

# CEO Viewpoint

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In an era of media overstimulation and information overload, there's something comforting when an executive uses fly-fishing imagery to illustrate management points. It's a habit that comes naturally, however, to Hal Williamson, MD, 59, Vice Chancellor for Health Sciences at the University of Missouri-Columbia. Born in a village named Heron Lake in south-central Minnesota and raised in nearby Fairmont by his general-practitioner father and nurse mother, Williamson and his family have taken yearly sojourns to go fly-fishing, backpacking and horseback riding in Montana. He earned his bachelor of arts in science at St. Olaf College in Northfield, Minn., medical degree from Case Western Reserve University in Cleveland and did his residency in family medicine at the University of Minnesota. Williamson also completed a Robert Wood Johnson academic fellowship and earned an MS in Public Health in 1982 at the University of Missouri. His wife Mary is a PhD in psychology and they have two sons, 28 and 25, both living on the west coast.

## What are the top two or three issues you face as Vice Chancellor of the University of Missouri Health System?

At an academic health center I work at the intersection of academia and business. That's exciting. Innovation is what we do. It's a \$600 million to \$700 million business and at the same time includes schools to educate nurses, doctors, health professions, and executives and conduct clinical research. To interdigitate that academic environment and the business culture of hospitals and clinics is a challenge.

Second, operating a medical center is obviously a tough business during a recession, although we're doing ok. But everybody has to work harder than ever and focus on core concepts.



HAROLD A. WILLIAMSON, JR., MD, MSPH

## Will these issues change under the current administration in Washington?

Frankly, not very much for those two challenges. For an academic health center that is also a safety net system, being paid something for the indigent people we care for now, versus declining Medicare and Medicaid reimbursement. The health reform plans seem to favor integrated systems and our integrated physician staff and hospital system.

## What do you believe should happen and actually will happen with healthcare reform under the Obama administration?

What should happen is improved access to healthcare, improved quality and decreased cost. Doing three out of three of these is tough to impossible. I think what

will happen is, one, we'll improve access but not to 100 percent, maybe 80 percent; and, two, make some progress in quality care by way of reporting and other mechanisms. The real challenge is to make reductions in cost. I think we'll do one and two but not three.

### **Can you identify two or three benefits that IT has had on your organization?**

First, we have a large and diffuse healthcare system and the EMR has allowed that system to begin to act as a single physical unit. The fact that we have geographic dispersion is made a lot less problematic by having a portable EMR that crosses all of our system.

Second, communications between referring docs and consulting docs has been substantially improved by healthcare IT.

Third, we have a medical home program and we've made good strides in improving care of people with chronic illness by using an EMR.

### **What do you believe are the most significant near-term challenges that could be addressed by enabling Information Technologies?**

I think the first is improving value. We have a shot at reducing costs and improving quality. The EMR will do that. Second, we'll be able to better engage patients in their own care. That's a near-term one.

### **What has been the biggest change you have seen in healthcare over your career?**

I think over my career we've opened up the black box that's healthcare and people are more willing and able to look at it and understand it. The paradox is that people in the United States have gone from blind acceptance to a critical evaluation of quality and value. Patient expecta-

tations have gotten higher and they've rightly figured out that care may not be as good as it should be. That's a difficult but a healthy thing.

### **What is the best piece of advice you've ever been given?**

Don't take yourself too seriously. Understand that you work as part of a team and you may need your team to bail you out occasionally. In fly fishing that's called keeping a tight line. When you cast a very thin fly line into a running current if you don't keep that line tight you can't stay connected to what's happening on the other end.

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### **What advice would you give to a young person seeking to enter the healthcare field?**

I'd say that despite the fact many doctors are advising people to avoid healthcare

as a career, it's a great time to go into healthcare. We need quite a few good women and men—but not too many because it's a time for people who are both service-oriented and who love being part of a team. The next 15 years are going to be a great and exciting time.

### **What is your favorite part of the work you do?**

Helping people understand how good they can be. That was true when I spent more of my time teaching students and it's true today as head of a healthcare organization. People often don't know how good they can be.

### **If you weren't running the University of Missouri Health System, what would you be doing?**

A part of me always wanted to be an English professor, but I'd probably be happy taking care of patients and teaching.



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