December 15, 2023 UW Medicine Town Hall Transcript

TRISH: Welcome back to UW Medicine Town Hall. It looks different. We're back where we started at the beginning of town halls, which is a little crazy. And it's just me and Tim. And I think that is also very different. So welcome back. I have with me our new dean of the School of Medicine and CEO of UW Medicine and other titles that I'm not going to include right now, Tim Dellit. And I just want to begin by saying thank you to everybody who wrote in questions. There were a lot of them. They were thoughtful, and incisive, and way more than I'll be able to ask today. So I have tried to lump them together and coalesce them. I am grateful for everybody who was able to be here. Know that we're going to also post this online and realize that it's the holiday season. That's why I'm wearing my holiday scarf today. So I want to say happy holidays to everybody but also that we realize folks are traveling and things like that. So hopefully, if you're not able to watch live, you can watch later. I'll add that we do have a Q&A in chat. As always, it may exceed my abilities to incorporate Q&A in the midst of this, but we'll do our best. And know that there are lots more questions than we can answer, but we'll try to flow with what people are asking as we go. All right?

TIM DELLIT: Terrific.

TRISH: All right. So sir, I'm actually going to start with a verbatim question, one of the questions that I first read. And the questions run the spectrum of being super specific to really broad to some that are lighthearted. And this one, I really like. So Dr. Dellit's story about how he got into medicine is inspiring. And I'd like to hear a little bit more about it. So maybe you could talk a little bit more about it, because you've written about it, and you've talked to other spaces. So maybe you could talk a little bit about your journey to where you are right now.

TIM DELLIT: Well, terrific. Thank you, Trish, for doing this. And thank you everyone for joining us here this afternoon. I grew up in a very small town in Iowa, right on the Iowa-Minnesota border. And my father grew up about 10 miles away when he was younger. My dad was a proud gay man who grew up at a time when that really wasn't an option for self-expression. He was a son of a Methodist minister growing up in a small town and ultimately married my mom. They were high school sweethearts. Married my mom thinking those feelings would go away, which, of course, they did not. I grew up in the '80s really watching most of the friends of my father die from AIDS. My dad had a flu-like illness for about three weeks in 1981, same year his first partner died. And I was always worried that he was infected with HIV. Now, remember, at that time, it took several years before we even knew what caused AIDS, couple more years before we had a test. And honestly, at that point, he never got tested because of risk of discrimination, loss of insurance, and, quite frankly, there was no treatment. By the time he got treated in 19-- or tested in 1989, his T-cell count was 0. And he subsequently died from AIDS in 1992, which was actually during my finals week for my senior year in college. Having grown up really experiencing that firsthand, it really certainly pushed me to go into infectious diseases but also gave me a great appreciation for what should have been a response to a public health emergency that just like our recent pandemic became politicized and really marginalization of the impacted community. I went to New York for medical school with the intent of being in the

epicenter for HIV at the time. While there, I joined ACT UP, which is an AIDS activist group. With a spinoff from ACT UP, there was a creation of the Treatment Action Group, which also was an activist group but began to work with Dr. Fauci, with the NIH thinking about how do we advance treatment and get therapy more quickly into the individuals impacted. That experience really taught me that balance of activism, which our younger generation has in spades, and how do you work within a system to give voice to those who are most marginalized. And so those experiences really shaped not only my interest in infectious diseases, which led me to come here to the University of Washington for my infectious disease fellowship, but also how I think about things, and approach things, and have great appreciation for that balance of activism, advocacy, and how do we push to achieve what we need, particularly for the most vulnerable and those impacted, as was this case for my father and that whole community.

TRISH: Yeah. Thank you. And I know that story, but it's always great to hear it again. And I think I see it come through in threads of lots of things that we've worked on and, I think, our priorities for the future, which we're going to come to in a little bit. I think I relate to a whole bunch of questions that were asking to elaborate a little bit on what you wrote about in your letter to the community about what are the words that you would use to describe yourself as a leader. What kind of leader can we expect is going to be our CEO and dean as we move into this next chapter?

TIM DELLIT: I try to be authentic, be myself. I'm a small town Iowan. I try to be who I am and very transparent. I think of if there is a word to describe my role in many of my leadership roles, it's facilitator, trying to reduce barriers that others may be experiencing, to be able to do what they love to do, and really focus on service, service to our patients, service to our people, service to our communities. There's a story. When I first became an associate medical director at Harborview, I had the real privilege of working with Scott Barnard, who was the medical director at the time. And Scott, I remember we were in the lobby area off 9th Avenue. And he described his role as medical director as concierge of Harborview. And what I took that to mean was, really, his job was to, again, allow the staff, the faculty to do what they love to do, to decrease those barriers, to bring different people together for collaboration and also consider that his home and his accountability for that. And I've taken to heart those lessons I learned from Scott and others during this journey. But that conversation has always really stuck with me.

TRISH: I will say there were several questions that were more lighthearted. I'm going to intersperse those throughout. I'm not entirely sure if they weren't all sent in by Anne Browning. But I feel like it is good to also be a little lighthearted, because I have some heavier questions coming up. So you've been in the Pacific Northwest for quite a while now. So one of the questions that came in was, are you a mountains person or a water person?

TIM DELLIT: Water.

TRISH: Definitive.

TIM DELLIT: Definitive.

TRISH: Wow.

TIM DELLIT: Yeah. I grew up flat. I did cross country skiing. I cannot do downhill. I like my knees. The water, one, just because I think it's calming. And there's also on the other coast a reminder of when I would visit my father, and we'd go out to Cape May and be in the Atlantic Ocean. But yeah, the water for me. The mountains are beautiful, but you'll never see me on skis going down.

TRISH: I'm actually a water person too, though. I've been brought out to the mountains more and more by significant people in my life. OK. So maybe the thing that were the most questions about was what's your vision for UW Medicine. And it came in lots of flavors like, what are your top three priorities for the coming year? What are your next-- What are the priorities for the next five years? So short-term, long-term. Another way that it was asked was, what are the things that are essential to hold on to? And where can we expect to see change over the next several years? So I want to begin to talk a little bit about that vision. What are your priorities in the short-term and medium- to long-term for UW Medicine?

TIM DELLIT: Yeah. No. Thank you. That's a great question. And I'd also preface that there are thoughts that I have, but this has to be a collective vision if we are going to be successful. And so that's a really important feature of this. This is all of us as we come together to imagine the future for UW Medicine. So I think that's a very important point. For me, personally, the things that are priorities upfront, again, it goes back to our people, because if we don't have our people, we can't do the outstanding clinical care, the teaching, the research. And so one big priority is really focusing on how can we continue to improve learning and work environments? What are we doing from a wellbeing and resilience perspective as well as advancing our equity, diversity, and inclusion work? I lump those together because they, to me, go really hand in hand of how do we create an inclusive, welcoming learning and work environment where all people feel valued and appreciated for what they bring to the organization. Another priority of mine which I began in the interim role is relationship building, building relationships across the other schools and colleges of the University of Washington, to be able to take advantage when you think of those educational opportunities, the research collaboration. We've done that organically. But I think we can be much more intentional in those relationships, the relationships we have with external partners. We are incredibly fortunate to be where we are in the Seattle Puget Sound region. When you look at the tech industry, the Allen Institute, not to mention our close affiliated partners, that relationship with Seattle Children's, with the Fred Hutch, those external relations are critical for the success, and they open doors of opportunities in all of those areas. And then, a third one is really to continue the work we've begun, both through our Mission Forward work, so that we can continue to be successful in delivering on our mission in the future in a financially sustainable way, but not just being successful in what Huron had developed or identified permission for, but really that next level of really advancing our strategic task force work. How do we function much more as a system? Truly function as a system. I often joke that UW Medicine sometimes is a collection of fiefdoms pretending to be a system. We've made progress, and we need to continue to do more. How do we achieve financial alignment so

that we're not competing against one another, from one hospital to another, for the types of care that we provide? How do we grow strategically to be successful because while we have to be more efficient in the way we deliver care and operate, we also have to look for those opportunities for strategic growth, improving our access, our capacity. And another big one are alternative funding sources. So this includes the work we're doing with the legislature, the work we did last year, the work we're doing as we go into this session, as well as thinking from a federal level, from a county level how do we continue to support the unique role that we play as a safety net organization here, not only in King County and Washington but really for our region.

TRISH: So there are a lot. I tried to write some of them down. I think they almost all come back in questions that folks have reached out and asked about. I'm going to come back to the last part I asked you about, which is, what are the things that-- I heard a lot about where we might be going and building on where we are. What are the things that you think are important that are who UW Medicine is right now that we have to make sure we hold on to?

TIM DELLIT: To me, what makes UW Medicine special, one, is our people, is our values. And it is that unique relationship we have serving our communities, not just here within Seattle but really across the WWAMI region. That relationship with the communities, our core values, and our people, those are strengths that we can build upon. And that's why I know that we are going to be successful as we go forward.

TRISH: Yeah. It all resonates with me, because I totally think it's our people. Lots of people asked about finances. And you just talked about finances a little bit. So I'm going to dig in with a few more questions, because people are aware of Mission Forward and the challenges that we've had and trying to understand where we are and how things are going. So you alluded to this a little bit. But what are some of the key specific strategies around trying to keep us solvent? You alluded to viable, sustainable, alternative ways to fund us, so that we can keep doing all the great stuff that people are doing and want to do in the future.

TIM DELLIT: Yeah. And I know Trish gets upset when I give long answers. So—

TRISH: I do. It's true. But go for it.

TIM DELLIT: First of all, I think, again, this is a continuing work in progress. But I am so proud of our teams and what we have accomplished really over the last year. We are in such a better position now than we were thinking back to September a year ago. At that point, we were looking at over a $200,000,000 deficit when you look between UWMC and Harborview. And again, I really think of four major areas that we've focused on. One of them was the FEMA recovery. And we're continuing to do that. This, again, is essentially a delay in funding and payment for costs that we expended in response to the pandemic. So this is essentially, again, not free money. This is money to cover those costs that we responded to the pandemic over those three years. Our work with the legislature, we were incredibly fortunate last year to get $50,000,000 for last year and $100,000,000 for this year. We need to get sustainable funding to support our role as a safety net, our teaching role, our workforce support role for the state. But

that appropriation and support from the state was incredibly important as a bridge to allow Mission Forward to ramp up and continue to be successful. We put in place directed payment programs, which essentially are a way to draw down federal dollars, to make up that difference between Medicaid-managed care and about 80% of average commercial. What that does-- and I heard that in clinical chairs this morning. There was actually a statement that Medicaid is now an important book of business. Now, Medicaid has always been important from the population and the most vulnerable that we have served. But it is fantastic to see this alignment where increasing our book of business around Medicaid is actually beneficial for us in addition to our mission of serving all of our people and those coming together. The last one-- I know you're looking at me from time.

TRISH: No, I'm not.

TIM DELLIT: I'm just going—

TRISH: [INAUDIBLE] I want to go back to the third one, so that you say it in language that everybody who doesn't talk about finance can understand.

TIM DELLIT: So for Medicaid, think of Medicaid typically pays about 60% of what it actually costs to provide care for someone. So we've got to figure out how do we make up that difference. And this directed payment program allows us to make up that difference. We got that approved and implemented in our outpatient setting January of '23. We're now awaiting CMS approval for an inpatient similar program. And these are important. In the outpatient setting, that's about $90,000,000 a year ongoing. On the inpatient side, it's $120,000,000 a year ongoing. And so those are important programs for us. The Mission Forward has been incredibly successful to date. We estimate about $104,000,000 benefit between Harborview and UWMC from January through October. We've seen reductions in length of stay across each of our hospital campuses. We're seeing a reduction in the use of travelers or agency staff as well as a reduction in those rates. We're seeing increasing volumes, particularly our surgical volumes. And so we have really seen that success with mission forward. Now, again, we have a lot more work to do. But it was really nice seeing at the end of October, we were well ahead of budget. If you look at UW Medical Center, they were at $28,000,000 positive compared to a budget of loss of $51,000,000. Harborview, about $18,000,000 positive compared to a budgeted loss of $22,000,000. And so again, some of that is the one-time FEMA funding. But even when you remove that, we're ahead of budget. And what's even more impressive to me is we haven't final closed November. But November was actually a very strong month. November is usually very difficult because you have holidays within the month. So you have fewer workdays but still the same fixed cost. But November is coming in very strong, especially for UW Medical Center. So again, what we have been doing is building that foundation. Again, we still have a lot of work to do. But it is just so wonderful to see the progress that all of us collectively have made.

TRISH: So thank you. And that [INAUDIBLE] But I want to ask-- I'm actually going to ask some follow-ups on that. One of the things that people ask about is like, we often hear like, this isn't a one-time thing, like the FEMA funds. Are the thing-- Are the legislative funds or the direct

payments that make up that difference for Medicaid? Are those ones that we think are sustainable? Are those ones that are going to be part of the picture as we move forward? Because I think one of the concerns is, are these all just short-term fixes? And how do we keep doing this?

TIM DELLIT: Yeah. That's a great question. So those directed payments, the ones that help make up that gap with Medicaid, those are ongoing, unless CMS decides in a future that they don't allow that. But those are year over year ongoing. The FEMA is a one-time limited, again, payment for work previously done. But what that allowed us to do is have some time for the Mission Forward work to be able to ramp up and provide that benefit. Now, again, we have work to do. And that's why I talked about that strategic task force. We have to continue to grow strategically. We have to continue to increase our access and our capacity and continue to look at sustainable funding models. We don't want to go back to legislature every year for an additional ask either. I mean, we're doing it again this session. And I think we have a very strong argument. And we were included within the governor's budget. So we have to build upon that. But that is looking promising from the perspective that we are at least in the budget. That, we know. Again, long-term, we want to have this as a sustainable, meaning that we know what it's going to be happening year over year. That's part of it depends on how the economy of the state is doing as well. But fundamentally, from our perspective, we want to be the safety net organization for our state, but we need help. And if you compare the help we get relative to other safety net organizations around the country, those organizations receive a lot more benefit from whether it be the state or the county ongoing. And those are the types of things we're trying to learn from their experience and think about what may work here in our local environment to be able to help support us.

TRISH: I think that's super helpful, because I think there's a bunch of follow-up questions around finance. So I'm going to do at least two of them before I throw in something lighthearted again.

TIM DELLIT: So good.

TRISH: Too much discussion of finance could be too much for all of us. There's a bunch of questions about retention of faculty and retention of staff, maybe particularly nursing staff. And how do we compete and recruit people in a pretty competitive market financially right now?

TIM DELLIT: Yeah. So I think, again, recruitment and retention is a key priority. I'm also really pleased that the university has raised that. When they think of risk to the university overall, they put recruitment and retention right in that top category. And that's for all the schools and colleges. So it's great to see that attention. I think of recruitment and retention broadly in two buckets. There's the compensation. There's money. And we need to be market-competitive. And we saw that and, again, through our collective bargaining, for instance, with our staff, we saw double-digit increases. Now, that is great for our staff. We want people to be fairly paid, equitably, and to be able to live where they were. The challenge for us at that time was just those increases came so quickly in such a condensed period of time. They just outpaced the ability to generate the revenue. But we need to be competitive in the market. Similarly, with our

faculty and our professional staff, we need to be competitive. We may not be market leaders, but we need to be competitive from a compensation standpoint. And we know within our clinical departments we compete not only with UCSF, UCLA, but we also compete with the local healthcare market. And so we recognize that. We have made strides there or we're trying to do that. A couple of examples. Last year, when you think of unit adjustments, faculty are very familiar with this. It's how do we try to increase compensation to be competitive and address either compression issues, equity issues. We as a system invested $15,000,000 in unit adjustments last year. Again, now, everyone else is moving up as well. So we still have work to do to try to achieve those target benchmarks. We've modified the way we fund our clinical departments to really say, we're going to incorporate not only compensation benchmarks with the AAMC as well as productivity. So we're making deliberate moves there. Almost more importantly are the non-monetary pieces of recruitment and retention. To me, that gets back to our learning and our work environment. That gets back to our wellbeing efforts. That gets back to creating an inclusive learning and work environment where everyone feels valued and welcomed, because if we don't have that, even if we pay more, people aren't going to want to stay here. So we've got to do both. And I'm just going to address the elephant in the room, which is housing and childcare, because I think those are things that come up over and over when you think of recruitment and retention. And honestly, that's why we elevated that to the top tier of potential risks for the university, because we know that in order to have our outstanding faculty and staff, we have to be competitive. And we have to think about how can we creatively address the housing challenges beyond what we have in place and the childcare. Neither of these are easy or they would have been done. I'm just going to say that.

TRISH: I spend a lot of time thinking about it [INAUDIBLE]

TIM DELLIT: And we're also going to be putting together two workgroups, one for housing and one for childcare, to really think creatively about what are those things that we potentially can do within UW Medicine, what are those things that we would need to do in partnership with the university. But we recognize this is a huge issue for everyone. I mean, not just our faculty and staff, but our trainees. It's everyone.

TRISH: [INAUDIBLE]

TIM DELLIT: And so I think, again, it's going to take creativity. These are not easy things to say. And quite frankly, it's not just us at the University of Washington. These are challenges for all industries here within Seattle, just because of our current living environment.

TRISH: OK. Thank you. I have a bunch of small follow-ups on that, because they are all embedded in lots of people's questions. So you just said something about benchmarking on the AAMC. And you said we're using unit adjustments to deal with equity. I actually don't think most of our faculty know what unit adjustments are. And I don't know if they know what we're trying to benchmark. So maybe you could just elaborate on both of those before I ask another follow-up.

TIM DELLIT: So what I mean by unit adjustments are there are limited ways we can increase compensation for faculty and the university. Certainly, there's the merit. There's promotion. Another one is that if the overall university allows potential unit adjustments, we ask our departments to review their faculty and identify areas where there is inequity. So for instance, maybe when you look at years of rank, comparison that there are differences that need to be adjusted. Or one of the challenges we have because of the increase in the labor market is that when you hire new individuals, whether it's staff or faculty, it's not uncommon that they get hired at a higher rate above those who have been here for a longer period of time, essentially creating what we refer to as compression. The unit adjustments are away from anywhere from 2% to 10%. So there's a limit on them that we can try to increase that base salary where appropriate to address some of these inequities. Again, any one unit adjustment is not going to solve the whole problem, but it is a tool that we have to try to make those adjustments. What I refer to the Association of American Medical Colleges puts out that essentially salary information. So we look at trying to be at least at the 50th percentile, AAMC. And that varies by the type of practice that you are in. And we recognize that collectively we're not there. In fact, when you look at our overall faculty, 70% in our clinical departments are less than the 50th percentile. Our biomedical research departments do a little bit better. It's about 37% or less in the 50th percentile. So we still have to continue to move and focus on that, but we try to use national benchmarks as a target. Ideally, we'd like to be able to exceed them, but we have to continue to work, again, to be competitive with our peers around the country.

TRISH: So you've talked. You said some of it is compensation, and some of it is all the other stuff that makes it a place where you can thrive or all our employees can thrive. And you did anticipate my question about childcare and housing. I think the cost of housing in Seattle is extremely high for so many members of our workforce. And many of our learners, it's prohibitively high. So I appreciate that there's going to be a task force on this as well as childcare. Will that be something that people will-- One of the things you said in your letter was that you were going to be transparent. So I think one of the things people asked throughout all the questions was, how are we going to know what's going? So how will folks know about what's happening with those working groups?

TIM DELLIT: Yeah. I mean, the goals, obviously, we have our overall structures as information gets reported out. But those are things that we will share with you as we develop what those potential ideas are. Now, again, we're going to start with a broad list of what those ideas are, say, around housing or childcare. Doesn't mean that we can actually do all of that. But in my mind, we've got to start, well, let's get everything out on the table and then see what is possible, what can we do, potentially now what are things that are going to take more work that we may be able to do in the future, and then have that communication with our community. We recognize this is a huge issue for everyone. And like I said, it's a huge issue for most industries here within the--
TRISH: Oh, it is.
TIM DELLIT: --Seattle Puget Sound area. So we're not alone. And again, we have to think about what are those things that we can do ourselves versus what are those that we have to partner with the university or community partners to think about how do we best support our people.

TRISH: I mean, it's extremely difficult. It is a national crisis for childcare, and the cost of living in this city is [INAUDIBLE] So I hear you on all of that. And I'm excited that we're going to work on it together, because I feel like I've been working on it. So I'm excited to have some more people to think about it. You said childcare and housing. But in general, are there other things that you think are important for us to create an environment where all of our employees can thrive? There were lots of questions about concerns about burnout, concerns about not always feeling a sense of belonging, not feeling like this is the place for me. And I'm paraphrasing a bunch of different questions. So I wanted to get you to reflect a little bit about how do we create an environment where everyone can thrive.

TIM DELLIT: Yeah. And I think we now have information and insight, to some degree, that we haven't had before through a few different lenses. Over this past year, we've had our EDI climate survey. We've had a wellbeing survey. We've had a workforce survey. And yes, we are going to work on how we better coordinate all of our surveys. So I appreciate your patience. But the important part there is not just to do the survey but to now take that information, bring it together in actionable steps, particularly for our leaders. And so we've been having conversations, particularly with the Office of Healthcare Equity, with [INAUDIBLE] from a wellbeing standpoint, with Allison Ochsner and others from the workforce survey. How do we bring this information together so that we don't have multiple different action plans? But how do we bring them in a unified way to best help support our people? So that is one important piece. It's, again, getting the information from you, feeding that back with our leaders, and developing concrete steps that we can do to address these. Then, there are things that we're doing both on the staff side, on the faculty side. Leadership development, as an example. And again, Trish has done a phenomenal job with the Office of Faculty Affairs. But if I just think on the faculty side of what you and your team have been putting in place, you think of the Rising Leaders program. We have a coaching program. You're working with the teaching scholars, Climb. We have programs to support our underrepresented faculty and allow them to continue to grow and see that there is a home for them. Then, all of these pieces together start to build that environment. To me, it's not-- there's no silver bullet. There's no magical one thing. But some of it is being intentional, both hearing the voices from our community, because we know that the burnout is real across the board, especially as we come out of the pandemic. But how can we address those? Now, another area that I actually think, and I'm really excited about is the potential use of our generative AI.

TRISH: Now, I have no idea how you got to generative AI.

TIM DELLIT: Well, because it goes into wellbeing to me because if you think of what is one—

TRISH: [INAUDIBLE]

TIM DELLIT: --of the biggest burdens that our healthcare workforce, especially, face is the electronic health record. Now, the electronic health record for over 20 years, in my view, has not yet fully reached its promise.

TRISH: I don't think it has come close to [INAUDIBLE]

TIM DELLIT: I'm trying-- I'm trying to be half full. There are some positive things. We have patients' information all in one place.

TRISH: That is true.

TIM DELLIT: We have easier access for our patients to their information. We're now leveraging. But now, we can start to leverage this for online scheduling to increase access. What I'd really love to see, and I think, again, it's not that far away, rather than a practitioner being in the exam room staring at a screen, typing on their computer while the patient is behind them, what if we actually turned and now the practitioner is interacting with the patient while the computer is essentially recording that interaction and creating a draft note for you to edit. That technology is readily available. What can we do about automating our responses to some of our MyChart questions? There are things that I think leveraging that technology. How can we leverage that technology just to shift through large amounts, be it medical records or scientific literature, to be able-- Now, again, the difficulty are the hallucinations, which means, basically, if the AI—

TRISH: [INAUDIBLE] a hallucination.

TIM DELLIT: No. Well, sometimes [INAUDIBLE] but not right now. But if the AI is not able to find the answer through all the databases that it sorts-- and this is my simplistic view-- it will simply make up the answer. And that, obviously, can be dangerous within medicine. And so there's always a need for that human interface. But my point is, how can we leverage technology to make our jobs easier? One last example, radiology. They're already doing this. They use AI to identify pulmonary embolism, or nodules, or other areas of concern within imaging to really help both improve the ability for radiologists to read those films in a timely manner but make it easier for them. So the more we can leverage technology, that is going to be huge. It's going to be huge for our nurses on the floor. So it'll be huge for our practitioners. And so hopefully, it will decrease the amount of time they're spending at night writing their notes. I raise that because all of that goes into wellbeing. And then, especially that work-life balance, so that you're not pulled constantly into work when you're supposed to be at home with your family.

TRISH: OK. That was a perfect lead in to my next not so serious question.

TIM DELLIT: Water.

TRISH: No. You cannot answer the same question over and over again. And it's perfect. What is your favorite escape from work? And we could talk about whether or not you escape from work very often. But let's assume you do. What is that? What's your favorite way to escape from work?

TIM DELLIT: I think for me-- and this started through the pandemic-- it's really being able to go on long walks with my wife, with our dogs. We now have two Golden Retrievers. We had one earlier when the pandemic started, if you remember.

TRISH: I do. I think I showed it at a time.

TIM DELLIT: Our oldest, Ellie Mac, is now four and a half, almost will be five in May. And then, now we have an 11-month-old, also a Golden Retriever. I think of them as [INAUDIBLE] They're from the same breeder. So the younger one, it's interesting. It's just like children, right? And my wife and I have five children between us. But amnesia allows one to have more than one child in some ways, that you forget how difficult it is.

TRISH: Oh, yeah. That's totally true.

TIM DELLIT: Similarly with a puppy, we forgot how difficult a puppy is. But we're moving through that stage. But honestly, that, being able to just walk, and it gives me time to think. It gives me time just to be especially outside. We do a lot of cooking together as well. But it's simple things for me. But the dogs, I can't-- I mean, Ellie, especially, was so instrumental just for my own support going through the pandemic. And it's just great to have them.

TRISH: And what endorsed me getting out into nature, and a little bit of exercise, and the pets. That's great things for resilience. I've listened to her when [INAUDIBLE] repeatedly. I'm actually going to go back to the question and try to incorporate something from the Q&A. One of the things that came in through the Q&A was, how are we going to have diverse representation on these task forces to look at housing and childcare? Because-- I don't know the nuances of the thing that somebody who put in. But my guess is we want to make sure that the people who are most challenged in terms of finances and ability to live here have childcare, hours they work. That we're hearing all those voices.

TIM DELLIT: Yeah. And I think, again, there's always a balance. We have a community of over 35,000 employees. So you have to have a manageable group. But even if you have a core group on this task force, part of their job is to hear the voices of the community and bring that input in. And again, we need to make sure that, for instance, we have a women-in-medicine science group, that I know they're very focused on this. So we want to have participation from them. I just met with our faculty council on University Relations earlier today. We need to have representation from that group. We need staff representation. And we need leadership representation to really think about what is possible. So that is something that you will be involved in helping me—

TRISH: Thank you.

TIM DELLIT: --as we work to ensure that we have both a group that is reflective of our broad community and allows us to be able to get input from those voices, because, again, you can't have everyone on that group. But just like any other committee or task force, that we have to be

intentional about how do we get that input from the communities that we're representing. And again, I don't want to leave off our trainees as well, because that's an important constituent as well.

TRISH: I think it highlights a question I jumped over before. I wanted to come back to it, because this is something I heard from a bunch of people. It's hard to hear the voices of a really good organization-- you and I have talked about this a lot during the pandemic-- and trying to hear what people are worried about or their concerns. So I'm curious what your thinking are going to be some of your strategies. And this is what people said for hearing the voices of a really big place like we're just talking about. So what are your thoughts?

TIM DELLIT: Well, fortunately, we do not have a shy community. Many people reach out directly to me all the time, which I welcome.

TRISH: OK. I didn't know.

TIM DELLIT: And I hope if you have, I've tried to be responsive every time someone reaches out. And in general, I've been willing to meet with anyone. I also rely on our team. I rely on our Office of Faculty Affairs. You often will hear things from faculty before I will. Look at our leadership within our hospitals and clinics, within our research environment, people who are readily available that are the first connections when issues arise. And again, this goes to one of the things that I try to do with our teams is really to increase that both transparency but that we are here to serve. And so we want that broad voice. It doesn't mean we can do everything that is requested.

TRISH: True.

TIM DELLIT: But we need to have that input. So it's a combination of me being engaged and present myself working with a team who are also in many ways just extenders out into the various components of our organization. And then, as issues arise-- earlier this week, we had some challenges with one of our residency programs. And the residents were feeling distressed. And I and some of our other leaders met with them, so that we could hear directly from them directly what they are experiencing, and also so that they can hear from us our commitment to improving that learning and work environment. And so that's another piece that, again, I've tried always throughout my career to be very approachable. And when they're-- I'm a hands-on person. And so when there are issues, I tend to get more involved directly myself, because I need to hear directly to help with our team. Again, this is not just me. It's the entire team. But I need to be able to hear directly from our community.

TRISH: I think there was a question in the Q&A that came up that was like, do you plan to go to the hospitals and clinics and—

TIM DELLIT: I'm happy to go anywhere.

TRISH: You heard it here, happy to go anywhere.

TIM DELLIT: I always love field trips. When I first came into the interim role, we set up a number of different [INAUDIBLE] listening sessions. I would say, the attendance for some were better than others. But I'm certainly happy to always attend, again, ideally in person, because I think there's an importance of connection, whether they be town halls or other venues. But again, I'm always happy to do that.

TRISH: OK. I appreciate that, and I love to. One more follow-up on that before I go back to [INAUDIBLE] actually. You also wrote in your email that you were going to be, quote unquote, "transparent". So a bunch of people asked about what does that mean to you.

TIM DELLIT: It means many different things, and I'll try to explain. Part of this comes from that I have been involved with clinical risk management for probably 14-plus years and through that process have had the opportunity to be involved in a lot of conversations with patients and families when harm has occurred. And being able to really have honest conversations with them and share factually what happened, what was learned, and how we're moving forward. To me, that's really important. And that ability-- I've never had a concern saying, you know what, I or we messed up. And here's what we're going to do. And so there's some of that is just acknowledging when issues arise. I also think-- you can look recently-- we've had two significant issues where we have communicated to our entire community. One of them was a data breach that involved our partner at the Fred Hutch. But once we realized that our patients, even if our patients hadn't been seen directly at the Fred Hutch, but their data may have been compromised, we decided to message our entire community to let them know what was happening. We also, unfortunately, recently had an issue with a former faculty member recently that there were allegations made that were public within the media. And we proactively with our team, we had an individual reach out, Santiago Neme, who is the medical director at UW Medical Center, reached out to all the patients who had had the procedure with this individual to let them know what we knew and try to reassure them and put this in context. I'm a firm believer that it's much better to be transparent, share information, even if it's bad information, upfront, and build that trust with individuals, and then come back and share more information as we learn more. It's better to get out in front of that and be honest. You develop that trust and relationship. I think if you look back at [INAUDIBLE] experience, not everything, but if I go back to risk management, one of the ways we can potentially decrease our risk of claims and lawsuits is to have more effective communication and acknowledge when there are errors, acknowledge when there are problems, and work with the patients and families impacted. That's what I mean by transparency. So there's transparency of how are we doing financially. I'm happy to share that. But it's also when there are unfortunate incidents that occur that how do we respond to them and how do we respond honestly, transparently to maintain that trust with the communities that we serve and our own employees. And so that is very important to me.

TRISH: Yeah. I appreciate all of that. I'm going to shift gears again. There were a whole theme of questions that were related to the financial situation but really asking about what's the impact of our financial picture, which is better recently, which is great, on the other aspects of our

mission, our education and our research. So how are we going to continue to invest in those two areas? And I think the subtext of a lot of the questions is we're worried these are going to take second tier or already feel like they're taking second tier to the clinical mission.

TIM DELLIT: Yeah. And I want to be very clear. I think our research, our education, they are vital, and they are a critical part of who we are. In fact, that is what differentiates us from other healthcare systems. And so those are very, very important. Our financial challenges have been profoundly in the hospitals. And this is not unique to us. I mean, the hospitals across Washington State lost over $2.1 billion in 2022. And the first half of '23, they lost $750,000,000. So the hospitals has been a very challenging healthcare landscape. While we are an integrated—

TRISH: System.

TIM DELLIT: --system, we have separate finances in some of these areas. Obviously, we rely on our hospitals to help support our clinical departments. And so there is that importance that if we are helping within the clinical environment, it also helps to support our education and research efforts. But even if you look within our school and our research areas, we have challenges separate from the hospital finances. We have challenges from a space limitation in terms of our research environment. And how do we shape those research teams in the future? And what I mean by that is similar to what we're seeing in terms of market increases and labor costs on the clinical side, we see that in the research environment. We've gone through collective bargaining with our postdocs, with our research scientists. And again, we want our postdocs and research scientists to be paid fairly. But we also have to figure out, how do we increase or cover that cost differential when NIH or federally has not increased their funding? Right? And so that creates a gap. And so how do we try to work through that? I can say last year, when we saw that on the postdoc side, the school put forward a third of that differential cost to help our departments to be able to meet that. So I'm very attuned to our need to be able to support that. In our educational activities, one of the things that we're doing as part of our overall Mission Forward work within the school, because there's work in the clinical side, but in the school side, we have to-- our first step is to really look at and better define or have a common definition-- let me rephrase-- for faculty effort. We've had definitions before, but there's in some situations been some variability of how that's been applied. We first need to know how our faculty spend their time between research, education, and clinical activity. We have to then look at how we fund our educational activities. And I recognize there are some ways, for instance, the way we have used money from our WWAMI region that is intended to support educational activities. We haven't changed that allocation process-- [COUGHS] excuse me-- for a couple of decades. We need to make sure that those funds are aligned with the educational activities that they were intended to support. There are things we have to do with the university in terms of looking at what they call their activity-based budget and the flow of tuition dollars and how do we support the educational activities, because in our-- particularly in our biomedical research departments, we do a lot of undergraduate teaching. We have our graduate educational activities. So I recognize education is one of those that we do need to figure out how do we better fund that. Again, it gets back to transparency in some ways as we

work with our departments. We're also very fortunate on the research side. We've done very well in terms of grants and contracting, over $1,000,000,000 a year in funding. Now, those indirects, a portion of those come back, meaning those funds that help support the infrastructure to support the research, some of those come back to the school and the department. Some of those support the overall structure for the university. Those are things that we and the other schools and colleges are always trying to think about of how do we better support our research. The other piece then gets back to relationship building. We have a lot of opportunities for collaboration with other partners. Just look just a little over a week ago, we announced this new partnership between the Chan Zuckerberg Institute, the Allen Institute, who each are putting in essentially $35,000,000, so a total of $70,000,000, for a new Sea hub or a Seattle hub for synthetic biology that is being led by [INAUDIBLE] and others from our research teams. So there are opportunities to collaborate with external partners for funding to help support our research activities as well. And again, that gets back to that relationship building and the collaboration, which to me-- and, again, I trained on the East Coast. But one of the big differentials for the University of Washington is that overall spirit of collaboration to me it's much, much stronger here.

TRISH: It is. I agree.

TIM DELLIT: But there's still opportunities for us to do that. I'll give you one other example.

TRISH: OK. And then I have—

TIM DELLIT: And then I'll be—

TRISH: --to get to my other question.

TIM DELLIT: [INAUDIBLE] I know. But we've been working in the neuroscience area as an example. And this could happen in other areas of research and education as well. We've been working with the deans from the College of Arts and Sciences, from College of Engineering. And just again, last week we brought together chairs interested in neuroscience-related activities from those three schools and colleges to really think collectively about what can we do in this space. What can we do collectively just to support our educational activities, in this case within neurosciences, as well as bring together research? And so those initiatives are only beneficial to us the more we partner with across the University with external partners. Those open opportunities for our research community and to support our educational activities.

TRISH: [INAUDIBLE] Related to building collaboration, that's a clear priority and value. I appreciate that very much. It resonates with me. I want to ask a little bit more about medical student education. So there were a series of questions about what are the keys to making our medical student program across WWAMI, continue to work or maybe [INAUDIBLE] work better. So your thoughts about how we make the education across WWAMI.

TIM DELLIT: Yeah. In some ways, it goes back to partnerships. It's all about relationships and partnerships. We have a very unique school of medicine. We have particularly for our foundational phase or those first 18 months of really classroom-predominant learning, we have six campuses across five states. And we just celebrated our 50th anniversary. Very unique model that was developed in recognition of the shortage of practitioners, particularly in our rural and underserved areas. So that is a very unique aspect of our school. The way we do that is through partnerships with other institutes of higher education for those first 18 months. So partnerships with University of Alaska, University of Idaho, Montana State University, University of Wyoming, those partnerships are critical. The other piece where partnerships comes in is that one of the challenges within the WWAMI region is identifying enough clinical training spots for the third and fourth year rotations. That also requires partnership with other healthcare systems, with sometimes private practice physicians in communities or other environments. And so building those relationships, working. And, again, Suzanne Allen, who is our vice dean for Academic, Rural, and Regional Affairs, does a phenomenal job with those relationships, not just with the various hospital associations in those states but with the medical associations in those states, the educational boards that are such in those states. It is a real partnership to think about how do we provide the resources and opportunities for our students. So that's, again, it goes back to that. Now, another big piece that's important to me for our students, the cost of medical education continues to increase. And this is something that we have tried to limit our tuition as it increases. Our advancement team was incredibly successful during the last campaign. They raised over $130,000,000 in endowed scholarships for our students. But because our school is so large, 275 students now a year that we have-- what? --I think 1,085 students every year-- So even though we give out a lot of scholarships, it's not enough if we're that large. And so this is something that recently I've had conversations with our Alumni Association. To me, this is going to be a part of our next advancement campaign of how do we continue to promote endowed scholarships in support of our students. We want to decrease that financial burden on our students so that they have choice and can pursue their interests in medicine. And especially for our school where half of our students go into primary care, we need to be able to support them financially. And so that is a key priority here as well. And I know it's something that has been raised by our students appropriately still.

TRISH: OK. [INAUDIBLE] one last question because we're running out of time. And that is you talked about priorities on equity, diversity, and inclusion. And a lot of questions came in about what are your priorities around starting to address healthcare disparities in our community.

TIM DELLIT: Yeah. And I think there are a few pieces on that. There's, one, we have to have equity and quality. They have to be synonymous. And in fact, we've started to do that with our quality committees, where we have incorporated equity into the titles of those committees, looking at our QA data with that equity lens. How are we doing in mammography for our Black and African-American women relative to white females? So we need to be able to look at that. We also have to-- and again, this is where I think our Office of Healthcare Equity does a great job. We have to engage the communities that we serve. This is one of the things. For me in my role, I need to be out in those communities and hear directly. And when I say engagement, it's not us going out and telling the communities what we think they need. We have to listen to the

communities to hear their voice and think about what do they want. What do they need? How can we help meet that need? So we have to hear their voice, and that is a work in progress. I do think that something is core to us. If you look at the pandemic, we moved mobile vans out for testing in South King County and communities that didn't have access. We did the same things with vaccination. As we're doing our strategic planning now and thinking about potential areas of opportunity for growth, we're not just thinking about the East side, which, again, is an important market for us to think about. But what can we do in South King County, in South Seattle, in South Puget Sound for those populations that don't have the same access to care? How can we partner with community health organizations or federally qualified health centers? These are centers that really are there to serve vulnerable populations, and they have additional federal resources. Those are things that as we do some of our strategic planning, particularly with Harborview, think about where are those opportunities for partnership. How do we partner with other public district hospitals? Because they have a similar focus in serving their local communities. And so those efforts, I think, are really core to who we are. We have a long way to go. I mean, medicine as a whole has a long way to go. And unfortunately, our history has not always been positive. So we have to address and acknowledge the history we've had in creating some of these inequities, but being intentional and working with community partners to think about how can we better serve those communities. And then, it also comes down to our workforce and ensuring that we have a workforce that is reflective of the populations that we're serving.

TRISH: I couldn't agree with all of that, but the last part is a passion for me. OK. I didn't even come close to asking all the questions that you sent in. And I'm so appreciative of all the people who joined us and who are going to be watching. So I'm going to say for, first of all, thank you to you for tolerating my questions. I had more silly ones, but I'm glad that we stayed with the ones that we got through. Thank you to everybody who sent in questions, who engaged, and I want to say I appreciate that there are so many things that we didn't get to. And I wanted to give you the last word today, because usually I say goodbye and thanks for taking care of each other. But you can say something this time.

TIM DELLIT: Well, I just want to-- Again, as we go into this holiday season-- I mentioned this when we met with our clinical chairs-- I recognize this can be both a joyous period of time but also a challenging time, particularly if you have lost members of your family or close individuals, whether it be in this past year or recently. And sometimes, people, it's a time of struggle. And so I really appreciate the way you care for one another. Again, to me, that is our core value. Caring for one another allows us to care for our patients and the communities we serve. So thank you for your efforts and caring for one another, especially during this period of time.

TRISH: Thanks, everybody, for joining us for this unique, special, and really great, in my opinion, Town Hall. Have a great holiday.