

## **Marshall Hicks, MD**

**Interview Session Five: August 29, 2018**

### **Chapter 00E**

#### ***Interview Identifier***

***T. A. Rosolowski, PhD***

[00:00:01]

I just wanted to say for the record, it's just three o'clock on the 29th of August, 2018, and I'm here for, I believe it's our fifth session.

[00:00:12]

***Marshall Hicks, MD***

[00:00:13]

I think so.

[00:00:13]

***T. A. Rosolowski, PhD***

[00:00:14]

Yes. With Dr. Marshall Hicks. And so I want to thank you for making time.

[00:00:19]

***Marshall Hicks, MD***

[00:00:20]

Thank you.

[00:00:20]

***T. A. Rosolowski, PhD***

[00:00:20]

I'm enjoying our conversations, so. [laughs]

[00:00:24]

***Marshall Hicks, MD***

[00:00:25]

Me too.

[00:00:25]

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## **Chapter 19**

### ***The Shared Governance Committee: the McChrystal Group's Recommendations for Change***

#### **B: Building the Institution;**

Codes

C: Leadership; D: On Leadership;  
B: MD Anderson Culture;  
B: Working Environment;  
B: The Business of MD Anderson; C: The Institution and Finances;  
B: Overview;  
B: Building/Transforming the Institution;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
B: Institutional Politics;  
B: Controversy;  
B: Ethics;  
B: Critical Perspectives on MD Anderson;  
B: MD Anderson History; B: MD Anderson Snapshot;  
C: Portraits;

***T. A. Rosolowski, PhD***

[00:00:26]

It's certainly taking us through a fairly dramatic period in the institution's history, which is important to reflect on. After we turned off the recorder last time, I believe it was --you had mentioned that you wanted to speak a little bit more about work with the McChrystal Group. So I did want to start by returning to that, if that's okay with you.

[00:00:50]

***Marshall Hicks, MD***

[00:00:51]

Sure.

[00:00:51]

***T. A. Rosolowski, PhD***

[00:00:51]

One question I had was did—was the McChrystal Group called in first to meet with the division or was it specifically for the Shared Governance Committee?

[00:01:03]

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***Marshall Hicks, MD***

[00:01:03]  
For the Shared Governance Committee.  
[00:01:04]

***T. A. Rosolowski, PhD***

[00:01:05]  
Okay, okay.  
[00:01:05]

***Marshall Hicks, MD***

[00:01:06]  
I just happened to be the contact because Danielle's friend was working for McChrystal Group at the time, it was a friend that Danielle had, Danielle DiMonda Hay, had known from Long Island when they were crawling together. She had given me the book, *Team of Teams*, because she had met McChrystal through one of the events; her friend was the events coordinator for McChrystal Group at the time. She gave me a book, *Team of Teams*, I read it and I thought, there's some things we could probably learn here, some similarities. I just made a comment to her, it would be great to get him here, and she said, "Well, I'll see what I can do." The next thing you know, he was agreeable to come and talk to the institution. So he gave a talk to an invited group of leaders and directors that we provided. We got 500 copies of the book, gave them to everyone.  
[00:02:05]

***T. A. Rosolowski, PhD***

[00:02:05]  
And just as a reminder, we did cover some of this basic stuff last time, so we use our time well and I don't make you repeat things.  
[00:02:13]

***Marshall Hicks, MD***

[00:02:14]  
I'm sorry.  
[00:02:14]

***T. A. Rosolowski, PhD***

[00:02:14]  
No, that's quite all right.  
[00:02:15]

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***Marshall Hicks, MD***

[00:02:15]

Yeah. But his condition --I think I may have mentioned it before, where he wanted to meet with the leadership group of the institution, which in this case was the SGC. So the main focus of their work --he was brought in to work with the—to talk really, and then to meet the SGC. Really it was the work with the SGC, was what was going to be the focus of the McChrystal Group efforts here.

[00:02:41]

***T. A. Rosolowski, PhD***

[00:02:42]

Okay, and the approximate date of this?

[00:02:46]

***Marshall Hicks, MD***

[00:02:47]

This was in March to April of 2016, I guess.

[00:02:55]

***T. A. Rosolowski, PhD***

[00:02:55]

Okay. Because I'm just looking at the timing of when you were—so we have a number of months yet before you're asked to step in as interim.

[00:03:07]

***Marshall Hicks, MD***

[00:003:04]

About a year. What happened over the course—I mean he had talked to—Stan McChrystal had met Ron [DePinho; oral history interview] separately during that trip, talked to him a little bit. There was interest there. They had communicated a little bit about them coming here and engaging. Stan had offered to send two people, General Vines and General Huggins, here to do an assessment. That was finally accepted, that was finally agreed upon. It was also the SGC, Shared Governance Committee, subcommittee on, I believe it was culture, governance and communication, that had continued to meet, as I had mentioned. So they kept the flame alive with this and ended up helping to host Generals Vines and Huggins, when they came in September of 2016 to do an assessment. They spent seven days here, I believe it says in the report, and then they generated a report on September 27th. I'll give you this copy of it. Through their assessment, they interviewed a lot of different—they attended a number of forums and conducted 27 interviews, a lot of leadership, different individuals throughout the organization came up. That's how they generated content for this.

[00:04:42]

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***T. A. Rosolowski, PhD***

[00:04:43]

So the levels of the individuals that they interviewed were pretty much, was it division head above? Department head above? How did that work?

[00:04:54]

***Marshall Hicks, MD***

[00:04:54]

It was, I would say probably department or center director, CAD level in the centers. I think they met with a couple of them. Danielle can probably get you a list. She helped coordinate it. Some of it was availability but also, we wanted to expose them to a center that ran pretty well and maybe a center that didn't run so well. And different department chairs and different individuals, division heads, they met with the division head group. It was trying to get a broad swath of the organization's research people as well. To have them really try to understand, in a very short amount of time, but I think they nailed it. They really hit it on the head.

[00:05:37]

***T. A. Rosolowski, PhD***

[00:05:38]

Did you want to identify the key points that they made?

[00:05:42]

***Marshall Hicks, MD***

[00:05:43]

Really, they're two, as they list here. The most consistently identified issues had to do with trust and transparency, and that was certainly something that even the Shared Governance Committee, as we talked about these issues in our subgroup, were things that we were concerned about. Those were the two big ones, but the other ones they identified were this lack of alignment. Particularly a lot of siloes in the organization. Accountability, ambiguity around roles and lack of accountability throughout the organization. Then this group thinks that accountability as well, you have to come to—you have to be in agreement. Everybody has to agree, and so nobody wants to disagree. So you didn't have the richness of ideas and discussion around a lot of things. And then communication was the fifth thing, was really --channels up, down, across were really pretty inconsistent, so information wasn't really shared, particularly in the bottom up way, to be able to get a real read on what was going on in the organization.

[00:07:15]

***T. A. Rosolowski, PhD***

[00:07:16]

Now let me ask you, because I do recall, when you were telling a story about the subgroup that you remained a part of, you guys were kind of the black sheep of the Shared Governance

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Committee because the rest of the group really wanted to focus more on very practical, logistical sorts of things. This report isn't addressing it from that perspective, so what was the reception to this report at the time?

[00:07:44]

***Marshall Hicks, MD***

[00:07:44]

I think there was, even though our group kind of continued on, there was a general sense within the group that all these things that were mentioned ... Once we shared the report with them and I think the report came to the subcommittee, we read it, discussed it with General Vines and Huggins and we put it forward and proposed that they work with us according to their—we put together a proposal on what they would do with this. The general sense is here but there were more specifics that came in the contract. There was pretty uniform agreement at the Shared Governance Committee that we needed to do this, that even though we had made some progress, we still weren't where we needed to be as a Shared Governance Group and also as an institution. I think the trust and transparency issues were the cloud hanging over everything around that. So it was felt, as we read through this, that what they were proposing to do, a lot had to do with restoring trust and part of that is through transparency and the openness, and creating a culture where we want people to be able to bring up their points of view, even if it's a disagreement. You realize that as a governance group, once we make a recommendation or decision were all supportive, but up until that point, we want that discussion to understand. As General Vines used to say, we have a moral obligation to bring up things that we perceive as risk for the institution or things the institution needs to know to make a decision. If we don't do that, we're not going to be likely making the best decision for the institution and understanding the risk or alternatives. Sometimes things would come, there was a sense, as you'll see in here, the SGC agenda was sort of manipulated. That's the word they used actually, that things would come there only if they would come already decided.

[00:10:01]

***T. A. Rosolowski, PhD***

[00:10:02]

Interesting.

[00:10:02]

***Marshall Hicks, MD***

[00:10:04]

It was felt that there weren't option. There weren't things being discussed, and it was 'isn't it great we all agree.'

[00:10:13]

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***T. A. Rosolowski, PhD***

[00:10:13]

Those pesky consultants, they tell the truth.

[00:10:15]

***Marshall Hicks, MD***

[00:10:16]

Like I said, they nailed it. I think that was the general sense of the group. There were a few people that said, we don't really need to do this, we can figure this out on our own. But the vast majority of individuals really sensed that this was an opportune time as well. I got a lot of feedback from the book, *Team of Teams*. The people that—I was really amazed that people took the time, read it, and said hey, there's some things that we could apply here, even though it's a military context and we're healthcare. People were making that link and saying we have teams in different places. We're not a team of teams, we don't really have that cohesiveness, that ability to reach across the organization, work together and have a common mission.

[00:11:10]

***T. A. Rosolowski, PhD***

[00:11:11]

Do you want to talk about how they worked with you? I mean was there something relevant that can learn kind of about leadership training from that?

[00:11:21]

***Marshall Hicks, MD***

[00:11:21]

I think what they started primarily working with is they went into these different groups and the different forums and again, their focus was the SGC. But what forums, as they say, supported the SGC? Like the ECOT at the time, the executive committee, executive operations team, yeah, the ECOT. The division heads, the Community of Chairs was just forming. Some of these groups that existed, is helping to sort out what was the purpose of each group. What was discussed there, what were the agenda items, what was the role of those groups? And also the meeting hygiene. How do you run the meeting, how do you make sure that you're promoting the ideas to be discussed and generate some of the discourse there? It was spending a lot of time as they really got to know the organization better and then started to help us work within each of these groups. A big focus of their efforts was at the SGC level. What should be coming there, what that should look like, how the discussion should be run. Getting prepared for the meeting, sending read ahead materials, making it an efficient meeting, focusing much less on these lengthy presentations but on discussions and creating options in decision making.

[00:13:08]

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***T. A. Rosolowski, PhD***

[00:13:08]

How long a period did the relationship with McChrystal take place?

[00:13:14]

***Marshall Hicks, MD***

[00:13:15]

They formally started in, I think it was roughly February of '17, and then went through the end of '17 really. So it was that first few months of '17, leading into the summer, is when the bulk of the work was done, through the summer. Really helping us with decision making processes. Creating that alignment between the different groups and really, also helped us understand how we could create an organizational structure that would support the ability to have transparency and the ability to have the integration across the organization. So when we changed the organizational structure and created a group of reports that reported to the president and then a group of reports that reported to Steve Hahn, the idea was that Steve Hahn, as the COO, was involved really, in the day to day running of the organization, whether it was clinical or research, or even some of the business advancement areas and the commercialization areas and things like that. The group that reported to me as president was a support group for the rest of the institution. So we were—that was a group that helped support the ability of the organization to run on a day to day basis. So you've got things like HR, IT, finance, institutional advancement, legal compliance, security and different things like that. Facilities,. Things that everyone needs and uses but it supports us as an organization. And of course Steve Hahn reported to me. That was how we structured it. Then Steve had the clinical and research areas coming up to him.

[00:15:27]

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## **Chapter 20**

### ***A New Administrative Structure and Lessons Learned from Working with the McChrystal Group***

#### **A: Overview;**

Codes

C: Leadership; D: On Leadership;  
B: MD Anderson Culture;  
B: Working Environment;  
B: Building/Transforming the Institution;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
B: Institutional Politics;  
B: Controversy;  
B: MD Anderson History; B: MD Anderson Snapshot;  
B: Institutional Mission and Values;  
C: Understanding the Institution;  
B: The Business of MD Anderson; C: The Institution and Finances;

#### ***T. A. Rosolowski, PhD***

[00:15:28]

A couple of questions. The first one is in your work with all the McChrystal Group, how did your perspective of the institution change and what did you learn personally from that process?

[00:15:43]

#### ***Marshall Hicks, MD***

[00:15:44]

A lot. First, understanding how important it is to be open and be transparent in how we make decisions and understanding that decision making is a process where you want to make sure you're getting the best input, but you establish the rules upfront. So you establish what data you're going to use, who is going to be involved, who the stakeholders are --getting all of that structured upfront so that the end result is inputted by all the right information. So it's really understanding that the best process for a decision making journey if you will. And understanding that that often involves disagreements and abilities for people to bring up different points of view. You want that, and it's all part of the healthy dialogue that goes, on but it needs to be done professionally and respectfully, and structure meetings around that.

[00:17:05]

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***T. A. Rosolowski, PhD***

[00:17:06]

So how was this understanding that you came to different from your understanding of decision making before, because obviously, an administrator's life is just decision making, decision making. What was different about this?

[00:17:21]

***Marshall Hicks, MD***

[00:17:21]

The key point for me and for all of us was the discipline around it, adhering to the discipline. Don't cut corners, go to the effort upfront, to define again what data you're going to use, and make sure everybody is in agreement with that. Making sure that you have a process for incorporating all the stakeholders. You know, that was a big flaw for us in the past. We wouldn't have all the stakeholders in the room or we would assume what their interests were. HipLink was a great example of that, HipLink, which was our paging system that we adopted temporarily. It replaced all of our pagers and it was basically an iPhone application. We bought all these iPhones and it was I don't know, \$6- to \$8 million worth of investment. It turns out it didn't really serve the function of being able to page people in certain areas of the hospital. It didn't allow for emergency codes, code-type paging reliably. It didn't allow for group interactions like we had before with the BlackBerries and pagers. The functionality of it wasn't what was promised, and so we ended up having to go back to the regular old pages for a while.

[00:18:35]

***T. A. Rosolowski, PhD***

[00:18:36]

After millions spent.

[00:18:37]

***Marshall Hicks, MD***

[00:18:37]

After millions, and that's not even including the time and effort of training of people trying to understand it. It was because the right stakeholders weren't in the room at the very beginning. We didn't define what we wanted out of this. We didn't say, hey, what are the—what is it that we want to be able to do with this? And to be clear about that from the beginning. A lot of that—weren't disciplined around it, because I think it's as simple as that in a lot of ways. If you have the discipline to do all these things and structure it that way, get the right information to people, get the right people in the room, promote the right kinds of conversation, come up with options. You know it's not just one solution that everybody has to agree to upfront. It's let's come up with some options. Let's discuss those and come up with them and just have a process that is clearly defined. There are clear expectations around it, you're going to make better decisions

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and that's best for the organization.  
[00:19:38]

***T. A. Rosolowski, PhD***

[00:19:39]

I'm thinking too, I mean there is just the impact of a failure like that. That people get mad. They're annoyed at the waste. They're annoyed at the time, and in a scenario where there are already issues of trust and transparency and people feeling disempowered. I mean each little one chips away at an eroding morale.

[00:20:00]

***Marshall Hicks, MD***

[00:20:00]

Absolutely.

[00:20:00]

***T. A. Rosolowski, PhD***

[00:20:01]

So saving everybody all of that stuff.

[00:20:03]

***Marshall Hicks, MD***

[00:20:04]

Well, and you can multiply that times a number of things. And it's like how are these decisions made? Somebody is making them, and didn't ask for input from the right people and were just yeah, and it's a lot of wasted effort and time, and then frustration as you said, the whole thing just really, it erodes morale and trust and leadership.

[00:20:32]

***T. A. Rosolowski, PhD***

[00:20:32]

Were there other kind of key, big key takeaways from the McChrystal process for you?

[00:20:39]

***Marshall Hicks, MD***

[00:20:40]

It was understanding that as we looked at how we would create these alignments that we were fairly inefficient. People would go around to different groups and present and then get approval from all the different groups and then you'd get recommendations. Then the next thing, you know you change it. So then you had to go back to make the rounds again. So it was very inefficient of understanding how the linkages are important and clearly defining the processes

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and decision space around that. Who is going to make this decision, who owns it, who else is working on things, trying to streamline that within the organization? But then the way we reorganized and flattened that structure, it made it much easier to know who is responsible for what area. You didn't have these major siloes that were fairly structured in a way that they were fairly hard to penetrate at times, unless you went to the very top and had the people there talking and then it would go back down. I can just go over there to that person and talk to them because they're in charge of this or that, and I know who is in charge. And then when you create your committees or groups, or as we started to form particularly the operational priorities --as we got into that, which was a big outcome of the McChrystal effort-- that we knew who needed to be on those groups because you could pull people from the different components of the organization. It was flat, it was transparent, it was easy to see who needed to be involved. So that was part of the work with them as well. You had a day and a half retreat that SGC went to, in Alexandria, Virginia actually. We assessed that because we knew it was going to be expensive to do. But we voted on it and we all agreed that we needed to do it. It was more expensive not to do it than to do it if we continued on. It was minimally cheaper to do it here than in Alexandria, because they would have had to brought a number of people here in the facilities and so forth, and it was great. We actually did a monument walk at five o'clock in the morning, six o'clock in the morning, with them, with physical training. Some of us did the run, some did a walk. But you went around and they would teach you about all the different monuments on the walk, and the symbolism there and all that. So it was a bonding experience for the group too, to go away and focus on this. What come out of it really, was relooking at our mission and vision and --I think we were comfortable with that and we wanted to do a little word-smithing but in the end decided we were pretty comfortable with what we had. But then established the seven operating priorities, which were things that we felt that we needed to be doing in the next several months to get ready for the new president coming in and to get to right the ship. That was the main outcome of the retreat, was to establish those things.

[00:23:58]

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## **Chapter 21**

### ***An Interim President and His Team Address Institutional Challenges***

#### **B: Building the Institution;**

Codes

C: Leadership; D: On Leadership;  
A: Professional Values, Ethics, Purpose;  
A: Professional Path; C: Evolution of Career;  
B: MD Anderson Culture;  
B: Building/Transforming the Institution;  
B: Multi-disciplinary Approaches;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
B: Institutional Politics;  
B: Controversy;  
B: Institutional Mission and Values;  
C: Understanding the Institution;  
B: The Business of MD Anderson; C: The Institution and Finances;

#### ***T. A. Rosolowski, PhD***

[00:23:59]

Let me ask you, because obviously, I want to go back to the operational priorities, but we skirted around the fact that in this process you were identified as interim president.

[00:24:16]

#### ***Marshall Hicks, MD***

[00:24:17]

Right.

[00:24:17]

#### ***T. A. Rosolowski, PhD***

[00:24:18]

So tell me how that happened, what that was all about for you and for the committees.

[00:24:26]

#### ***Marshall Hicks, MD***

[00:24:26]

Right. So we were I guess in the middle of all this work of trying to get the McChrystal Group in and starting to do that. Steve Hahn had been named the chief operating officer and you

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probably know the day to that [3 February, 2017].  
[00:24:44]

***T. A. Rosolowski, PhD***

[00:24:44]  
I don't actually, I'm ashamed to say.  
[00:24:45]

***Marshall Hicks, MD***

[00:24:45]  
I want to say it was the January to early February timeframe probably, somewhere around in there.  
[00:24:50]

***T. A. Rosolowski, PhD***

[00:24:50]  
That makes sense.  
[00:24:51]

***Marshall Hicks, MD***

[00:24:51]  
And it was I don't know, maybe a month later [8 March 2017], we can get the dates, that Ron [DePinho, oral history interview] announced he was stepping down. I think he announced that he was initially going to step down at the end of the legislative session, which would have been more in the May timeframe I think. Then for whatever reason, he decided that it was going to be sooner and gave a date that was I think around two weeks or a week and a half away. So, Ray Greenberg, the Vice Chancellor for Health Affairs, was calling individuals to get some possible names for an interim president and he called me. He asked for some names, I gave him some names and we talked about the different individuals. Then he asked at the end if I would be interested, and I was honored to be considered and told him I would do anything for the institution if I thought I was capable. But I said, let me—I'm an introvert, let me think about this. Let me talk to my wife, this was not what I expected out of this call. So I said, let me talk to Kelly and think about it overnight and get back to you. I basically ended up calling him back and saying I'd be honored to do it.  
[00:26:16]

***T. A. Rosolowski, PhD***

[00:26:16]  
What was your reasoning there?  
[00:26:16]

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***Marshall Hicks, MD***

[00:26:17]

I think I felt like I knew enough about the organization. I'd been here 20 years, knew what—I felt like I had good relationships with a lot of the leaders in the organization and that if they had the confidence in me, that I could do it and help, that I was willing to try. It happened so fast that I really didn't have time to think about how daunting it could be. But I felt like in some ways, that all the different roles and the experiences that I'd had over the 20 years here, 19 years I guess at the time, had helped create my capabilities of at least trying to help. I knew --20 years of developing relationships, 20 years of different experiences, different roles, different committees, understanding the different components of the organization, from finance to operations, to less experience with research but enough to understand it.

[00:27:39]

***T. A. Rosolowski, PhD***

[00:27:40]

Do you think if I asked some people in the institution who supported your selection, that they might add other things to the reasons why? Because I'm interested, why you, you know?

[00:27:54]

***Marshall Hicks, MD***

[00:27:54]

Well one thing he said --and he mentioned that when he talked to people my name was one that came up fairly consistently-- but he said also it was the demeanor: the calmness, the stability that they needed, and that that was something that was attributed to me and they felt that that would be really helpful at this point in time. I think that was a big reason for it. That's something that Jane reiterated when I went over the next week to meet with them both and confirm it and talk about it.

[00:28:32]

***T. A. Rosolowski, PhD***

[00:28:33]

Do you think there was a message too? I mean obviously, they could have selected someone who had a PhD or who was an MD/PhD, someone who was more equally focused on the heavy, heavy duty research. Do you think a clinical focus was important?

[00:28:54]

***Marshall Hicks, MD***

[00:28:54]

I think so. I think, well for one, a big source of our revenue obviously, 90 percent is from the clinical side. So it's a very important piece of the organization, to make sure that it's done right, and we were struggling with that at that time. So I think I was somebody who had some

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familiarity there and ability to help get that back on its feet. I think also, there was a sense --the chancellor and Vice Chancellor Greenberg were hearing that the clinical faculty felt undervalued at that point and there was—it was probably somewhat symbolic too, to have somebody in a clinical role to take on that position.

[00:29:54]

***T. A. Rosolowski, PhD***

[00:29:54]

Also a symbolic return to the core values and patient care, all those elements which are by no means insignificant.

[00:30:03]

***Marshall Hicks, MD***

[00:30:04]

Right.

[00:30:04]

***T. A. Rosolowski, PhD***

[00:30:05]

Yeah. So, your hundred days or maybe even truncated. How did you throw yourself into all of this?

[00:30:15]

***Marshall Hicks, MD***

[00:30:16]

I agreed to do it. I think I went over there on a Wednesday and met with the chancellor and vice chancellor and one of the questions I had, the major question I had was, is this a caretaker role or is this a role where I'm empowered, supported and trying to continue to move us forward? Because I felt like we were in a position where we were making progress in some area. We were starting to see some things get a little better with post-Epic and starting to find some solutions and do some things that were going to help in the long run, but we were by no means really in any comfort zone. We were fresh off the layoffs and there was fear that there were going to be more, but I think within the organization, a lot of us felt like we knew what we needed to do. It's just being allowed to do it and being able to facilitate that. I wanted to know that I could do what we needed to do, that we could do what we needed to do as an organization to continue to move forward to really turn it around.

[00:31:47]

***T. A. Rosolowski, PhD***

[00:31:48]

So how does that really work? It was you really taking instruction from the chancellor, the

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Board of Regents involved also? I mean the highest levels of the [UT] System?  
[00:32:02]

***Marshall Hicks, MD***

[00:32:03]

They had to approve it but it was the chancellor's choice. It was supported by the Board of Regents. Technically, I reported to the chancellor, but Vice Chancellor Greenberg was for Health Affairs, so I really interacted more with him on a day to day, a week to week basis. They really were pretty hands off the whole time. We had a biweekly call with the presidents of the health institutes and the chancellor and vice chancellor videoconference, but I didn't have any routine calls with them. It was check-ins when I felt like I needed to let them know what was going on about something, but it was infrequent because they were true to their word. They said, "we trust you, we have confidence that you all can fix this and turn things around." I'm, I guess by nature pretty confident, and some of that comes with being a proceduralist and being over time and just have—but I also feel like I know my limits and I know when I needed to check in and make sure they're aware, but I also felt like we probably knew best what we needed to do. I think they knew that and they trusted us. So that was beginning the journey. I went there on Wednesday and Friday they announced it. Friday afternoon it was announced, and then Monday, Ron stepped down and then Tuesday, I started. Then that night, I believe, the chancellor had a meeting with the health presidents over in Austin, so I went over there for that for two days and then came back and Thursday, I believe it was, we had a forum where I was introduced. I introduced myself and talked about the plan forward.

[00:34:28]

***T. A. Rosolowski, PhD***

[00:34:29]

So what were your steps? And here, I'm really relying on you to best tell the story.

[00:34:38]

***Marshall Hicks, MD***

[00:34:39]

I put a lot of thought into it. I rely on the team approach to things and was relying on, at this point Danielle [DiMondi Hay]. Jim Huggins was a big help in terms of we wanted to stay focused on some consistent themes. To say, this is what we need to do. We need to get back to our roots, the multidisciplinary conference, the team-based approach to care and research. That's what we came from, that's why we exist, and that's --we need to get back to that, being a team. But that our primary focus in the short-term had to be to turn things around financially. We could not sustain continued large operating losses. I think if you go back to Epic, which was the spring of '16, through that first quarter of '17, it was about a \$600 million loss, as I recall. Four hundred fifty [million] for the previous fiscal year and then another \$150 [million] in that first quarter roughly, I believe, so I mean we were on a pretty bad trajectory there. It was starting to

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stabilize a little bit. We weren't losing as much, and we had gotten a Medicare payment in January that helped. But we realized we had to do the layoffs, get expenses under control, so that happened right after the first of the years, and so morale was not good. We were still having considerable financial strains, and so that was one of the thing identified, that we had to focus on that.

[00:36:37]

So the three things that I focused on at the first forum, which really was a repeated theme throughout the ensuing months, was we've got to all own the financial turnaround. We have got to focus on getting the ship turned around and folks on to financial recovery. The second thing was a team. We need to be a team. Out in the organization, people talk about they're part of a team, but we need to be a team as an institution and be able to work across the institution, have better integration across the institution. The third thing was the empowerment, that we need to have the ability out in the organization for people to be empowered, teams to be empowered, to be able to help move us forward, to work with others out in the organization. An example, just with the Epic journey, was the ability to reach across, talk to financial plans, whatever it is, in groups to talk to each other, to work with each other and fix things out in the organization and not have to run it up a silo and across. We needed to be more nimble and more agile in how we approached that or else we weren't going to be able to get out of it any time soon. And sharing best ideas, sharing best practices, working across the organization. So those were the three things identified the first week to try to keep people focused, to keep it fairly simple so that people could rally around some concepts that we felt would help us keep people focused and keep people focusing on working with each other, helping with each other. We all own this. We all need to help each other get out of it, and we need to be empowering our groups to do that, our people to do that.

[00:38:44]

***T. A. Rosolowski, PhD***

[00:38:46]

Now you mentioned last time, that it's really important to talk about the meetings that you had with Steve Hahn, so I'm wondering, do you want to bring that in at this point?

[00:39:00]

***Marshall Hicks, MD***

[00:39:03]

The work with him?

[00:39:03]

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***T. A. Rosolowski, PhD***

[00:39:04]

Yeah, work with Steve Hahn.

[00:39:06]

***Marshall Hicks, MD***

[00:39:07]

We had a good relationship before and I think that was key. I had actually been chair of the committee that recruited him, so I had gotten to know him through that recruitment process and then during his time that he had been here subsequently.

[00:39:28]

***T. A. Rosolowski, PhD***

[00:39:29]

What type of leader is he?

[00:39:29]

***Marshall Hicks, MD***

[00:39:30]

You know, we're different styles and that's one thing the vice chancellor said, we're kind of a complementary pair. He's an extrovert. He's definitely more sort of action now, action soon, let's keep things moving, and I'm more reflective and kind of introverted, need to process it, need to think about it. We're both, I think we're both open and honest with each other and I think with—in our dealings with other. So we could talk. We didn't often have differences but we could talk about it and talk through it. I think we thought --and think-- much more alike than not. The other key thing: when I met with the leadership group the first time --the president's team-- was the principle was "institution first." That's definitely Steve, and so that's --when you're aligned like that, and you both are really saying we're going to put the institution first in all of our decision making and everything that we do, so that makes it easy in a sense. As hard as these decisions were, and as hard, as difficult at time as it was, if that's what guides you, then at the end of the day, the decisions are a lot easier because that's what you're trying to do, is do what's best for the institution.

[00:41:09]

***T. A. Rosolowski, PhD***

[00:41:10]

Now you mentioned the president's group. What was its official name or did it have an official name?

[00:41:15]

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***Marshall Hicks, MD***

[00:41:15]

Yeah, it was the, I guess it was the Executive Leadership Team. Yeah, the Executive Leadership Team.

[00:41:24]

***T. A. Rosolowski, PhD***

[00:41:25]

And who was part of that team?

[00:41:26]

***Marshall Hicks, MD***

[00:41:26]

That was my direct reports at that time. Early on it was all of the reports that reported to the president, so we had the EVPs there, but after we transitioned the organization, it was Tadd Pullin from Institutional Advancement. It was Mark Moreno from Government Affairs, it was Steve Hayden from Legal and Compliance and Security, it was Steve Hahn, the COO, it was Shibu Varghese from HR, Facilities and IT under him, and who else am I missing? Ben Nelson of course, finance CFO, finance. Ben was a key hire. I think we talked about that.

[00:42:24]

***T. A. Rosolowski, PhD***

[00:42:24]

No, no. He's been mentioned in other contexts too, as sort of a miracle worker.

[00:42:30]

***Marshall Hicks, MD***

[00:42:31]

He showed up, he had just retired from Children's not too many months before and was being asked to be on our Audit Committee. So I showed up for this Audit Committee, I don't know, three weeks into my role. It may not have even been that, and he was there, and I had known him from when he was here before. So after the meeting, I spoke to him, said hello and said, can you step into my office and said you know, would you help me find a CFO? He said sure, and so we talked about it: what we wanted and all that sort of thing. A couple days later, I got an inquiry from him basically, would you consider me as the CFO, and that was a pretty easy decision at that point. We were down to—we had been interviewing, and he has the perfect demeanor for the position. He's engaging, he knows Anderson, so it was a great fit. I had him interview with a couple of the Board of Regent kitchen cabinet members to get some familiarity there and some input, but that was a huge hire, and so he became a big part of the team.

[00:44:00]

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***T. A. Rosolowski, PhD***

[00:44:00]

So tell me about working with this group and McChrystal, and what you were able to accomplish obviously, yeah.

[00:44:13]

***Marshall Hicks, MD***

[00:44:13]

The group evolved over about a three month period. The McChrystal Group, a lot early on, was working with a lot of us as individuals, and with the SGC primarily, as a focus to start, and then as we started to realize that we needed to have a structure that reflected and supported our desire to be transparent and to be empowering in the organization. Importantly, Dan Fontaine had already announced his retirement, I think back in January, that he was going to be leaving after a year. Dan had a big part of the organization. A lot of the direct reports actually, that ended up reporting to me, had reported to Dan previously, in his executive vice president role. So Dan and the other EVPs were involved in discussions about what should the organization—what's the optimal structure for the organization, at least in the transition period? Through discussions there, that Jim Huggins facilitated, but he was like "I'm not going to advise on this, this is really you-all's decision." But he would help say, "let's map out all the different pieces of the organization and what makes sense." So we went through that and decided what made sense to put under what areas. For example under Shibu, it was support services. Every individual in the institution needs IT facilities of some degree and HR services, so I just felt like that was a good combo to put together at the time, and that ended up under Shibu. Then this whole concept of day-to-day reporting to Steve Hahn, so the clinical operations and the research areas that really did the day to day work of the institution's mission, would report under Steve. Then support for the organization in general would report to the president, the idea being that the president's role is mostly either supportive and outward looking, so there's a lot of external responsibilities; Steve's was really in a way sort of downward looking, making sure the organization is running on a day to day basis, with the support it needs. So that was it. We would meet, we had daily huddles that started immediately really, with the original reporting group, and then as we transitioned into sort of the new structure. We'd meet every day in one of the side conference rooms at seven-thirty or eight and it was like ten minutes, fifteen minutes max, going around just reporting: what was on your schedule that day, so people knew what everybody else was doing, what the priority, and you would share. If somebody was going to be meeting with somebody that I knew something about, I had met with somebody else last week, be able to tell them here's something that might help you, or just be aware, even a quick update from something that happened yesterday. We did that every day, and then it morphed into us doing that three days; Monday, Wednesday, Friday, and then Tuesday and Thursday we would have the president's meeting for an hour, hour and a half generally, to get into more depth and more detail. That was kind of our routine for those few months.

[00:48:16]

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***T. A. Rosolowski, PhD***

[00:48:16]

Now you lay it all out and it sounds really simple, but I'm really curious, because this kind of understanding, this more functional way of organizing the institution, I mean it certainly created a lot of confusion for people who were not part of these conversations, had no insight.

[00:48:35]

***Marshall Hicks, MD***

[00:48:33]

Right.

[00:48:33]

***T. A. Rosolowski, PhD***

[00:48:37]

I guess what I want to know is was that an emerging logic? What was the process of figuring that out?

[00:48:46]

***Marshall Hicks, MD***

[00:48:46]

It was done over, I mean this was—I think we announced it in June, and so it started really pretty early, so probably late March. It was a couple-months process and it was a lot of us meeting, the senior team that was there, EVPs, Shibu, Tadd, Steve Hahn, and me, and really trying to say what's the best shape for the organization. This is one thing we obviously did run past the chancellor and vice chancellor: went over there and met with them, also met with the Board of Visitors kitchen cabinet several times around, particularly Jim Mulva, who was the chair of the group, chair of the Board of Visitors, in different iterations of it. It started to take shape over that time period and then we announced the changes in June.

[00:49:45]

***T. A. Rosolowski, PhD***

[00:49:45]

What were people's reactions as you presented this?

[00:49:50]

***Marshall Hicks, MD***

[00:49:52]

I think for most of them it seemed to make sense. Things were pretty siloed before, this had some logic in terms of how the reporting relationships were and also, it flattened it. The chancellor's a big proponent of flattened organizations that he's known from *Team of Teams*, so this to him looked like the logical sort of way to support what we were trying to do with

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rebuilding trust and having transparency in the organization and having accountability for people that had responsibility for those areas of the organization. In general, the response was very -- it's one of those things where we vetted it with a few people, division heads and Faculty Senate, to talk about it at the leadership level there. But it wasn't something—you know, we had some pressure of trying to do something with particularly Dan's group, because there was a risk of people leaving if people --there was uncertainty, and they didn't know what their role was going to be with Dan. So we were trying to get some clarity about that.

[00:51:05]

***T. A. Rosolowski, PhD***

[00:51:05]

And for the record, Dan's group included what?

[00:51:09]

***Marshall Hicks, MD***

[00:51:10]

It included Finance, so all the --then the CFO group was originally back under Dan when Weldon Gage left, the CFO, about a year before. Legal and Compliance, HR, Facilities, IT, was all under Dan. Some of the business development, a lot of the business development, was in -- [MD Anderson] Network development was under Dan. So there was a big piece of the organization that were there and he was fielding questions about what happens to his reports when he leaves. Of course he was going to be leaving in January, so we needed to decide what that was going to look like and try to move on getting that done as soon as we could.

[00:52:19]

***T. A. Rosolowski, PhD***

[00:52:19]

Did you want to talk about setting the operational priorities and implementing this structural change? It's a massive task.

[00:52:31]

***Marshall Hicks, MD***

[00:52:32]

Yeah, yeah. That was something where, when we—the structural change, we did—most of the roles were people who were already in those roles. That was maybe a different reporting structure or a different alignment, like with Shibu's area: having IT and Facilities separate, reporting up to Dan, we combined them with HR under Shibu. Once Ben came in as CFO, that reverted back to having that report to the president, which is traditionally the way it is in most organizations. Under Steve, that was probably where a lot of the changes were made. The division heads who had reported to two EVPs now reported up to Steve, so Steve ended up having a lot of reports to him, and we did have two interims; the chief medical officer, which

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was Karen Lu, and then the chief academic officer, which was Giulio Draetta. We put those as interim because they were new individuals in new roles, and with a new president coming in, we might change the structure or change the individuals. We wanted to make sure that they had -- that that person had that flexibility, but also those individuals could go back to their previous roles and not lose an opportunity to continue to be in those roles. That was ... Once we announced, it was a fairly short implementation because that was, like I said a lot of the individuals were either just staying in their role but changing the reporting structure. But there were some changes that needed to be shifted around, and that creates anxiety there, no question. It was --unfortunately, Steve was also traveling a lot during that time. His daughter was getting married and he had some other things going on, so we had to make a change at the time when he was here, but then he left. So I ended up having to manage some of that until he could get back and so it was a bit chaotic there for sure afterwards. Even though we planned it and thought we'd thought of everything, obviously things come up, questions come up and clarity of roles needs to be done, reporting structures and things, so as you cascade down was sometimes a challenge. Then you know if you're not clear and you're not really communicating effectively, people assume things or make up things.

[00:55:20]

***T. A. Rosolowski, PhD***

[00:55:21]

There was a lot of uncertainty during that period, for people who had no part in conversations at all, there was a lot of anxiety.

[00:55:31]

***Marshall Hicks, MD***

[00:55:34]

That made it a challenge, because there were also things that needed to change in the organization, but we didn't have a lot of time to work through it and that was why I had to get clarity with the chancellor. There was—we had the ability to make changes that we needed to make, even if it was in personnel, in order to move the organization forward, but it's not something where you can do a big vetting process for it, because we were under a lot of pressure to turn things around financially. Some of that was going to happen as a result of what we needed to do organizationally to change.

[00:56:38]

***T. A. Rosolowski, PhD***

[00:56:38]

What was an example of that?

[00:56:40]

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***Marshall Hicks, MD***

[00:56:41]

Off the record?

[00:56:41]

***T. A. Rosolowski, PhD***

[00:56:42]

Yeah we can, certainly, I'll pause.

[00:56:45]

[The recorder is paused and the session is not resumed.]