that is something that you strive to do. In fact, that's what these leadership positions are all about. Creating an environment where people can actually reach their full potential. Well, Selwyn, this has really been spectacular to be able to talk with you about your outstanding institution, the kinds of things you're doing. Now that you've been

able to consolidate the role, I think under your leadership, things just look great for UAB. David, final comments?

[00:26:49] David: Thank you, we have great admiration for what you're doing. We're all watching and rooting for you. Thanks for joining us on *What's Your Moonshot*.

[00:26:59] Dr. Vickers: Thank you both. We obviously have some strong headwinds have fought before us, but we're going to push through.

[00:27:29] David: You know, Larry, I have to say that it's really refreshing to hear Dr. Vickers talk about the future UAB. I thought the triple threat was dead but when you listen to him, this is a guy who is passionate. He puts clinical care and patients first. He understands the role, the importance of research. He understands that this is about people and educating the future generation and maybe there is hope for the triple threat.

[00:28:03] Larry: Well, certainly, he's a unique individual. As we stated, he spoke to me in great detail prior to taking the job. Wanted to know my thoughts. I thought here was at the University of Minnesota, he had trained at Hopkins, going to Alabama, and I really thought he would just be ideal for this. It turns out that he's done a spectacular job. I think it was wise of the leaders in that institution to consolidate the role of CEO of the system, dean, executive vice president, all under one unique individual like Selwyn just as you point out.

You may be, really became a major place when John Kirkland left the Mayo Clinic and came down to Birmingham, Alabama, to start the cardiac surgery program, but also to be chair of surgery. From there on, that place has just gone up and up. As he points out there a large system, high quality, that's what they're all about in a challenging state. In a state where poverty is among the highest in the country. They're in the top 10 for poverty. Lots of issues but as he points out, they're taking care of the patient population.

[00:29:24] David: Yes. I think as you said, not only is this new governance structure, probably the right direction given what we have to do now, but he is the right individual for it and his focus on diversity, inclusion, health equity, socio-economic determinants. I think, are really coming at the right time because if you create a vision, then you leave those off to the side, I think, just as you said, it's fascinating to hear really people's appreciation about the importance of the socio-economic determinants in health outcomes. It's got to be part of the future vision and he has that.

[00:30:12] Larry: Yes, there's no doubt about it. Recognizing the clear role that the social determinants play in terms of the health of the population. That's really where the action is. Yes, medical care does have a contribution, but you have to recognize all of these other things that go into maintaining the health of a population. I thought it was great. He really articulated a number of critically important issues.