

INTERVIEW OF MICHAEL CLEARFIELD, 1994

BLAKE HAILEY: Today's date is February the 22nd, 1994. I'm Blake Hailey, and we're pleased to have with us Dr. Michael Clearfield, the chairman of the department of surgery -- or no, medicine. I'm sorry.

MICHAEL CLEARFIELD: Medicine.

BLAKE HAILEY: Here at the University of North Texas Health Science Center at Fort Worth, and we're doing this video in the Biomed Communications Center, which is located in the Gibson D. Lewis Library. Sorry about the job title, I didn't mean to make that mistake. After going through the rest of that spill, though, I'm surprised that I only made one this time.

MICHAEL CLEARFIELD: A lot of words.

BLAKE HAILEY: Thank for being with us today, Dr. Clearfield. If you could, go back into your prior background, a little bit of your history long before you thought about coming to TCOM.

MICHAEL CLEARFIELD: Well, my history prior to this is not very exciting, I don't think. I -- I went to college, a small college in Reading, Pennsylvania called Albright College.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: And after I graduated from there, I went to medical school, the Chicago school, Chicago College of Osteopathic Medicine. I did my internship and started my residency there and then finished my residency at Metropolitan Hospital in Philadelphia, internal medicine. And, at that point, I was looking for an academic position, and I heard about this school from some friends and I had a brother-in-law who was living in Dallas at the time, so I figured I could kill two birds with one stone. I could at least visit the school and visit him at the same time. I liked what I saw so I came here right out of my residency.

BLAKE HAILEY: And what year was that?

MICHAEL CLEARFIELD: '79.

BLAKE HAILEY: '79. And you've been here? A long career.

MICHAEL CLEARFIELD: I've been here for a long time, yeah.

BLAKE HAILEY: What are some of the positions that you've held here at TCOM?

MICHAEL CLEARFIELD: Formal -- well, I became vice chairman of the department.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: I guess it was around '81. And then in '83, I became acting chairman. And after that I became full-time chairman. I guess it was '85, something like that. Other positions that I've held, I've been in numerous search committees. I've been chairman of the MSRDP, which is the practice plan. I've held offices in that. I've been in various advisory committees throughout the institution. Multiple committees.

BLAKE HAILEY: Do you have interesting experiences that you could relay? Maybe some of those committees that you've served on?

MICHAEL CLEARFIELD: Interesting, that can be documented. Let me think. Well, yeah. I guess that what's interesting from the prospective of just being on committees is how little you think you're accomplishing on these committees, and at the end sometimes you realize that things have been accomplished. Frequently, it just seems to be needing to depth, so to speak, but eventually things have changed. Sometimes it takes the length of time over a span of time to see the difference, as opposed to when you're in the middle of it you think that nothing's getting done, but the school's changed quite dramatically over a time period. Specific thing of any single committee -- I can't really -- really say. One of the recent ones that I'm on is we're looking at how to define and what the future plans to make this mature medical school. And we're dealing with many issues with regards to that right now. That's somewhat interesting. A lot of lively debate.

BLAKE HAILEY: I'd like to go ahead and maybe mention to you -- I guess as acting chairman that's probably a way to get you into becoming chairman. Kind of an allure, it sounds like.

MICHAEL CLEARFIELD: Maybe. I don't think it was allure at the time. It was sort of like -- well, the department's very small.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: We were fairly tight-knit group, but there weren't many of us. We were all just trying to survive at the time. So I wasn't sure that was something that I wanted to do long term either so it was sort of try it and see what happens.

BLAKE HAILEY: And now you're stuck with it?

MICHAEL CLEARFIELD: Yeah.

BLAKE HAILEY: I want to ask you, about some of the research you're involved in and we'll come back to the plans here in a bit on the Health Science Center, but what are some of the research things that you're involved in? I notice that in the -- some of the things around you TexCAPS, I believe it's called, something that you have a quite a bit of interest in?

MICHAEL CLEARFIELD: Uh-huh.

BLAKE HAILEY: Can you go into a little of that and some other project?

MICHAEL CLEARFIELD: Yeah, well TexCAPS is a project that we started a couple years ago here. It's an off shoot of what's called the AFCAPS program. That's the Air Force Coronary Atherosclerosis Project, and ours is the Texas Coronary Atherosclerosis Project. It originally started at Willford Hall in San Antonio with the Air Force and retired military, and then it expanded to the private sector and went out of San Antonio and expanded to the metroplex. And basically, it's a study looking at cholesterol levels and what's called the "mild to moderate elevated level", where most of the population presides. It's about 60 million people could theoretically be effected by this study and we're looking at a drug to lower cholesterol called Lovastatin.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: It's double blinded placebo controlled study. Looking at this drug versus the placebo, and seeing if it will decrease the incidence of heart disease over a five-year period and we're sort of in the middle of it now. It's quite extensive. We interviewed approximately 52,000 -- or screened 52,000 participants to get the 2,868 participants at in site. There's 6,605 people totally enrolled in this study.

BLAKE HAILEY: So you're about halfway through?

MICHAEL CLEARFIELD: Not quite. Wish I was halfway through. We're through -- completely through the first year. It's a five year study and we're into the second year.

BLAKE HAILEY: Do you have any thoughts about what will happen after the five years? Do you think there will be some more studies?

MICHAEL CLEARFIELD: We're hoping to get continued funding through other organizations. This is funded through a pharmaceutical company, Mertropendome. Hopeful the NIH or somebody else will continue to fund it just because of the large patient population that we're following. We'll wait and see. Right now we're mired in the data and the patients. It's difficult to think of five years down the road.

BLAKE HAILEY: It must take a lot of your time, it sounds like?

MICHAEL CLEARFIELD: Yeah. It takes considerable time. The first year was very extensive as far as time. We fully examined well over 4,000 people and we did that in a little over a six month time period. So those six months were very intense. Since then it seems much less. It's only one full-time job and so about five, so.

BLAKE HAILEY: So do you have to do any other types of research that you had an interest in?

MICHAEL CLEARFIELD: Well, we're doing some research in conjunction with biochemistry departments, several different areas regarding lipometabolism.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: But Department of Medicine is doing research in varied areas. And we just got our first article accepted for publication, New England Journal of Medicine, Dr. Steven Weiss and some of the pulmonary people put together an article on tuberculosis that they've been doing through the Public Health Department. I'm real proud of that. We got our first NIH grant in geriatrics for fellowship programs. There's a lot of other things going on in the department other than TexCAP.

BLAKE HAILEY: How have you seen the Department of Medicine change since you first took on that role?

MICHAEL CLEARFIELD: It's changed a lot. I mean, just in mere size it was five when I started and there's 28 of us now. So that's changed considerably in size. We have full spectrum of personnel as far as all of the subspecialties covered in medicine. That was one of my first objectives was to get our medicine department balanced in regards to all of the different fields and expertise. And it's changed in regards to, I think how we're perceived in the community, how we're perceived nationally. We have several people that have national reputations in their field and the research aspects. Obviously, there was virtually no research back then and now we have considerable amount.

BLAKE HAILEY: So it has changed in the local community then, is that what you --

MICHAEL CLEARFIELD: Yeah, definitely. I think we have numerous people on boards throughout the community in relationship to their fields of expertise. Frequently when people are looking for the expert opinion in an area they will come to us for that and we've made a lot of, I think, positive strides with the community as a whole both in the medical community and the general community.

BLAKE HAILEY: Are you, yourself, able to serve on some of those committees?

MICHAEL CLEARFIELD: Uh-huh. I've represented the school in a thing called Leadership Fort Worth.

BLAKE HAILEY: Uh-huh. What is –

MICHAEL CLEARFIELD: That's a group of, I guess community leaders that band together for a year and then afterwards you join a forum in Fort Worth where you still meet on large issues that deal with the community as a whole. This is a very diverse group, multiple community leaders. Not only medicine, in fact, most people aren't, but most major hospitals in town are affiliated with this and law firms and businessmen and educators and industrialist, politicians, everybody pretty much participates in that sense. One thing, I've been on the board with the American Heart Association locally and things like that.

BLAKE HAILEY: I notice that the school issues a joint, D.O. and Ph.D. degree to kind of bring D.O.s more into the research part of it. Do you think that has a good impact? Is it something that needs to have more students? How do you feel about that particular situation?

MICHAEL CLEARFIELD: Well, I think that it's always important to try and give a student who's interested the opportunity to pursue a career that might extend somewhat further than just the D.O. degree so for that reason I think it's very strong. We have our first DO, Ph.D. residents. We have two of them currently in our program. I think that gives an added depth to their ability to do what we need to do as far as the clinical medicine is concerned. Plus, the added benefit in the research. I think it's another strong point that the school's evolved into.

BLAKE HAILEY: Why do you think a health science center is necessary for the growth and success of what was TCOM?

MICHAEL CLEARFIELD: I think that the Health Science Center adds to the prestige of an institution. Whether that's real or perceived, I'm not as clear, but the perception is that you're more of a full academic center if you're a health science center and if you have other schools affiliated with you that does give you the ability to utilize that many more personnel for each and every school so that you can actually increase what you're doing without necessarily duplicating all the personnel to do that.

BLAKE HAILEY: So diversity, then?

MICHAEL CLEARFIELD: Diversity's one thing. I think increase in depth is another. I think a different way of looking at it is it allows you to do more things that might fulfill some of the needs for the state and the community. The school's progressing in that regard with some of the other public health schools that they're thinking about going after and other allied schools of health. So I think that with where healthcare's going health science centers are probably going to be at the forefront of that and I'm glad to be affiliated with one.

BLAKE HAILEY: How do you see this health science center different from the others that we have in Texas and there are a number of them. What differences do you see?

MICHAEL CLEARFIELD: I think that the major difference is that this health science center is dedicated to what I believe is where the country's going. And that is an emphasis on health promotion, disease prevention and primary care. The school's founded on that, I believe that the Health Science Center is continuing in that regard and where the other schools are health science centers that might be more tertiary care oriented, ours is more primary care oriented.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: And I believe that the country has a great need for this type of center. Not only from the clinical aspect and the academic aspects, from the research aspect also. And as long as we stay on course with this I think we can be quite unique in that regard and really make a significant difference to the health care environment in this country.

BLAKE HAILEY: It sounds like the environment is changing with possibility of health care reform and all that. It's been mentioned in a lot of these interviews I've done. I guess that's something you're kind of concerned about then, watching those changes?

MICHAEL CLEARFIELD: Well, I think everybody's concerned about health care. The system that we're currently under isn't working very well. I don't think too many people would argue that. There's a lot of people that don't have care that need care. There's a lot of care that goes, that seems to be extraneous, too expensive. There has to be some constraints on this. I think the primary care concept is going to be probably reinvented, for lack of any better term. And the fact that the deemphasis of primary care over the last almost quarter of a century has caused us to have many more specials in this country than what's called primary care providers or gatekeepers.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: That concept has to change. There has to be more control over the system. I believe that the government is going to force that issue. They've been forcing that issue. Private insurance companies and employers are going to reemphasize the fact that we need to keep restraints yet maintain quality. In order to do that it's going cause a reform and we're under that now. I think everybody's concerned about it. I think that we are poised to really do something about it. That will give us a very good advantage compared to other institutions that have followed a different trail over the years.

BLAKE HAILEY: What challenges -- you said you're on a committee for planning for the future -- what challenges lie ahead, do you think, for the Health Science Center and you as well?

MICHAEL CLEARFIELD: Well, I think that the biggest challenge that I can see is for us to stay on course and not be attracted to some higher technical, more high-priced ways of doing things. By keeping on course with primary care will allow us, I think, to investigate areas that need to be investigated that aren't as, quote, unquote, glamorous.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: That might not be as attractive in this day and time, but in the future might be the most attractive ways of practicing medicine in the future. Once the government, once insurance companies, once the public understands what has to be done, if we can show we have a better way of doing it because we have been doing it for years. And can show that in some good research modes, whether it's Alcon's, whether it's behavioral science's, whether it's clinical drug trials, whether it's pure basic research in that area, I think we'll be that much further ahead. It's very difficult to try and do that, maintain the current curriculum that we have and our current research endeavors that we have and stay on course because the focus can get somewhat hazy.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: But if we can keep it clear and I think sharp focused then we can achieve all the these things. I think that, for example in the curriculum, we need to investigate some new ways of doing things. Again, I think curricular reform just like health care reform and medical schools is going under some kind of renaissance where people are looking at better ways to teach medical students, better ways to render clinical care, better ways to include the whole family and that decision making process that we call health care. Once we can do, that emphasize things such as preventive medicine. More progress has been made as far as saving lives, and I think improving our health has been in preventing disease than it ever has been in curing of the disease once you get it. If we can continue to emphasize that type of thing I think we'll be far and away ahead of the game.

BLAKE HAILEY: Are there any suggestions -- off the top of your head -- that you think need to be changed in the curriculum?

MICHAEL CLEARFIELD: Well, yes. There's so many. I don't even know where to begin. I think that we have to -- number one, I think, reward educators in this institution and reward them in ways that are tangible. We have to look at the truly gifted educator in the same manner as we would look at a truly gifted researcher or a truly gifted clinician, or whatever, truly gifted administrator and that they are invaluable for the institution. We are an institution that's here to train students to become good physicians, hopefully primary care physicians, take care of the people that need the care in this county, in this state.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: So in order to do that, I think we need to have a curriculum that better emphasizes areas that may not be what's tested and unfortunately certification exams and boards. Because of that, we are caught in a dilemma. And the dilemma is do we teach to a test or do we teach to what we think they need. And I think that the future has to be -- the answer has to be both, but hopefully they'll both come very close together. I think that the National Osteopathic Board of Medical Examiners along with the USMLE, which is the allopathic boards will hopefully get closer to asking the questions that need to be asked with regards to these primary care issues instead of emphasizing things that are, I think, a little old school now and that's more tertiary care oriented and not oriented towards where the majority of the healthcare needs in this country exist.

BLAKE HAILEY: So it kind of needs to be changed in across the board?

MICHAEL CLEARFIELD: It's major changes.

BLAKE HAILEY: What do you see yourself doing in the next few years? Obviously, continuing with TexCAPS. What else do you see yourself doing?

MICHAEL CLEARFIELD: Well, we have several goals for the department. One goal is for our department to continue to grow in the area of subspecialty growth. We have several areas in the department where there's only one man divisions. Those areas, I believe, we need to grow somewhat stronger. With a minimum of two just for backup? In the area of general medicine, we need expansion because of the primary care base that we provide for the rest of the department and the gatekeeper concept. Also the area of geriatrics, which I think is booming. We've just gotten funded to do a fellowship. We also have a fellowship approved in critical care medicine so that's two other areas that I think we need growth and continue to expand our general medicine residency. One of the things that I would like to try and do is evolve a residency program that would be a generalist type curriculum that might not only include our general medicine residence, but also family practice. Possibly pediatrics in something that might be more consistent with what I think the country's going to be looking for in the future. Somebody can truly be the quote, unquote, gatekeeper that can handle most of everything. When they need to refer, the referrals will always be appropriate and a focus. Otherwise they can contain the costs within their own practices. I think those are the type of people that would be very marketable in the future. If we can produce those people I think we'll be doing a great deal of positive work for the school and the country.

BLAKE HAILEY: What areas did you say you need to -- would you like to bring more people in then? You have pretty much everything covered but you want to bring in the --

MICHAEL CLEARFIELD: Well, yeah. Right now we have single-man divisions and several subspecialty areas like neurology, infectious disease and the intracraniology that we're trying to recruit. We have no oncologist full time now but we're trying to bring in several oncologists and in other areas where the needs are.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: You know, for the most part, now what we're trying to do is round out the department in areas where we feel there is a need to get the department balanced so that hopefully what I'm trying to do is have it so that we have each division can be a balance, three-tier division. Meaning that each division will have effective service, education and research behind them, even though each individual might not be able to have all three legs of that stool, each division will be so that every person can be utilized for what their strength is. Some people are naturally better teachers. Some people have more interest in research. Some people have more service interest. There might be better clinically, they might have more community involvement, et cetera. That each division can have all three of those things then I think we can achieve the goals that we have outlined in our department anyway.

BLAKE HAILEY: Do you see any of this changing the mission much with the school or pretty much going right on track?

MICHAEL CLEARFIELD: We try to just stay as close as we could with the mission of the school. Our focus with regards, for example, research --

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: -- was developed almost a decade ago and it was based in three primary areas. One was prevention, the other was geriatrics, and the third was health promotion. And in doing those types of things what we tried to do is focus all our research efforts in areas and they're pretty wide areas, but they're all basically areas that are consistent with the goals of the institutions so that when we recruit people we try and recruit people who have an interest in those areas so that we can all grow together.

BLAKE HAILEY: You mentioned earlier about where you would like to see the department and the tiers and that kind of thing. How is that going to change your role as department chairman? Can you pretty much going into the function that you're under?

MICHAEL CLEARFIELD: Well, my role has evolved over the years as we've gotten bigger. I've had to obviously delegate a lot more to other people in the department. Where that's changed is that I now look at much more -- how can I put it together? I'm a much larger negotiator now. Looking at contracts, looking at how to expand our horizon, so to speak, so that we can continue to grow. And that's, everyday, a new challenge. Whether it's dealing with setting up a new practice or increasing our practice at another institution. Bringing in oncology into the group. We have dermatology starting this spring, into our group. That's another new area that we have not been involved with in the past. And then looking at possibly expanding our horizons into John Peter Smith Hospital, which is the county hospital in several different areas. We're already there in infectious disease. We're also talking about general medicine clinics. We're also talking about areas in gastroenterology right now. There's a lot of irons in the fire.

BLAKE HAILEY: So you see your role just keep right on changing more?

MICHAEL CLEARFIELD: I have to be flexible. You have to.

BLAKE HAILEY: We've covered a lot of ground here in a short time. I'm sure there's probably some things that I've missed with regards to your background and so forth in research and all. What other things can bring up about yourself or the Health Science Center that we haven't discussed or touched on?

MICHAEL CLEARFIELD: Well, I just think that one of the things that attracted me to the institution when I first came was the potential and the potential always seemed to be around the corner. I think we've rounded the corner, at least one of the corners or several of the corners. For a time I never thought we'd get there.

BLAKE HAILEY: Uh-huh.

MICHAEL CLEARFIELD: But with some major changes in the community, in the nation we have been, I think, very well-accepted now. And we have in a lot of areas, like I said before, not only in my department, but a lot of areas, national reputation -- and because of that, I think we can start to fulfill a lot of these expectations, a lot of the promises that I saw here back in '79. We still have a tremendous advantage in that we're the only medical school in a very large city. It's a city that seems to be growing and supportive of our institution far greater than it ever had been in the past. I think the president and the dean have done a lot of work in that regard with regards to community relations, with regards to affiliations with other institutions. We're now in affiliation agreements with institutions that never seemed possible years ago. All those types of things give a hope for the future that I think is much brighter here than a lot of other places in talking to other people around the country. I couldn't think of

a better medical school in our profession to be affiliated with than this one, as far as future potential and promise. To me that's one of the exciting things that keeps a lot of us here.

BLAKE HAILEY: Do you have any other final remarks you'd like to make?

MICHAEL CLEARFIELD: I don't think so.

BLAKE HAILEY: I do appreciate your time, Dr. Clearfield, in meeting with us. I know this is late in the day for you. I do appreciate you taking time out to help us on this project. I know that your continuing efforts at the Health Science Center, sounds like in the community as well as in the academic circle and research. You have quite a bit to do and seem to do very well at it. We are very happy to have you here.

MICHAEL CLEARFIELD: Nice to be here.

BLAKE HAILEY: Thank you, again, for taking up your time. So that will conclude this interview. We appreciate everything.

MICHAEL CLEARFIELD: Great. Thanks.