Scholar in chief

BY CARMEN PEOTA
Can Brooks Jackson help the University of Minnesota Medical School become one of the nation’s top institutions?  
A look at the dean’s progress so far.

At 9:45 a.m. on a Friday, Brooks Jackson, MD, is buying a sandwich. The dean of the University of Minnesota Medical School and vice president of the Academic Health Center cuts a rather unassuming figure as he stands at the small counter, eyeing his choices before deciding on turkey.

That the medical school’s top doctor is snacking well before noon isn’t surprising. He gets up before 5 a.m. every day in order to work in an hour-long run along the Mississippi River near his home in downtown Minneapolis. Running is a longtime habit. In fact, as of May 25, he will not have missed a day in 37 years.

Jackson runs in all kinds of weather, usually alone and outside, averaging six miles a day (it used to be more like eight, he admits). He even runs when he’s sick. “It makes you get well faster,” he says, quickly adding, “At least, I think it does, but I don’t have good data to support that.”

It’s a joke a researcher makes. And Jackson is first and foremost that, a fact that is obvious when you walk into the dean’s suite and see, tacked to the wall, the 14 papers he’s published since moving back to Minnesota two years ago. Over his career, he’s published more than 200, been on the receiving end of hundreds of millions of grant dollars, and, most importantly, done groundbreaking work on preventing mother-to-child HIV transmission.

Jackson’s prodigious scholarship is in large part why he now occupies the dean’s suite. The committee charged with collecting a new dean a few years back had set out to find someone who could help restore the stature of the medical school. In Jackson, they saw a scientist—someone who knew how to do research, publish and get funding. Moreover, he knew how to motivate others to do the same. During the years he led the department of pathology at Johns Hopkins, it had gone from fifth to first in the nation in terms of NIH funding.

“He was leading a stellar department of pathology that had outstanding academic performance, outstanding clinical performance and was a renowned training program,” says Bobbi Daniels, MD, who co-chaired the search committee. In addition, he never lost touch with teaching—he taught nearly every Hopkins medical student how to draw blood—and continued to see patients.

He was a leader, a clinician, a teacher. But most of all, he was a scholar.

The potential and the problems  
When approached about the position, Jackson was interested. He had done a residency and fellowship and been part of the University of Minnesota faculty in the 1980s, and his wife, a Carlson School graduate, was from the state. He liked that the medical school was set in the middle of a major university in the middle of a major city with many cultural offerings. He liked that it was part of the Academic Health Center. “We’re one of the very few academic health centers that has all these great other schools: pharmacy, nursing, veterinary medicine, dentistry.” He saw potential.

He also knew the medical school had experienced “real troubles,” as he puts it. Once renowned, especially for cardiology and transplant medicine, it had been struggling since the 1990s, when a scandal over ALG, an immunosuppressive agent used in kidney transplantation, gave it a very bad black eye. In fact, in 1993, Elizabeth Craig, MD, then a member of the university’s Board of Regents, was quoted in the Los Angeles Times as saying, “The impression of the public is the university has gone to pot.” Its image was hardly helped when the university decided to sell its hospital to Fairview Health System in 1997 because of financial problems, nor when it lost about a hundred tenured faculty in the wake of the sale. To many, it had lost its way.

One who has been outspoken about that is Robert Wilson, MD, a former professor of cardiology who came to the university in 1986 from the University of Iowa to develop an interventional cardiology program. The university appeared to be “lurching from crisis to crisis,” he says. “There really wasn’t a lot of planning or visionary management.” When the hospital was sold to Fairview, he says, “the wheels came off.”

Fairview’s and the university’s missions weren’t aligned, he explains. For example, when Wilson approached leaders about buying CT equipment for a new coronary

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angioplasty technique, he was told to wait. “I went to them and said, ‘This is important and we need to develop [expertise] in this.’ The response was, ‘Well that might be a good idea. Let’s see how other people do this and if it works.’ That told me I was no longer at a major academic institution,” he says. They were to follow the pack rather than lead it. “We coasted and the rest of the world sped ahead,” Wilson says of the decade that followed.

More recently, though, the medical school has been working to catch up. In 2013, the faculty created an ambitious strategic plan that set as its target being at the forefront of learning and discovery. The plan called for improvements in research, education and clinical care and laid out specific strategies for achieving them, such as hiring early-career faculty with the potential for excellence in research and “cluster” hiring, bringing in groups of researchers to work together. Moreover, it called for a leader who could transform the culture of the medical school “by demanding and supporting excellence.”

Jackson liked the plan and the fact that the school was in motion. It had tightened its relationship with Fairview, launching the M Health brand, which it was marketing with an exciting new campaign. A new clinic and surgery center was under construction. And the medical school had hired some of those promising young faculty members. “It’s clear that now more than ever, we are extremely well-poised for the future,” he said in a video shortly after arriving in 2014.

Asserting himself

Almost immediately, as a member of a Blue Ribbon Committee created by the governor to improve the medical school, Jackson had an opportunity to further define that future. Borrowing from the faculty’s idea of cluster hiring, he suggested creating “medical discovery” teams. The university would identify areas where it could be world class, recruit a national leader to head each team and hire eight to 10 faculty members who would work together on a common scientific problem. “They’d all be bringing their own grants,” Jackson says, kick-starting the U’s efforts to climb from its No. 32 spot on NIH funding lists and to lead scientific achievements. With input from an external panel, medical school faculty identified its four areas of focus: addiction, the biology of aging, optical imaging and brain science, and rural/American Indian health disparities. Last year, the Legislature approved $12 million per year for two years, and the U began recruiting for the teams. It is currently conducting final interviews with several candidates.

The idea reflects Jackson’s core belief that the medical school needed to be more strategic about where it was investing its resources. “You don’t want to sprinkle resources all around,” he says.

Jackson soon started expressing his belief that all full-time medical school faculty needed to be engaged in scholarship. To him, that meant faculty had to publish. “You can’t be a top-notch medical school unless your faculty, as many as possible, are publishing,” he says. “You’re not going to get funding, not going to get national awards, not going to be asked to be on national committees, not going to attract the best students. It’s how you have impact. People are not going to adopt a new way of practicing medicine or a new procedure unless it’s been studied, peer-reviewed, validated. If you want to change the practice of medicine, you’ve got to publish!”

Jackson was insistent and set the bar high: Faculty needed to publish at least once a year in a peer-reviewed journal. He worked with technical experts to develop software to help track their progress. He created new incentives for department chairs, basing part of their salaries on the productivity of those in their departments. And he installed a “Wall of Scholarship” on the second floor of the Phillips-Wangensteen Building, a central spot in the medical school complex with lots of foot traffic, showcasing papers by current faculty members that have been cited a thousand or more times in the medical literature.

Some like Stephen Haines, MD, who chaired the department of neurosurgery for a dozen years, were pleased with the new push to publish. In fact, Haines says it was helpful to have the dean supporting an idea he’d been pushing for years. “It’s
part of being a faculty member of a medical school. That’s what you sign up for,” he says.

Others pushed back. One was Macaran Baird, MD, chair of family medicine and community health, who was concerned that the new mandate to publish might put some of his already hardworking faculty members who had focused on clinical care and teaching in jeopardy. “I felt it takes a balance of clinical, educational and research agendas,” he says. “I didn’t understand at first how that balance was going to be struck.”

Baird challenged Jackson in meetings and alone, asking how people who hadn’t been expected to publish could be expected to do so now. He says the dean listened but didn’t waver. “He understood [the concern] and thought we could do better.” Even as Baird pushed back, Jackson held his ground. The process of conducting research—formulating a good question, reviewing the literature, designing a study, gathering data and then writing about it, would sharpen their thinking. If they published their findings, they’d get feedback from across the country, even the world, he explained.

Jackson described his own painstaking process and then told how he’d been meeting with a graduate student for six months trying to come up with a research question. That struck a chord: “If he’s one of the world’s greatest people in pathology and it takes him six months to define a research question, why do we think we can do it in an afternoon, which is what we’ve been doing?” Baird says. “He has probably saved more lives than this entire medical school put together with his research on lowering the rate of transmission of HIV in mothers and infants. We could probably learn from this fellow.”

Leading by example

Soft-spoken yet articulate, Jackson persuades by simply explaining his own actions. He doesn’t ask the faculty to do anything he doesn’t do. Research? His 14 papers on the wall are proof of that. Clinical care? He does that, too, seeing patients

To Michael Wall, MD, chair of the department of anesthesiology, having a dean who’s an academic heavy-hitter matters, especially when it comes to recruiting new faculty. And that is in large part what Wall has been doing since he arrived at the University of Minnesota in 2013.

Shortly after he became chair, most of the anesthesiology faculty left for private practice. That, coupled with a number of retirements, left the department with low numbers. Wall had to rebuild almost from the ground up. Last year, he hired 10 new faculty members; this year 16 are coming on board.

One of those is Mike Todd, MD, former chair of the University of Iowa’s department of anesthesiology and editor-in-chief of Anesthesiology. Todd will hold a new position: vice chair for research. Wall explains that Todd’s signing on with the university is largely because of a chance meeting between Todd and Medical School Dean Brooks Jackson, MD.

Wall had invited Todd to be the inaugural speaker at a new lecture series designed to spotlight anesthesiology research. The morning of the day of the lecture, Wall happened to be meeting with Jackson, who asked him what was new. Wall told him about the upcoming lecture, and the dean asked him if he could come. “I said, ‘Sure you can come. You’re the dean,’” Wall says.

That evening, Jackson sat next to Todd during dinner, and the two talked for an hour. After the lecture, Todd came to Wall and asked if he’d consider him for the new vice chair for research position he was trying to fill. Todd was retiring from Iowa but still loved research and mentoring junior faculty. He also liked what he had heard from the dean.

Would he have decided to come to Minnesota if he had been sitting next to someone else that night? “It’s hard to know, but probably not,” Wall says. “Brooks is a research guy, and they hit it off.” – C.P.
one weekend a month at the hospital and clinics. Education? He still mentors students and trainees.

Jackson says his walk-in-their-shoes approach actually serves his own purposes. By working in the clinic and hospital, for example, he sees firsthand the issues he hears about. “There’s nothing like experiencing problems if you want to make the system better,” he says. “I understand their frustration about an Epic software or coding issue or when I can’t get a procedure done that I need for a patient.”

“He talks the talk, walks the walk,” says Michael Wall, MD, head of the anesthesia department, who interacts regularly with Jackson at meetings of the clinical faculty heads. Wall adds that he’s also straightforward. “He’s got a transparent moral compass. You know where he’s headed.”

Bevan Yueh, MD, MPH, chair of the department of otolaryngology/head and neck surgery as well as of the board of University of Minnesota Physicians, holds a similar view. “He exudes honesty. He tells you where he is. He tells you what he wants. … He has no hidden agenda. It’s nice leadership for this time.”

It’s a style that appears to be working in the latest round of conversations between the medical school and Fairview. Jackson and Fairview interim CEO Dave Murphy are in discussions about a full-fledged merger between the two institutions, an idea that’s been floated in the past but always sank under its own weight. “They got together and started talking about what they could do together. Those two have been the force to initiate discussions we’ve never had before,” Yueh says.

The idea is to create a new entity called University of Minnesota Health. The hope is that the university and Fairview can move from what Daniels, who also was one of the architects of M Health, calls “functional integration” to complete “structural integration,” and form an integrated academic health system that will extend the university’s reach to all of the places where Fairview now has a presence. Jackson says having a larger network would give more patients access to the university’s experts and the university access to more patients. It also would enable the university to expand its clinical trials, something he says needs to happen, and provide more training spots for residents, medical students and allied health professions students.

Whether the merger will happen remains to be seen, but Jackson is giving it all he’s got, spending half his time on the negotiations.

The rest of his time is split between his “normal” duties and responding to problems that arise. One is a very thorny issue that started 12 years ago in the psychiatry department when a patient in a clinical trial died. Continued allegations about the mishandling of that trial and the university’s response have led to multiple investigations of not just the psychiatry department but also the U’s institutional review board and overall research methods.

In March, Jackson, along with University President Eric Kaler and Medical School Vice President for Research, Brian Herman, PhD, testified before a legislative committee about the university’s efforts to improve in these areas. In prepared remarks, Jackson reassured lawmakers that with newly instituted policies and procedures, the university could ensure the safety of research participants. It was a top priority. Then in response to a question about how the university was going to rebuild trust among staff and faculty, Jackson spoke off the cuff, as if to say the new policies and procedures were only part of the issue. The key, he said, was to get investigators to be more inclusive, to build relationships, to consider staff and participants partners. It was insight from a researcher who has been involved with more than 100 clinical trials himself.

Although Jackson knows the medical school has its problems, he believes it is moving in the right direction. He sees his role less as steering the ship and more as stoking the fire to keep it going. “What we’re trying to do is accelerate the speed,” he says. Will it get it to where he wants it—the No. 1 spot in national rankings during his tenure? Jackson admits even he isn’t sure. “I probably won’t be able to do that in my lifetime, but I want to be able to make a significant contribution to getting us there,” he says. In the meantime, he is taking all the steps he can. One by one. The job, he admits, is a lot like a long run—a marathon.

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