

Straight Talk Texas 2036 Interview: A Conversation with Dr. Peter Pisters

The interview has been edited for clarity, brevity and key highlights.

Join us as Texas 2036 Founder and Chairman Tom Luce speaks with Dr. Peter Pisters, President of the University of Texas MD Anderson Cancer Center, the largest cancer center in the country. They'll discuss how MD Anderson has worked to continue serving their patients, many of whom are already immunocompromised during this pandemic.

Tom Luce: Houston, I'm proud to say, has advertised itself as the diversity capital of the world. With all the racial discord across our country, I'd be remiss if I didn't start by asking if you might speak to the diversity at MD Anderson. Both in your institution and the populations you serve.

Dr. Peter Pisters: Houston is an incredibly diverse city and for some time now it's been recognized as the most diverse city in America. It's something that we're very proud of. It leads to a lot of benefits for our community and we see diversity as a strength for Houston. That diversity is also reflected in our community here at MD Anderson. When we look at our workforce, nearly two-thirds is female, one-third Asian, a substantial proportion African American, and Caucasian is a minority at MD Anderson. When we look at our leadership and executive level, 53% of our leaders are women and 40% are minorities. We see the full benefits of that diversity in better decision making, in inclusion, in a broader base of stakeholder engagement, and so on.

Tom Luce: We were all impacted two to three months ago by the start of this pandemic. How has COVID-19, a respiratory illness, impacted MD Anderson and your work?

Dr. Peter Pisters: The impact of the virus globally has been significant as everyone knows. The risk to cancer patients is very significant because we know that cancer itself, plus some of the comorbidities that our patients have, creates a vulnerable situation. Their immune systems are compromised by the disease, by the treatment for the disease, or the combination thereof. As we set out in late January to prepare for the pandemic, we put into place three goals that were stated internally and communicated externally. To protect our immunocompromised patients, to ensure the health of our workforce, and to partner to protect our community here in the Houston region. Putting into place a series of proactive strategies that at the time seemed overly aggressive to some turned out to be very prudent. That really helped position us in a secure way for our patients. We may have created the safest environment in the world for cancer patients. The reason I say that is because when we look at the COVID data, we have a 3.8% mortality rate in our own patients that we've cared for here at MD Anderson. For the largest series in the literature published last week by the Lancet Journal from the United Kingdom, their study of 800 cancer patients demonstrated a 28% mortality rate.

Hopefully as we rebound and recover, we can continue to treat with the same outcomes.

Tom Luce: I'm sure part of what you were striving to do in creating that safe environment, was to make sure people were not afraid and felt safe to continue their treatment. Are you seeing a downturn in volume?

Dr. Peter Pisters: Yes. We saw a drop in our volumes that was deliberate on our part in order to create capacity for a possible surge in March. That enabled us to get prepared. Thankfully, our community responded in a number of different ways and we did, as data demonstrates, flatten the curve. Now we're in a position where we have to manage COVID as a chronic endemic phenomenon. We've got to get back to the business of providing care, and reassuring patients that we've created a very safe environment.

Tom Luce: I certainly was impressed watching what you've done about the broader mission of MD Anderson to the entire community and your region. Share some of the viewpoints that you all are talking about internally.

Dr. Peter Pisters: We know there's a vast degree of inequity in our own community and there are large populations of what we would all agree are socially, medically, and economically vulnerable people. We want to participate in a process to improve their care. We do that in a number of ways. We have a Department of Health Disparities that focuses on research. We have a commitment to the underserved in bringing our faculty to LBJ hospital and operating the oncology clinic, bringing not only our doctors and our medical teams, but also our clinical trials for patients who are underserved and need access to state of the art treatments. We've also set aside \$200 million in a quasi-endowment, and the funds from that are allocated for the underserved. We have a whole series of programs with a faculty led committee that look at how to invest those resources on a yearly basis. Our prevention group here at MD Anderson works really hard on a lot of policy initiatives in Austin and Washington. We think about how we can impact through policy the kinds of changes to address and fix the problems that create these inequities over time. It's only through policy change that we're going to be able to have meaningful impact in the long run.

Tom Luce: We led the nation in number of uninsured prior to the pandemic, but now with enormous unemployment claims, we have people who've always been able to count on private insurance suddenly without. They may have the legal right to buy the policy, but they may not be able to afford the policy. Our uninsured population is going to grow and insurance per se is not the answer. People need access to health care and a place to go, a doctor relationship, and a focus on prevention. It's going to be a challenge we all face in the next 12 to 18 months. Wouldn't you agree?

Dr. Peter Pisters: I really do, Tom. One of the important truisms that has come into sharp focus during the COVID pandemic is the reality that sound economic policy is rooted in sound health policy. We really need these two policy umbrellas to dovetail in various strategic ways in order to ensure the economic health of a region or country or state over time. Hopefully the pandemic will bring this into sharper focus, and we will be able to tackle some of these challenges over time. Because these health, education, and economic policies end up being absolutely critical in determining the future trajectory of Texas.

Tom Luce: I hope the new normal we're heading towards is a recognition that it's not just your health, but the health of your neighbor, and the person across town. We haven't had much focus in this country on population health and preventative care. MD Anderson has been moving down the chain itself to prevention and early treatment, but we've got to do that across the board. Wouldn't you agree?

Dr. Peter Pisters: Absolutely. We have a large population of young people under the age of 25 and their future, their educational future, their health is very dependent on changes we make now. We have all the resources, we have the intellectual capital here, we've got smart policy people in our elected group, and we have Texas 2036, and no other state has that. I'm really excited to partner with you and others to make good things happen for our state.

Tom Luce: One of the reasons we have a good mortality rate for COVID is that we have a younger population than most states in the country. We are a younger state, but we face a lot of challenges in our health system. Let's talk about telemedicine for a minute. I was talking with Dan Podolsky, your colleague at UT Southwestern, and the number of telemedicine interactions they've had has soared, so I'm sure that's true with MD Anderson. What has occurred in the telemedicine arena? How has telemedicine impacted you amidst COVID?

Dr. Peter Pisters: Telemedicine was embedded in our strategic plan as something we wanted to move into. Then as the pandemic unfolded, we plucked it right out of the plan and operationalized it within a matter of two and a half weeks. That was part of what I think of as the silver lining associated with the pandemic. Since then, we've done over 10,000 virtual care visits and found that our patients really like it for obvious reasons. In our workforce, we have 2,500 providers including faculty and advanced practice providers, and they see it as an amazing asset. We use it during treatment in a number of ways, both for what we think of as provider initiated visits, but also with patient initiated visits. Patients can initiate contact with us when they're having unusual symptoms, or they want to speak to somebody about an urgent issue. And we can use it for follow-up. It's also an asset for clinical trials. I see telemedicine as a permanent fixture in our long term future. Hopefully we'll see a change through the relaxation of a lot of the regulatory issues that previously limited the use of telemedicine. We have a geographically large state. MD Anderson has reached outside of Texas, and that could

really be enhanced over time with telemedicine. We'll be looking to work with others to make sure telemedicine is a part of the future of healthcare in our country. We have to be able to leverage technology differently than we have before.

Tom Luce: We really do. The relaxation of barriers on telemedicine was so essential to continuing provision because I know you draw people from all over. The Texas medical district itself is really a dynamic part of our state from a GDP standpoint. I've tried to explain that one of the economic fall outs of this is we've had a lot of negative consequences to the health system. We've got some bright opportunities, but we need to make sure we rebuild the system in a viable way. I just can't thank you enough for what you're doing. Any final words you want people to know?

Dr. Peter Pisters: I really appreciate our partnership with Texas 2036. You're leading a group that is going to help define the future of our state. It's been vital for us to formulate our strategic plan using the data your teams have. And thinking about our commitment to the state of Texas, which we think is so, so important for our mission and our quest to end cancer.