Marshall Hicks, MD

Interview Session Seven: January 17, 2019

Chapter 00G
Interview Identifier

T. A. Rosolowski, PhD
[00:00:01]
Today is January 17th—I'm remembering the date, 2019, and I'm on the 16th floor in the Division of Diagnostic Imagine, for my seventh session with Dr. Marshall Hicks, so thank you very much. I'm Tacey Ann Rosolowski and the time is five minutes after ten.

Interview Session: 07
Interview Date: January 17, 2019

Chapter 25
A Follow Up on Being Recruited for President and Views on Harvey
B: Building the Institution;

Codes
C: Leadership; D: On Leadership;
D: Ethics;
C: Professional Practice; C: The Professional at Work;
A: Professional Values, Ethics, Purpose;
B: The Business of MD Anderson; C: The Institution and Finances;

T. A. Rosolowski, PhD
[00:00:01]+
So, you were saying that you had another thought after our last conversation.
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Marshall Hicks, MD
[00:00:23]
Right. We were talking about whether I was a candidate and it occurred to me after we talked that the reason I had to make a decision was because my name was submitted and the recruiter called me and asked. And I knew people copied me and told me they were going to submit my name, and I wasn't surprised in a sense but I had not planned on submitting my name because of the earlier discussions. Then I got to—when they asked me, I actually talked to the recruiter about it because of concerns that I had that it might influence people's perception of how I was managing or making decisions and things. And talked to Executive Vice Chancellor Greenberg about it and a couple of Board of Visitors as well, before I decided. So that was what prompted it. It wasn't like I decided I wanted to put my name in the hat. I had to kind of make a decision on whether I was going to accept a nomination or whatever, so.
[00:01:20]

T. A. Rosolowski, PhD
[00:01:21]
Okay, yeah, no that clarifies a lot because that kind of got lost in our conversation last time. Interesting. Well obviously, you had people who were very interested in having you take on that role and that's kind of a nice vote of confidence.
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Marshall Hicks, MD
[00:01:38]
Yeah, no it was. That was incredible support that was there with people. I think people, as we were starting to recover and start to make some progress, that people felt like things were starting to go in the right direction. I think that was probably a bit of a vote of confidence about that. I think it was also just people coming together and making it. We had to, we had to come out of it, and there was a lot of work to do and a lot of people were involved and committed to making it turn around.
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T. A. Rosolowski, PhD
[00:02:31]
So tell me about the next stage, I mean after the decision. The new president, Peter Pisters, had been selected, and you had said that a lot of the work that you and the Shared Governance Committee were involved in prior to the search for the new president was about trying to set things in place, so whoever came would be stepping into a solid base. So tell me about those months before Dr. Pisters arrived, what are sort of the final touches on that?
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Marshall Hicks, MD
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I think actually right after he was named we had [Hurricane] Harvey, and so that was like literally the next week I think or two weeks at the most, so that ended up taking a lot of acute attention on that.
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T. A. Rosolowski, PhD
[00:03:17]
Tell me about Harvey.
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Marshall Hicks, MD
[00:03:19]
Well I mean it came up pretty suddenly and it caught us by surprise. I remember sitting at a briefing on Friday afternoon and then had a follow-up call I think earlier that day. It was felt that once it was determined that we were probably going to be in the path, then they were calculating based on estimates of rainfall per hours and whether that would be enough for the bayous to breach and to have any sort of significant flooding. The estimates were, I think through our time on Saturday --at least early morning on Saturday or midday on Saturday, as I recall through that time-- that the rainfall amounts were going to be below what would trigger flooding off the bayous and stuff. Obviously, Saturday night was kind of a deluge. Then Sunday morning,

waking up to see that this was—so it caught us off guard. Fortunately, there was enough people in the Clinical Service that some people had anticipated and came in. We had enough people here to sustain operations but it was thin. Getting people in and out was very problematic, so we had to make do with who was in, and that became our ride-out team. We didn't have enough time to really declare a ride-out and have people change because the weather changed so quickly. I remember Matt Burkheiser saying it was as though the ocean had just been picked up and dropped right on Houston in terms of the amount of water and the suddenness with which it happened. So it really --that became then our coming together moment where we were able to enact the things that we had been trying to do over the few months in preparation for a new president. Preparation for turning things around. It really became a test of us coming together in a moment. The local empowerment. The sharing of information. The whole team of teams concept, and having the cadence of these calls every few hours. Having lots of people on these calls, 70, 100 people, and sharing information. Asking, what do you need, and sharing that information. And people being willing to say, we need help in this area, and having help. Empowering people to manage their centers, their clinics, because we shut down the outpatient side. Obviously had to keep the inpatient going, but pretty soon had to determine how quickly can we get back up to see certain outpatients, in particular the ATC areas and things, where we had to get patients in on an urgent basis. On these calls, we had Mark Moreno from Government Affairs making contacts with people in the city that could help us with transportation. We had -- Amy Hay [oral history interview] was connecting with our network partners to see if we could get some relief coming from them. We had nurses come from different centers, and physicians. It was really a team effort of coming together and trying to do whatever we needed in the moment, sharing information and learning how to efficiently report that out and move on and get what we need, to make sure that we were operational facilities reports. Obviously and fortunately, we had very little damage. We had to move a few things, but no patients harmed, no employees harmed during the events and we're very proud of how it came together. It kind of tested our ability really, to function at that level as a team of teams, and sharing information, helping each other: what do you need, what can I do that helps, helps you? So it was interesting. As I look back at that I say we were really doing all these things when we set up our decision making: our shared consciousness about how we were going to operate as a team of teams over that time, thinking it was really about how to turn the institution around and move forward. Kind of go into the next step. But in essence, for the last few months, we had been preparing for a hurricane.
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T. A. Rosolowski, PhD
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Interesting.
[00:08:21]

Marshall Hicks, MD
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And so we were able to put those things that we learned and the skills to use right then. I think that's why the resiliency was there. Why we were able to successfully navigate through it, and secondly to rebound as quickly as we did from it. Because we were back up pretty quickly, within a few days of really running 90 percent operations and, like I said, had fortunately no harm that came to any patients because of the disaster. It did affect an enormous number of our employees. We were trying to get assessments of that pretty early. We estimated it was probably somewhere between 15 and 30 percent, it was a broad range, but it was difficult to tell because immediately, some people had flooding, couldn't get in, but they didn't sustain any damage ultimately. So it was a fluid number going around. How many were affected. But we ultimately ended up estimating that it could have been up to 30 percent that had some property loss, whether it was a car or personal property, HAL or rental property or something, where it impacted. Then of course you've got people trying to recover and deal with those issues. That was where having the partners from Northwell and Banner and others come to help us, sending some relief so that people could actually go take care of their families and their houses and property and do what they needed to kind of get through the acute phase of it. And then of course we set up, we reactivated the Caring Fund. I'd have to look back at the number. I think it was $1 million. I believe it was.
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T. A. Rosolowski, PhD
[00:10:19]
What was it?
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Marshall Hicks, MD
[00:10:20]
I can't remember, don't quote me on that, we can go back, we can ask Tadd [Pullin].
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T. A. Rosolowski, PhD
[00:10:28]
Yeah, yeah, we can add it.
[00:10:29]

Marshall Hicks, MD
[00:10:30]
I think it exceeded our wildest expectations of what we—which was employee donated and friends donating, philanthropists, that supported us, generating a huge amount of money. We set up, that employees could, if they sustained property damage, could apply and get immediate cash

to help them through it. Because people were squeezed and at that time it's hard sometimes, when you have a situation like that, to work through. You need money just to get through.
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T. A. Rosolowski, PhD
[00:11:07]
It's kind of inconceivable. I talked to people who just had just high water in their place, I mean they lost everything, yeah, it's incredible.
[00:11:16]

Marshall Hicks, MD
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It was amazing. And you know it was --once the water went away, the city looked fairly normal, as opposed to was it [Hurricane] Ike, when it came through and you had all the—
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T. A. Rosolowski, PhD
[00:11:27]
Yes, devastation.
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Marshall Hicks, MD
[00:11:29]
Yeah. You could see in the power and all that stuff. But here the power wasn't really affected. So I mean they're all different, I guess, but this was one was in a sense deceiving, because once the water went away, there was a lot of people who were still, still even today, are still dealing with the aftereffect. And yet, life got back to normal for the city, the hospital, whatever, fairly quickly. But people's lives were still affected. That was a moment of really coming together. Of course what I remember most, and probably my most precious memory of the time I'm ad interim, was when we gave out the t-shirts in The Park as --that celebrating, coming together and resiliency through Harvey, and just appreciation. It was an amazing event. We had the place packed and gave out thousands of t-shirts in two hours. People I think were celebrating in a sense coming through. Because we had turned things around financially, we'd made it through Harvey, we'd come together and I think it was a celebration of the wonderful employees and how much effort they had put in over the last few months. So it was just a magical moment.
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T. A. Rosolowski, PhD
[00:12:58]
I'm not meaning to cast a shadow but I'm wondering if there were in the inner workings of all of that, if there were things that you observed it's like, oh yeah, here's a place where we need to

tweak things to make it better, to get even better at what we're doing. Lessons learned kind of things.
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Marshall Hicks, MD
[00:13:18]
I think it did uncover the areas that we struggled with, how some of the concepts; empowerment, engagement.
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T. A. Rosolowski, PhD
[00:13:45]
How did you discover that?
[00:13:45]

Marshall Hicks, MD
[00:13:46]
When there would be problems in certain areas. They had trouble getting—with staffing or rebounding, coming back as quickly. Then you realized that the decision making and the empowerment and the ability, the connectedness in the areas. So then it exposes those weaknesses in those areas where there's opportunities to improve. I would say it was a matter of degree. It wasn't like there were any disasters, but it's just you could tell people in certain areas, groups, were better able to respond than others. That kind of tells you, I think a little bit of a story about how things work on a day to day basis and long-term too.
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T. A. Rosolowski, PhD
[00:14:38]
For sure. I mean what we've been talking about over the past sessions is an enormous, complex process of change, a great deal of which was happening at a pretty high level of organization. And how that all filters down. I mean Harvey was a place, I mean the testing ground that you could say, well where are the places where it hasn't really filtered down yet?
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Marshall Hicks, MD
[00:14:57]
That's right. That's exactly what happened, and it just exposed those. Everyone can improve, right? I mean there's always room for improvement. So I think it was really more a matter of degrees. But you could see it by how it was working. Even to the extent of asking for help, being willing to put that vulnerability out there, as opposed to just trying to make it through it, and then you end up letting other groups down, or you're not able to perform at a higher level.

Even asking for the ability to go contact people, or help get people in, or rotate people out. Things like that, that we're dealing with acutely.
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T. A. Rosolowski, PhD
[00:15:51]
So when these areas of less efficiency were brought to your attention, what was the response after the dust from Harvey had settled:, how did you address those areas?
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Marshall Hicks, MD
[00:16:06]
I think that's more for the long-term solution. I mean in terms of --its training, its leadership, for the most part I think. So that ends up being more of a longer term. Like I said, I don't remember any disasters where we actually had to make significant changes acutely in order to get things. What happens is on a routine, day to day operational normalcy for the institution, there's always those areas that aren't as good as others, or others that excel. What this did is just showed --you know. And so sometimes you kind of know that those areas aren't running as well as they could and this just made it more obvious I think. So then it becomes … I think it did call some self-reflection in certain areas where changes were made. It was really made more at the local level. Or in the areas, the groups, the areas that are responsible—people are responsible for those areas. In the COO's office at the time, things like that, there were ways that we could address it. Hopefully it caused—some of the things, like just the connectivity, reflecting back on it, the confusion about what's expected of employees to come in; some of the messaging was difficult to interpret. But, what's the best way to communicate with people, particularly now, with all the different means? Then also clarifying some of the pay practices for employees, particularly in a disaster like that, when people still have to pay the bills or deal with acute issues. Property loss and things like that. I think we were very generous with our pay policy through it. It was also what's —reflecting on those things. Often those things, including the communication, become problematic acutely. Then the disaster goes away and then it doesn't really get solved in between. So that was one thing where we tried to have an After Action Review, we called it, and really look at it. I think that was one thing we did more intensely than had been done in the past. Again, that was part of a process of working with the McChrystal Group. They were still here, they were helping us –they deal with a lot of the military, so it was helping us sort of say what can we learn from this? How do we make some of these changes to improve it going forward? I think again, back to the process, it was just a kind of continuation of the process optimization that we were trying to learn and that was a part of it. And generating action items out of that.
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T. A. Rosolowski, PhD
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Interesting. What was the financial impact? I know that there were a lot of discussions and concerns about that at the time.
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Marshall Hicks, MD
[00:19:41]
Well, my understanding, and we'd have to get Ben Nelson to kind of give us the final tally, but I think we were in the, it was tens of millions. Like $30-, $40 million sort of thing. I know that as we closed out that fiscal year, as you recall, it was the last few days of the fiscal year and the beginning of the next fiscal year, so both fiscal years got affected. We were on target to hit our margin of $25 million for that fiscal year, which you know, when we were at a loss in the spring, of you know it was $150 million loss at that time. It was quite a remarkable turnaround. We ended up in a situation where in order to do the Anderson Award and the Faculty Recognition Award, all the different payout recognition awards, we had to hit our margin of $25 million. This caused us to—we were actually in a unique situation where if we didn't pay that out, we hit $25 million margin. If we did pay it out we're below margin. Since it's the president's prerogative to make that decision, I made the decision in consultation with the chancellor, to make sure that there wasn't an issue there. Given what we had been through and everyone's effort through not only Harvey but the whole latter half of the year, that we would pay out the recognition awards. And we did, and I believe we ended up being minus $10 million or something like that. So if you looked at it acutely, we probably lost $30 million or so acutely. But then we'd need to check with him to see what the real impact, if you look at it really over the longer term, more than just the few days there. Because it took us a while to ramp back up, probably two weeks, to get back up to close to a hundred percent.
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T. A. Rosolowski, PhD
[00:21:59]
Right.
[00:22:00]

Marshall Hicks, MD
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If you look at the fiscal year, I guess it was—
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T. A. Rosolowski, PhD
[00:22:07]
Two thousand fifteen, 2016.
[00:22:09]

Marshall Hicks, MD
[00:22:10]
This was actually, this was ’17, the calendar ’17, so it was fiscal year ’18, that we had some—we started out the year kind of in the hole. Came back pretty strong from it, but it impacted both years. I think that was well deserved, to get the recognition out to the employees.
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T. A. Rosolowski, PhD
[00:22:41]
And important I think, to sustain the buoyancy of the morale at that point, which had been so low, yeah, yeah.
[00:22:48]

Marshall Hicks, MD
[00:22:47]
Yeah. I don’t think there was really a choice, unless we were a lot further off. But we had come back and, like I said, we were in the last few days, going to be clearing that margin enough to really hit the target. Then that happened and it just sunk us.
[00:23:08]

T. A. Rosolowski, PhD
[00:23:11]
What do they say, make plans and the gods laugh. Right.
[00:23:17]

Marshall Hicks, MD
[00:23:18]
It was pretty ironic, that we worked so hard and that’s beyond your control. It just kind of comes out of nowhere.
[00:23:28]

T. A. Rosolowski, PhD
[00:23:28]
Literally, yeah.
[00:23:29]

Marshall Hicks, MD
[00:23:29]
It literally did, because a week before that, there was just a little disturbance down in the north of Mexico I think, around the border. Then the next thing you know, they're projecting it to head up and it did.
[00:23:46]

Interview Session: 07
Interview Date: January 17, 2019

Chapter 26
Defining Operational Priorities and Preparing for Dr. Pisters to Step into the Presidency
B: Building the Institution;

Codes
C: Leadership; D: On Leadership;
B: MD Anderson Culture;
B: Institutional Processes;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Understanding the Institution;
C: The Institution and Finances;

T. A. Rosolowski, PhD
[00:23:48]
Coming out of Harvey, what were the big themes in preparation for Dr. Pisters' arrival?
[00:23:55]

Marshall Hicks, MD
[00:23:56]
I think really at that time, it was about three months probably, and really most of September, we were dealing with coming back from Harvey and getting things back to more normal dealings: looking at the After Action Review and the events we had. It was really, October, November, really two months I guess, before Peter started on December first. So it was --at that time, the real focus was we had gotten our operational priorities up and running and the different groups there. So we had had our—we were planning our first ROPR, or the Rolling Operating Plan Review, and really having those groups coming together at SGC to report out and plan. So it was really the culmination of all the months of work of reorganization and establishing those priorities. We didn't call them strategies, because that was one thing we felt like we needed to wait for a new president, to really help determine what the long-term strategy is going to be. But through our process of working with the McChrystal Group, and the engagement that was had with the leaders and employees at that time, when we came up with these operating priorities. Those were ones that I think where there's urgency around making progress in those areas,

regardless of who was going to be coming in.
[00:25:44]

T. A. Rosolowski, PhD
[00:25:44]
Would you list them for the record, the ones you can recall.
[00:25:48]

Marshall Hicks, MD
[00:25:49]
Well you know it was—I can get them. Let me see if I can grab them real quick.
[00:26:00]

[The recorder is paused.]

T. A. Rosolowski, PhD
[00:26:02]
Okay, we're back after a brief pause.
[00:26:06]

Marshall Hicks, MD
[00:26:07]
The operational priorities that we listed coming out of our work with the McChrystal Group in the retreat that we had were: patient experience, enhanced information systems, geographic expansion, achieving decisive discoveries, education, recruitment, retention and development, and financial sustainability. So seven.
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T. A. Rosolowski, PhD
[00:26:50]
Now how did this, to your knowledge, look different from any preparation that had been made for Dr. DePinho's [oral history interview] arrival?
[00:27:04]

Marshall Hicks, MD
[00:27:08]
That's a good question. Part of when he came, we had been coming out of the recession. So a lot of the efforts at that time, that I remember being involved with, were more about cost reduction. Trying to really recover from that, and so it was really more about the institution getting back to more normalcy, about it if you will. I don't remember there being anything in preparation, but I may not have been privy to some of the things that were going on. I know it

was—he came in '11, the fall of 2011, I guess. The recession really was dragging on probably through '09, so probably a couple years there, I know one of the major things I was leading was the clinical cost reduction group. There was a number of them Dr. Burke [oral history interview] was leading, so it was really trying to manage expenses and be disciplined as we came through the recovery if you will: to resist our temptation that we usually have trouble resisting, which is just hiring and spending and doing the things that kind of get us in trouble on a cyclical basis. So yeah, I think that was, it was really more just trying to get back to more normalcy of operations.
[00:29:07]

T. A. Rosolowski, PhD
[00:29:07]
Well I'm, I'm just really struck, because having recently interviewed Raymond DuBois [oral history interview], he really stressed how there was a great functioning executive team before Dr. DePinho's arrival. I mean he talked over and over about how efficiently he felt they managed recovery from the recession. Now, in the situation with Dr. DePinho, in transition to the next president, you had a broken executive team under him, or one that was not functioning.
[00:29:42]

Marshall Hicks, MD
[00:29:43]
Right.
[00:29:43]

T. A. Rosolowski, PhD
[00:29:44]
It had serious dysfunctions. So you had a totally different context, and I'm just very impressed with how you're describing the intentionality of this process. I mean you couldn't rely on existing structures because they hadn't been working, so you had to make new things. So it's just, it's very cool that that's in place.
[00:30:05]

Marshall Hicks, MD
[00:30:07]
Yeah, and I think that was the urgency we felt. We knew it wasn't working. Or it was --you know I think dysfunctional is a good way to describe it for a number of different reasons, and it was also in a little bit of a transition. Even at that level, there had been some shifts in the EVPs before. We knew, as I mentioned before, we knew Dan [Fontaine] was retiring. There was a whole piece, a big piece of the organization that needed to be moved forward, and provide some certainty there, and make sure that we had some continuity in leadership. But how that could best be structured. So it was a combination of both things. Structure as well as what are we focusing on operationally and prioritizing. I think that was what led to that: we wanted to have

priorities where we all knew, we were all clear, and we came to the consensus on what those were. What do we need to be focusing on regardless of how the presidential search comes out? That leader is going to want to come in with us stronger and with a focus on priorities that we know we need to be executing on.
[00:31:25]

T. A. Rosolowski, PhD
[00:31:27]
Now once Dr. Pisters was named, what was the process to communicate with him prior to his arrival? I mean was there an attempt to dovetail what was going on here with the vision he was bringing?
[00:31:42]

Marshall Hicks, MD
[00:31:45]
He had a couple times, when he came down, we talked on the phone several times, I think he was—we had briefings about sort of what we were doing, what the priorities were. I think individually, sort of the president's team, leadership team at the time, had interactions with him. I know he came and we met once as a group and kind of went around the table and talked about what we thought were the challenges and also the things that we were prioritizing. So I think the prep work and the prep material had a lot—you know, fortunately with the roadwork kind of coming together, it really was ideal briefing material to put things together of where we were. He had witnessed from afar, the whole Harvey incident, and was contacting, texting. We were keeping in touch on how things were going there. So I think he was aware of that. Aware that coming out of that was an historic event that we kind of weathered, and that financially, we had gotten back on solid footing. We're starting off the next year, despite Harvey, started to get into October, November financials that were extremely strong. So I think there was a sense that we had turned the corner. Now it was, how do we continue to sustain it and have—as we talked before, the structure that we put in place? There was intended flexibility there, because there were some interim roles that were put in, knowing that this probably was going to change, but trying to do something that would be the least disruptive as part of that transition. So then it became really transitioning to understanding that roles may change and the structure may change, but that we needed something to be able to sustain us through the next few months. Peter, he knew the organization. It wasn't like there was a lot of—I mean he had been gone, I guess three years, something like that, three and a half or something. So it was not like he was—and he had been here 20 years before that. So it was, the familiarity was there. It was really just—he wasn't here during the Epic installation and some of the experiences there. To some extent probably, there's a disadvantage of not understanding some of the context around what happened with the White Paper and the shared governance creation and things like that. But I think we all did our best to try to bring him up to speed on that. But it's hard, not having gone through it, to really understand it to the depth that it was sort of shaking the foundation of the institution at the

time, that required the chancellor to step in and make changes, significant changes to the organizational structure, including the Shared Governance Committee creation and appointment of a COO, and then ultimately having the president step down. That happened for a reason and as I mentioned, some of the dysfunction. He was not here during all of that. It's part of our history, but there's a longer history than that. He's pretty familiar with the culture.
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T. A. Rosolowski, PhD
[00:35:52]
Absolutely.
[00:35:53]

Marshall Hicks, MD
[00:35:53]
It wasn't like you were trying to educate him about the culture of the place, I think he understood that. It was really more about putting things into context recently, to understand why we had done things a certain way, or were structured a certain way, or set things up.
[00:36:09]

T. A. Rosolowski, PhD
[00:36:10]
I'm wondering how much his familiarity with the culture fed into his selection.
[00:36:16]

Marshall Hicks, MD
[00:36:16]
I'm sure it did, yeah. My understanding, from comments that were made, I think at the Regents levels and other discussions, there was a real concern about having someone come in that didn't really have a familiarity with the culture of the place, because of the issues that we'd had before. It is a unique place, and I think that people, most of the Regents, most of the leadership in Austin, probably a number of them had had experiences here. Personal experiences either with family or friends or themselves. They understand the uniqueness of the place and I think they didn't want that to be lost, and so there was a real concern, I think about trying to find someone who was a good fit, who understood the culture, could come in and build on the greatness that's here. [background noise] That's the windows.
[00:37:22]

T. A. Rosolowski, PhD
[00:37:22]
Oh wow, I've never heard that before.
[00:37:24]

Marshall Hicks, MD
[00:37:24]
Yeah, they crack, I guess as they heat up.
[00:37:28]

Chapter 27
Views of MD Anderson Presidents; Peter Pisters and the "Care and Feeding" of MD Anderson Culture
B: Overview;

Codes
C: Leadership; D: On Leadership;
B: MD Anderson Culture;
B: Institutional Processes;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Understanding the Institution;
C: The Institution and Finances;
C: Portraits;

T. A. Rosolowski, PhD
[00:37:31]
What was your understanding, or maybe we can talk about Dr. Pisters' arrival, and then what was your immediate impression of how he was going to approach and going to insert himself into this change process.
[00:37:48]

Marshall Hicks, MD
[00:37:49]
I think he had an appreciation: what we had been through, the changes we made, and the impact and the course that had sort of been corrected, and we were doing, like I said very well financially, which was a major concern at the Regents level and in Austin. Our fortunate position financially, it advantages the entire system, because the bond rating is affected. So any time certain things start to go wrong here, it draws the attention over in Austin. I think that knowing that, particularly as every month went by, and we were recovering pretty strongly from it, that there was a sense that the urgency had sort of passed by. It was really time to pay attention to, perhaps pay attention to the cultural aspect, kind of get back to the people. I think it was a sense of turning the page, a new chapter, with a new president coming and somebody that was familiar with the institution. So Peter's style is to study and reflect. He's a reader, a student of leadership, and so it didn't surprise me when he came in and said that he's going to take time,

because he had the time --The urgency had passed--\, to make significant changes or do things that needed to be done from a financial standpoint or even a leadership standpoint at that time. Things were pretty stable, and I think he appreciated that. And since he had the luxury of being able to take time to study and absorb and get to know, reacquaint, he did that, and it was almost six months. I mean the books say it takes six months to realize, and it was really about six months later, it was May, when he announced the structural changes and different changes in the organization and things. So he came in and was afforded the ability to be very deliberate about change and thoughtful about it, as opposed to having to continue to be in a bit of a reactive mode of continuing the recovery, because we were, at that point, pretty solid. So it was a fortunate position to be in.
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T. A. Rosolowski, PhD
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It's kind of amazing that you were able to put that in place for a new leader. Am I correct in assuming that's pretty rare?
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Marshall Hicks, MD
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Yeah, it was pretty quick, and I think it was a credit to the institution, the people that stepped in, that stepped up, but everybody that contributed. I think that was one of the things --you go back to the first day, the first forum rather. It was we all need to own this. We all need to own the financial turnaround. We all need to own engagement. You can't look to somebody else to do it, we all need to pitch in. That was the environment that we were trying to create, and maybe it's connecting with our own culture of caring and helping each other, the multidisciplinary approach that we're all in this together and there's only one way out and that's everybody pitching in and helping each other.
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T. A. Rosolowski, PhD
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Well, from conversations I've had with leaders through this project and also especially through the interviewing work I did with the burnout project, it's been interesting to hear people's reflections on the place of culture in all of this, because culture is, just by definition, the water you swim in, the air you breathe, you hardly even know it's there; and I think the experience that MD Anderson has gone through since 2011, has definitely made people become more aware that there is a culture here and that it's something that has existed for a very long time and maybe has not been as intentionally cultivated, not through laziness but just through that's not something we pay primary attention to. I think now it's come to yes, you know, now we are paying more

attention and there's some real value in that.
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Marshall Hicks, MD
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I agree, I think that's true. I think it was kind of assumed or taken for granted for a number of years, and then when you go through certain things, you realize you can't take it for granted and you have to continually—you know it's the care and feeding of the culture if you will. It happens naturally, when I think the environment is good, when the climate is good, but if the climate turns then you've got to reestablish that. I think we are so blessed as an institution, to have our mission be what it is, and the connectivity of the people to the mission, it just, it makes it I think easy to recover when you're trying to appeal to people to put the institution first, to do what's right because it's about the patients and it's about our mission to eliminate cancer, to do the best job caring for patients. That's just very clear in people's minds and when they feel that you know, that draw to that mission, it makes it a lot less challenging in other organizations when they're dealing with some of these issues of trying to recover, you know there's no why question here, it's we understand the why, now it's just how.
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T. A. Rosolowski, PhD
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Now, I've been interested in a couple of things, I mean one is how the language about the institution has changed. Dr. Pisters comes in with a new book, the *Play to Win* book by Lafley Martin, so there's kind of a new rhetoric about change process and change management, as well as this new rhetoric that you and others set in place with the operational priorities. I had a conversation a little bit earlier today and someone said you know it's so strange, nobody talks about the Moon Shots any more, are they still there? It's not that research has gone away but it's muted. Now what's your impression about managing that kind of rhetoric? How is Dr. Pisters changing the language about what we do here?
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Marshall Hicks, MD
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I think every president that comes in has --I don't know if it's as much about putting their stamp on things, but they have their interests and priorities and things that they believe need to be emphasized to move the organization forward in the right way at the appropriate time, at that time. I think it's leaders are maybe meant for the moment. McChrystal has a new book about this, that not every leader—you can't plug and play leaders and expect them to be successful, because people have unique talents and gifts as leaders, for certain circumstances where they can excel. So I think if you look at the history here, every president we've had who's come in, has had a different sort of set of priorities and a different compass that they've used to move us

forward, going back to [R. Lee] Clark setting the vision, the Pink Palace of Hope, and really, even the creation of the multidisciplinary culture that was going to be different in terms of how we treat patients. Certainly, LeMaistre [oral history interview] really raising the cancer cause nationally, raising our profile nationally. Setting the groundwork for the ability for patients to self-refer here, which carried into early into Mendelsohn's [oral history interview] time, which led to extreme growth, and his goal of having every patient here be on a clinical trial, because the patients do better on trials. You're advantaged by possibilities of those trials and even though there's no guarantee you're going to have a better outcome, it's really that pushing the field forward. That was his vision. Ron's [Ronald DePinho; oral history interview] was more of a goal to really up the research game and really put us on the map there and recruited in some great people, including Jim Allison, a Nobel Prize winner: really a proud moment in the history of the institution. Every leader does certain things better than other things and I think for Peter coming in, he clearly sees that healthcare is changing. It's very fluid right now, navigating through some choppy waters that we've been in for a while. But as the stakes get higher, the risks get higher. I think that's what he's—I see him trying to help prepare us to be competitive, to be sustainable. I think it's about balance. I personally think someone in that role needs to resist temptations to go to their comfort zone. Everybody has a comfort zone, everybody has what they really think is important, but I think the optimal way to lead in a role like that is to make sure that you have that balance there. Otherwise, you have the risk of it being divisive. People who are in that favored zone, everybody also looks at them as favored. Others can feel undervalued. I think you have to make sure that balance is there. I think the key to that is delegation. A big key to that is maintaining sort of the broad picture, the big picture.
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T. A. Rosolowski, PhD
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How did that apply in your situation? What was your comfort zone and how did you have to be aware of not defaulting back to that?
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Marshall Hicks, MD
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In some ways, the crisis of the moment made me fortunate in that it was pretty clear, what I had to focus on, so I didn't have a lot of time to get back into my comfort zone, whatever that is. It probably is more on the clinical, on the operations side piece, and understanding that, but also was trying to put things into context, to understand that we had to keep the institution moving forward at sort of a macro level and all the different relationships we have externally, maintain those. We had the legislative session ongoing, we had our Board of Visitors --to make sure you were communicating with them. So there was just a lot that needed to be managed at the time. I really was able to resist that if you will, because of the—I think it was the urgency around certain things that had to be attended to. So I think it's more the longer term, that you get into that. I

think frankly for Ron, his was research. Early on, there's a honeymoon period. There's a time when people—and then as time goes on, if they see where your priorities are and people feel undervalued, it has the potential, particularly in a place like this, to create a bit of a wedge. I think that's a risk, and I think it's a risk for any president coming in. Certain ones, like John Mendelsohn, frankly, walked that balance as good as anybody. I think it was because—you know I just was at the memorial service for him and the engagement, the ability for him to connect with people and listen and learn, was a huge advantage. He just had this eagerness that was infectious, to learn and to listen, and to hear the lie behind everything, and people love that. People feel appreciated, people feel engaged. I think he also was good at managing expectations, so people didn't feel like after a conversation with him, that he's necessarily promising the moon but at least they've been heard. I think that's a skill as a leader that he was a master at, frankly.
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T. A. Rosolowski, PhD
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Well we're actually a little bit over time and I know how busy you are, so why don't we close off for today. So, I want to say for the record, thank you, and I'm turning off the recorder at about four minutes after eleven.
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