



W.L. Winters, M.D.

THE TEXAS MEDICAL CENTER: BUILDING BLOCKS FOR THE FUTURE

William L. Winters, M.D.

Houston Methodist DeBakey Heart & Vascular Center, Houston Methodist Hospital, Houston, Texas

At the end of 2012, Dr. Richard Wainerdi retired as CEO of the Texas Medical Center (TMC) after 28 years at the helm. During his tenure, Dr. Wainerdi led an extraordinary expansion of the TMC that has grown to encompass 54 institutions, employ nearly 100,000 people, and embrace nearly every conceivable aspect of medicine. Like its reputation, it has continued to grow since day one, spreading beyond the original 134 acres. It is considered to be the largest medical center in the world and is governed by a board of directors representing the community.

The new CEO, Dr. Robert C. Robbins, former chairman of the Cardiovascular Surgery Department at Stanford University School of Medicine, assumed his new position on November 5, 2012. I recently asked Dr. Kenneth Mattox—distinguished service professor at Baylor College of Medicine, chief of staff at Ben Taub General Hospital, and keenly interested in the selection process—why a man recognized as one of the leading cardiovascular surgeons in this country and chairman of cardiovascular surgery at a leading medical institution would give it all up for a purely administrative role, admittedly in a prestigious medical center. He paused, looked me in the eye, and said, “Do you really want to know?” Inquisitive as I am, I said of course I did. His answer provided a glimpse into what may be a new, different, and enhanced role for the TMC in the evolving field of medicine.

He described TMC as a mosaic of building blocks that have grown over the years in size and stature to varying degrees, depending on the energy and vision of the leaders occupying those blocks. Obvious examples include Dr. Michael E. DeBakey and his colleagues in cardiovascular medicine at Houston Methodist Hospital; Dr. Denton Cooley and his colleagues at the Texas Heart Institute; Dr. R. Lee Clark and his successors at M.D. Anderson Cancer Center; Drs. Russell Blattner, Ralph Feigin, and their associates at Texas Children’s Hospital; Drs. DeBakey, William Butler, and Ralph Feigin at Baylor College of Medicine; Dr. William Spencer at The Texas Institute for Rehabilitation (TIRR); and Dr. James Willerson at the University of Texas Health Science Center, to name just a few. Each institution and its leaders had its own vision and sources of support. Each has been remarkably successful. Competition drives us all and has pushed these institutions to various levels of distinction.

But changes are in the wind. Major changes in medicine, in general, as to how federal funds are going to be spent for medical care and research, are not well defined. At our local level, many of the Old-Guard leaders have left or are leaving. New leaders with new perspectives are in or coming, including Dr. Ronald DePinho, CEO at M.D. Anderson Cancer Center, Dr.



Richard Wainerdi, M.D.

Paul Klotman, CEO at Baylor College of Medicine, Dr. Marc Boom, CEO at Houston Methodist Hospital, Dr. Todd Rosengart, soon-to-be chairman of the Michael E. DeBakey Department of Surgery at Baylor College of Medicine, Dr. Giuseppe Colasurdo, new president at the University of Texas Health Science Center, and Dr. Robbins at The TMC. Many of these executives have known one another over the years and have undoubtedly formed their own vision of the future of TMC and of medicine itself. New frontiers of medicine are encroaching on the scene and may soon be major players; nanotechnology in cancer and cardiovascular

medicine, genomics and regenerative medicine for all aspects of medicine, with a large assist from the science of information technology.

Then there are two world-class universities that have fostered many alliances with TMC institutions, with more being established. The new Rice University collaborative research building stands nearby, ready to become a home for new occupants. Houston Methodist Hospital Pipes and Pumps annual conference, under the direction of Dr. Alan Lumsden, combines the research interests of the oil and gas industry with the cardiovascular medicine departments of Houston Methodist Hospital, Texas Heart Institute, University of Houston, and Rice University and now NASA in an intriguing collaboration that has benefited all participants and their constituents. There are innumerable other examples. A huge engine of clinical medicine awaits its opportunity to transform basic science discoveries to clinical miracles. Waiting in the wings to help inform our colleagues about these miracles-to-come are the authors and editors of various TMC journals.

These and many more are building blocks in the Texas Medical Center, waiting for new leaders to reassemble them and make the whole stronger than the parts. For example, a “super group” might be assembled from visionaries of the major institutions to formulate initiatives from an analysis of the strengths of each institution. Imagine the collective strength of clinical trials in cardiovascular or oncologic diseases from participation of the private, public, and VA hospitals in the Texas Medical Center. And then imagine linking the transplant programs of Baylor College of Medicine, Houston Methodist Hospital, Texas Heart Institute, and UT Health Science Centers. The collective power of collaboration among these institutions is mind boggling.

A collaborative endeavor by research-minded individuals from the TMC and Rice University, University of Houston, and St. Thomas University seeking areas of mutual interest would be evolutionary. Likewise, a meeting of those minds with the interest

in and knowledge of healthcare issues could project the Texas Medical Center into a national force by incorporating the best policies and practices of the public and private institutions.

And certainly among educators there are untold opportunities and benefits for the medical-minded community and lay population, beginning with the Michael E. DeBakey Magnet High School for the Health Sciences to the M.D. and Ph.D. programs of the medical schools and graduate schools of Rice University, the University of Houston, and St. Thomas University. Imagine for a moment the potential for the entrepreneurial minds in our basic science and clinical programs in the world of new discoveries and patents.

This medical center is on the verge of an exciting era of new influence and opportunities should the right person(s) solve the jigsaw puzzle. So, to Dr. Mattox, the answer to my question is obvious. Dr. Robbins may see his new administrative role as a unique opportunity to guide the entire Texas Medical Center complex, with its fabulous history and extraordinary components, to the next level of preeminence. And that possibility is very exciting.

The legacy of Dr. Wainerdi might be described as follows:

*Imagine TMC without Wainerdi
There's no telling where we might be
He's livened up the place
While making new space
For all the new players you now see.*

*For the past years now, twenty-eight
He's managed to add to his plate
New buildings galore
With facades to adore
To house new programs – first rate.*

*He's managed to keep CEOs in line
While giving them room to opine
Why they should be
Atop their levee
For the whole world to see how they shine.*

*Adding to this first-rate show
Is the ability always to know
How he should live
And how much to give
So his empire could appropriately grow.*

*We'll always remember Dick with a chuckle
His diplomacy without a brass knuckle
The committees he did Chair
Adroitly with flair
Caused dissidents always to buckle.*

*So to Wainerdi we have only to say
Your twenty-eight years to this day
Have been pretty nice
Plenty of sugar and spice
But you can say you did it, "My Way."*