



AUSTIN ROSS
In First Person: An Oral History

American Hospital Association
Center for Hospital and Healthcare Administration History
and
Health Research & Educational Trust

2012

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

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**Interviewed by Leo F. Greenawalt
On December 8, 2011**

Edited by Kim M. Garber

**Sponsored by
American Hospital Association
Center for Hospital and Healthcare Administration History
and
Health Research & Educational Trust
Chicago, Illinois**

2012

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Coordinated by
Center for Hospital and Healthcare Administration History
AHA Resource Center
American Hospital Association
155 North Wacker Drive
Chicago, Illinois 60606

Transcription by Chris D'Amico
Photos courtesy of the American Hospital Association and the Ross family

EDITED TRANSCRIPT
Interviewed in Issaquah, Washington

LEO GREENAWALT: Good morning. Today is Thursday, December 8. My name is Leo Greenawalt, and I'll be interviewing Austin Ross, who has had at least a twofold career – 36 years at Virginia Mason and nearly ten years as a professor at University of Washington program in health administration. Good morning.

AUSTIN ROSS: Good morning.

GREENAWALT: You were born in 1929, just before the Depression – where were you born and what was life like in the early days?

ROSS: I was born in Milwaukee but lived my early days in Genesee Depot, Wisconsin, which had a population of about 150 people and 2,000 cows. My uncle had a Holstein herd. We lived nearby and it was quite an interesting operation. My uncle, Howard Greene, ran for governor against La Follette in Wisconsin but lost.¹

It was a good time in Genesee Depot, but a tragic time for our family. When I was about four years old, my mother was killed in an automobile accident. My father was driving. This upset the family for years. My sister and brother and I were not orphans, but we had nannies coming and going all the time. I don't remember much of that. It's interesting how you block most of that out. I had a good family foundation. We moved to Milwaukee and later to Utica, New York.

GREENAWALT: What kind of work did your father do?

ROSS: My father was a bond salesman just before the stock market crash, so he floundered a little bit financially. When we moved to Utica, New York, he bought a major interest in Sequoia Paper Company, which eventually went bankrupt. He lost all the money he had. My father ended up working for Rome Cable Corporation, and that moved us to California, but that's a little later.

GREENAWALT: In your early school years, where were you?

ROSS: Elementary school was in Milwaukee, and then 1937 through 1942 in Utica, which is in upstate New York and is an interesting city to be raised in. We moved in '42 to Berkeley, California, where I went to high school and college.

I was not a very hot student in those days. But, interestingly enough, I recall keeping scrapbooks on medicine. I used to clip out all these articles because I was fascinated with the field of medicine. That was one of my hobbies, and the other hobby I had was collecting butterflies. I was also involved in soccer.

GREENAWALT: Do you remember much of the time in Utica?

ROSS: Yes. I remember when we moved into the house in Utica, the ice was delivered by an iceman with leather on his shoulder, carrying the ice in. Later, we had one of the early

¹ Philip F. La Follette (1897-1965), a Progressive, served three terms as governor of Wisconsin in the 1930s. <http://legis.wisconsin.gov/lrb/bb/09bb/statistics.htm> (accessed June 7, 2012)

refrigerators, a General Electric with the coils on top.

My father remarried in 1937 and my stepmother became our primary caretaker. She kept track of the money. My father wasn't very good at that. She was a disciplinarian and set high expectations for us. She was a marvelous person and died just a couple of years ago at age 96, out here with us.

GREENAWALT: How old were you when you moved to California?

ROSS: It was when I was in the ninth grade, so I would have been about 14. I went to Willard Junior High School, which is in downtown Berkeley. It was first time I had ever attended a school with diverse students. It was a real cosmopolitan school. I was a laid-back kid and pretty much of a nerd. I showed up in school, for example, the first day wearing knickers. You don't wear knickers in California and I was ridiculed.

Willard Junior High was where I met the finest teacher I ever had. Miss Christie was an English teacher from England. She picked me out because I didn't participate in class very much. She would keep me at recess and after school, put me in the back of the room and have me read Shakespeare in a loud voice because she wanted me to learn to project my voice. Following that, when there were presentations with an auditorium full of kids, she would get me on the stage and have me do something where I was speaking to the whole crowd. She was a marvelous person. She really made an impact.

GREENAWALT: What was it that she saw in you?

ROSS: She saw a kid that was a little bit behind and dressed wrong and without many friends. She probably picked me as a loner and worked to get me out of my shell.

GREENAWALT: As you got older were you able to make friends? It's hard when you have to move at that age.

ROSS: My whole life has been focused not on crowds of friends, but on a handful of good friends. I had good friends there after a while, and all the way through high school. I went to Berkeley High School, which was the main high school in the area. The children of all of the professors at the University of California went to high school there, so there was an elite sense about the academics.

Berkeley High was a good school, but I wasn't a good student. I floated through, getting C's and B's, but nothing spectacular. When it came time to get into college, I applied to the University of California. My grades weren't good enough to enter UC like other freshmen, but I did get accepted to extension. This was where you had to demonstrate for a quarter or two that you could compete on a regular level. I did very well in extension, got into UC, and subsequently went through four years undergraduate in business. Not to brag about it, but I ended up with high grades by the time I was a senior.

GREENAWALT: Did you just find the right subject that interested you at some point? What changed your focus?

ROSS: I picked it without thinking much about it. Business seemed like a good field to get

into, so I got a B.S. in business.

GREENAWALT: Was there a faculty member at UC comparable to Miss Christie?

ROSS: At the University of California, every class was overflowing. The teachers were assistants, not professors. I went through that entire four years without talking to a single counselor about anything I took, which is crazy, when I think back on it.

I didn't join a fraternity because I was working 20 hours a week at White Electric Company, where I delivered appliances and electrical supplies. There was a task that I hated to have to do when I was with White Electric. I used to have to go into banks and change the fluorescent tubes 40 feet in the air. I had a tall ladder with all of the clerks watching while I was trying to figure out how to do it. But it brought in money, and that was important.

GREENAWALT: After you graduated, you went into the military?

ROSS: Yes, my military service was after graduation. This was during the Korean War and I was married.

GREENAWALT: When did you get married?

ROSS: We were married in 1950. At the time, I expected to be drafted. I thought that I could improve my lot by enlisting rather than being drafted, because that gave you the RA [Regular Army] on your number, and possibly gave you a little bit of advantage in terms of the attitudes of the professional soldiers who would say, "Oh, this guy enlisted rather than being drafted."

I went through basic training and trained in heavy weapons. Then I went through leadership school, which was for non-commissioned personnel, and won the top award out of the company. I was asked, "Do you want to go to Officer Candidate School?" I went through a tough Artillery Officer Candidate School (OCS) at Fort Sill, Oklahoma, which was an invigorating, useful experience. Towards the end of the 16-week OCS, I had to start halfway over again because they discovered I had a heart murmur. I went before a medical review board, and they said, "Candidate Ross, you've got a little heart problem. It might be caused by rheumatic heart disease. Now you've got a choice. You can either stay in the Army, or you can go home." I elected to stay in the Army. I was told, "Remember, you shouldn't be playing over three sets of tennis at a time." I never played tennis at all.

About two-thirds of the way through the training, there was a final physical to pass. I'm partially colorblind – can't see some purples and browns. If you're aiming a 105 Howitzer and you can't see what the tank looks like, you're in trouble. They discovered the colorblindness; graduated me in artillery; and then transferred me to the Medical Service Corps. That's how I ended up in the medical field.

I went down to Fort Sam Houston to retrain as a Medical Service Corps officer. I was transferred to Fort Lewis, Washington, where I was sent out in the field with a tent and an ambulance and was the primary medic for these troops out in the field. They'd come in with backaches and I'd have to examine them. This was a Profile C company – engineering draftees – and they wanted to get out no matter how. I'd line these poor kids up and I'd give them an examination and move their arms around and send them back. I had two cots that I could fill with

soldiers who looked like they needed it. That was my military experience. I came to Fort Lewis, and that's what brought us up here to Washington state. We had one child by then, Carol. We loved Washington.

There was a manifesto to send troops to Korea from Fort Lewis. Now this is the craziest thing. I knew a guy back in Washington, DC. He wrote a letter saying that my family was all down in the Bay Area; and suggested, "Why don't you send Austin Ross out from Camp Stoneman in Pittsburg, California, rather than Fort Lewis?" I was called in to the company commander's office about three weeks later, and he said, "I don't know what the hell is going on, Ross, but we're transferring you down to Camp Stoneman to go to Korea. We can send you right to Korea from here, but Washington, DC, is sending you down to Camp Stoneman." They paid to ship my family and all our belongings down to Camp Stoneman. While I was at Camp Stoneman, the truce was signed.

There I was down in Camp Stoneman and they didn't know what to do with me. I had another eight months to go. They got even with me. They sent me to a place called Camp Irwin in the Barstow desert, which was tank training. At night, when you went out, you'd have to watch out for the sidewinders. It was just hotter than hell in the morning. That was my military experience, but I learned more in the military than I did at college. I learned about myself and how to deal with obstacles that I thought might have been impossible.

GREENAWALT: Was that just being thrown into it, or was there someone who mentored you? You just had to do it.

ROSS: You had to do it, yes. There wasn't anybody holding your hand. So you had to make decisions and go with it.

GREENAWALT: Then on you went to Berkeley.

ROSS: After serving in the Medical Service Corps, I went back to Berkeley and applied for the hospital administration program. Dick Stull was the program chair. He worked out of San Francisco. I went over there all dressed up in my second lieutenant's uniform and applied. My grades were reasonable, and I was accepted because they were looking for military types and others who had a different background than the rest of their students.

We had nine in the class and it was a totally different environment. You're probably going to ask the question about the difference between academics then and now. There's nothing the same. It was hands-on, supplemented by administrators who would come in and talk for a while. That was the extent of the technical material. You had to learn about sanitation and a lot about public health activities, but very little material that applied. We had MacEachern's textbook,² and that was about it. Nowadays, it's a totally different educational experience.

² MacEachern, M.T. *Hospital Organization and Management*. Chicago: Physicians' Record Co., was published in 1935, with revisions in the '40s and '50s.

GREENAWALT: It must have also been different from your undergraduate experience in that there was contact with teachers and the chance to ask questions back and forth.

ROSS: That's right. People who made a difference in terms of teaching included Keith Taylor and Ruth Stimson.³ Good people came out of Berkeley, and they were ending up in significant positions.

You might ask why I ended up in Washington again. Keith Taylor wanted me to go up to Peninsula Hospital.⁴ He had it all set up for me to interview, but I elected not to do that. I elected to be a resident with John Dare⁵ who was President of the Association of Western Hospitals at that time, but he also came from a unique organization, which I had read up on, and that was Mason Clinic and the Virginia Mason Hospital, one of the early semi-integrated systems. I elected to come up with John, and he brought me aboard.



Austin Ross with John Dare (seated)

I remember going into John's office when I first arrived, and I said, "Mr. Dare, I hate to say this, but I can't get my furniture from the delivery company because they won't accept my check. Can I borrow some money from you?" John arranged for me to borrow money from the old Bank of America to get my furniture out. That was the beginning of my residency. John Dare was a thoughtful, quiet person. I remember that he invited us over for Thanksgiving dinner and said, "Ross, let's go down to the basement. I've got something to show you." He took me downstairs and said, "I've got too many garden tools here. Do you want some?" I loaded up my car with garden tools.

The hospital residency was not a highly-mentored program. I spent time doing what a lot of residents do – rotating around through a lot of departments, which is important because it gives you a context for who you're working with. Bob Mason (no relation to Tate Mason) was assistant administrator at the Mason Clinic. Bob Mason decided to leave. John Dare started recruiting for this position. I filled in at the end of my residency in that position.

I remember when Bob Mason told me he was leaving. He started to laugh. I said, "What

³ Keith O. Taylor was program director of the Graduate Program in Health Management at the University of California Berkeley Haas School of Business from 1956 to 1973. <http://www.haas.berkeley.edu/advantage/health/phstudentprofiles.html> (accessed June 7, 2012). Ruth Stimson, is professor emerita at UC Berkeley. http://general-catalog.berkeley.edu/catalog/gcc_view_faculty?v_dept_cd=PB+HLTH&v_dept_name=Public+Health&v_path= (accessed June 7, 2012)

⁴ Peninsula Hospital, Burlingame, California, opened in 1954 with 153 beds. <http://www.mills-peninsula.org/about/history.html> (accessed June 7, 2012)

⁵ Father and son Lewis A. Dare (1883-1980) and John A. Dare (1921-1986) both devoted their entire careers to leadership at Virginia Mason. Lewis Dare retired in 1945 and John Dare in 1977. [Ross, A. *Vision and Vigilance: The First 75 Years, Virginia Mason Medical Center 1920-1995*. Seattle: Virginia Mason Medical Center, 1995. Hereafter referred to in these footnotes as *Vision and Vigilance: The First 75 Years*.]

are you laughing about?” He said, “I’m glad to get out of this place. I’m going to California, where there is something real going on down there. This is all crazy up here.” The Mason Clinic had just moved into a big, black building and Bob was responsible for putting it all together. The doctors and Dare had selected the Ellerbe Company that designed it around the Mayo concept, which didn’t work because all the Mason Clinic doctors were used to having their own nurses. It was a disaster. Bob was happy to get out.



With John Dare (right)

GREENAWALT: Did you stay in that position?

ROSS: Yes. When Dare was bringing in all these candidates for interviews, I was responsible to take them all around and introduce them to everybody. This was frustrating because I sort of wanted that job. I finally got the job, and I remember saying to John, “I don’t know if you can afford me or not.” He said, “Well, let’s give it a try, Ross.” I said, “I’ve got to have \$500 a month,” thinking that he’d come back with \$400 or \$350. He said, “Oh, that’s okay, go to work. We’ve got you. You’ve got to stay here now.” That was the beginning of it.

GREENAWALT: How many years were you in that position?

ROSS: Probably seven or eight years.

GREENAWALT: Not many CEOs that I’ve talked to have the reverence for physicians and for physician practice that you have. Did that form during that time?

ROSS: I think it formed with the Mason Clinic because they had an unusual culture. All of those doctors wanted to excel at what they were doing and they were aiming for that specialty practice. When you look back at the history of the organization, Tate Mason, the founder of the Mason Clinic, was president of the American Medical Association. When he came to Seattle, he was a doctor out in the Black Diamond coal mine area. Blackford came out of the Mayo Clinic and brought the feeling of specialty practice.⁶ I don’t think there’s a specialty in America that hasn’t been headed by somebody from Mason over the years. Two of the physicians served as president of the American Cancer Society. The doctors worked hard.

GREENAWALT: Was it a true group practice?

ROSS: Yes, it was a true group practice. Because it was one of the very early group practices in the territory, the county medical society and many of the doctors in the territory disliked them. You may recall the early history of Group Health – it was the same thing. The Group Health

⁶ James Tate Mason, Sr., M.D., (1882-1936), and John M. Blackford, M.D., were instrumental in the founding of the Virginia Mason Hospital, built in 1920. [*Vision and Vigilance: The First 75 Years.*]



Austin Ross (third from the right) with Dr. James Tate Mason, Jr. (center), son of one of the founders of the Virginia Mason Medical Center.

physicians used Virginia Mason Hospital in the early days.⁷ The University of Washington had the same problems – town and gown issues.⁸ There was a cultural difference between the community physicians and group practice. The Mason Clinic doctors knew what they were doing, but they were fighting uphill all the way. Building a hospital was a tremendous thing, because they all had to sign their home mortgages to fund that early hospital.

GREENAWALT: By this time, had you started to do any writing?

ROSS: Yes, I did some writing in the early days. I just happened to like to write, I guess. The first thing I wrote about was a study about why physicians left clinics. I sent out questionnaires and then thought, *what do I do with the results?* I had to write an article about it to share it somewhere. That led to an invitation to the Clinic Managers Meeting in Elko, Nevada, and that led to additional contacts.

Writing takes time and you have to keep at it. You can't put it aside for a month or two and

⁷ Group Health Cooperative of Puget Sound began to offer care in 1947 through the purchase of the Medical Security Clinic and St. Luke's Hospital (Seattle). The unusual concept of the Cooperative was to offer prepaid coverage in an organization governed by consumers. http://www.ghc.org/about_gh/co-op_overview/history.jhtml (accessed June 8, 2012)

⁸ "Town and gown" refers to the nature of the relationship between physicians who are medical school faculty and other physicians practicing in the community.

come back to it. You have to do it almost every day.

GREENAWALT: Did you have a set amount of time every day that you devoted to writing?

ROSS: I don't recall that I did, but you have to have your office set up properly with your resource material, and you have to do some reading, and get the references in order to translate the pieces of it. One of the topics that I wrote about early on was integrated hospital and clinic medicine. I went to the Duke Forum and gave a couple of speeches about this. That leadership book had a lot to do with the mentoring, the leadership, the integrated systems and all the rest of it. It sort of flowed together.⁹

GREENAWALT: After working on the Clinic side what did you do?

ROSS: I transferred into the hospital because Don Faber, who was hospital administrator, went down to Southern California. I took over his position, but I didn't take over his title. I was still an assistant administrator but at the hospital. That was a grand experience, especially working with the nurses. Some of the greatest mentors I had were the nursing director and a lot of other people. Again, what I'm trying to say is that the quality wasn't just the physicians.

GREENAWALT: Did the relationship with the Medical Group Management Association start on the Clinic side, or later in your career?

ROSS: It started on the Clinic side.

GREENAWALT: Because you had written some articles and had given some presentations, people started recognizing you?

ROSS: Yes, that's how it works. You get a call and you're surprised when somebody from a nominating committee is saying, would you be interested in this or that, and you make a decision as to whether you are or not. I never have run for any position. I've never lined up people to endorse me or anything else. I don't happen to like that piece of the business. But I guess I was foolish enough to accept these invitations and pursued both the Hospital side and the Clinic side.

GREENAWALT: What was the MGMA experience like?¹⁰

ROSS: That was in many ways more fruitful and satisfying than the hospital executive side, in that the clinic managers were always thinking about survival. You had to have new information in



⁹ Ross, A. Organizational challenges and opportunities associated with vertically linked health organizations. In: Jaeger, B.J., editor. *Vertically Linked Health Organizations: A Report of the 1978 National Forum on Hospital and Health Affairs*. Durham, NC: Duke University, 1978.

¹⁰ In 1976-1977, Austin Ross served as president of the Medical Group Management Association. In the '80s, he served MGMA as chairman of several committees.

order to work the group practice side of the issue. They would share information, as opposed to some hospital executives who wouldn't share information because they viewed it as competitive stuff. Maybe that's not the case anymore, but it was then. You had a lot of personal contact, so it was very satisfying.

GREENAWALT: Did it take a lot of time away from your job?

ROSS: It had to have taken a lot of time away. The reason I could do it was that at a place like Mason, we were encouraged to go out and do these things. If Joel Baker¹¹ disappeared for a week or two doing his thing, he would never say, "Ross, stay home and mind the store." They never did say that. They encouraged me to do it. Some docs may have thought that it was a waste of administrative talent – "chain him to the desk" – but I was well supported.

Now the positive side of that is that when you're out of town, if you don't have a good crew at home, then you're going to be in trouble. We had an outstanding crew at home. The core management team made it easier for me to be away. There were many key players on that team: Don Olson, Mark Secord, Joyce Jackson, Mike Rona, Ruth Anderson, Pat Maguire, Keith Lundberg, and so many others too numerous to mention.¹²

Key physicians were critical as programs moved ahead. Dr. Roger Lindeman,¹³ as chairman, was key during the transition from partnership to the integrated center. The push for quality improvement was vigorously promoted by Dr. Fritz Fenster and Dr. Richard Anderson and others.¹⁴ Virginia Mason was a vibrant and energizing place to work. The boards included many community leaders over the years: Harry Mullikin of Westin Hotels, Gordon Sweeney of Safeco Insurance, Jackie and Carl Meurk, Jerry Pennington of the *Seattle Times*, Bob Buck, and many others contributed much to emerging VM.



With Joyce Jackson

You'll have to ask Annette if it was tough on the family. I always had support from the

¹¹ Joel W. Baker, M.D. (1905-1999) served as chief of surgery at the Virginia Mason Hospital from 1936 until 1970.

¹² Donald R. Olson became administrator of the Virginia Mason Hospital in 1977. Mark Secord was assistant administrator at VM in the '70s. Joyce F. Jackson was an assistant administrator at the hospital in the '80s. J. Michael Rona became president of Virginia Mason Medical Center in 1998. Ruth Anderson was an assistant administrator at the hospital in the early '90s. [2000 Directory. Chicago: American College of Healthcare Executives, 2000.] Pat Maguire was chief nursing officer at VM. <http://www.linkedin.com/pub/pat-maguire/19/813/778> (accessed June 7, 2012). Keith R. Lundberg was with Virginia Mason Medical Center for 20 years during which he served as director of the Health Services Consortium. http://bhs65.earth2.net/?route=classmate/lundberg_kr (accessed June 7, 2012)

¹³ Roger C. Lindeman, M.D., became the 6th chairman of the Mason Clinic in 1980. [*Vision and Vigilance: The First 75 Years.*]

¹⁴ L.F. "Fritz" Fenster, M.D., was the head of The Mason Clinic's hepatology subsection. <http://www.legacy.com/obituaries/seattletimes/obituary.aspx?n=l-f-fenster-fritz&pid=148137134> (accessed June 7, 2012). Richard P. Anderson, M.D., was a cardiothoracic surgeon who served as the Chief of the Department of Surgery at the Mason Clinic. <http://ats.ctsnetjournals.org/cgi/content/full/88/6/1729> (accessed June 7, 2012)

family. We did a lot of camping. We had a place at Kalaloch. The kids skied. I worked on Saturdays at the Clinic in the early days. It wasn't a five-day week, it was a five-and-a-half day week every week, but we still had time for the kids. The most important part of my life wasn't the Clinic, it was the family.

GREENAWALT: You mentioned that nurses acted as mentors.

ROSS: Marguerite Mansperger¹⁵ was the second nursing director in the hospital, and she was there for many, many years. She was a strict, fine nurse – uniform, cap, everything else. She expected the ultimate quality out of all of her nurses. But she knew how to back off doctors who started to abuse any nurses. She would tackle the tough issues. She was a mentor to me because I could go in as a young administrator, even though she reported to me, and talk to her about some of these issues and ask her what she was doing in order to replace herself when she retired. She did very well. She had superb nurses – Gerry Shaver, Helen Kinnaman, and a lot of others, who are now all gone, but were of the same quality.



The Founder's Plaque reads: "November 1, 1920. This was the first entrance to The Mason Clinic and Virginia Mason Hospital founded by eight physicians as the first multispecialty group practice in the Pacific Northwest."

GREENAWALT: When did you start taking on residents and mentoring?

ROSS: When I went to the Hospital side.

GREENAWALT: Were they mostly from the University of Washington?

ROSS: No, most of them were from Berkeley, Iowa, Minnesota. The University of Washington didn't really have a program at that time, so that was the reason for that. It started primarily on the Hospital side, but then in 1977 when I took over from John Dare, then it was a system-wide residency.

What I did – and it's not unique to me because a lot of people do it this way – is I always insisted that I would have an hour or two every Friday morning with any resident. It was on a one-to-one basis, where that resident could come in, and he or she could ask any question at all, and I would respond. I said, "Now this is between you and I – I really don't want to hear that you're talking about it – but if you want to know anything that we're doing in this organization, ask me, and I'll tell you." I trusted them and I never had anybody violate that trust.

In some organizations, executives will take on a resident and not spend that kind of quality time. They might say, "Okay, there's a little desk down in Medical Records. Why don't you go down there, and if you need anything, let me know." That isn't how you do it. You've got to see

¹⁵ Marguerite Mansperger became director of the nursing service and of the school of nursing at Virginia Mason Hospital in 1947 and stayed until her retirement in 1975. [*Vision and Vigilance: The First 75 Years.*]

what they're doing; you have to broaden their experience base. You have to push them a bit and you have to see how they react.

I had this marvelous resident who, after about three months, broke down in my office and started to cry because she said, "I can't do it. I don't understand what's going on here." That kind of a person requires more attention. She went on to become a very successful executive. You have to be prepared to back people up, but not to mother them or father them too much.

GREENAWALT: In preparing for this interview I contacted a few people, and I'd like to read what they said and let you comment. One talked about how busy you were with writing, with your national activity. The quote was, "No matter how busy he was, Austin always had the time to talk to me and explain his thinking on very controversial decisions." Another said, "He seemed to wait for the precisely right moment to push an idea forward, seldom forcing it on reluctant participants."

Another said, "I can't tell you how many times Austin asked me to help him solve a difficult problem. He would say, 'I can't think of which way to go on this or that issue.' He would then ask me what I thought. He would listen carefully, questioning in-depth about my conclusions. I never felt so valued in my entire career." I thought what a wonderful statement that was, but it shows this sense of time being given and caring about them.

ROSS: Well, you have to remember that often these residents would come up with the right answer! I mean, I really was looking for input. Remember that the residents are out on the floor. They're talking to people. You can pose a tough question and say, "What do you think?" It includes them and but it lets them know that you don't have all of the answers. I think that's a critical factor in good executives. You don't have to come across as: I have all the answers. I think that's the wrong way to do it.

GREENAWALT: I love the quote from Peter Drucker that "All of us learn from our successes, but we learn the most from our mistakes." How did you deal with the resident when a mistake was made?

ROSS: If residents didn't show up on time or tried to monopolize meetings, I would take the resident aside and say, "You know, that isn't the kind of a thing you really want to pursue. You need to be there on time." I have trouble remembering major mistakes that residents made if they made any. I never dwell on that. I will tell you about one resident though. This was on the Clinic side. I had arranged to take him along with me to a meeting up in Vancouver. We stayed at the Bayshore Hotel which had a marvelous meeting room with windows. I didn't see him for a couple of hours. Then I happened to look out the window, and there he was riding a bicycle with a pretty lady on the back. Now that was a mistake and I did have a discussion with him about that.

GREENAWALT: Did you find with some residents that you would have to help them with what to wear and how to speak? Did you have to work on their writing skills?

ROSS: If they were writing something and asked me to review it, I would critique it thoroughly. That does bring back a memory of when I tried to set up a dress code. That was in the era where women wore skirts and not pants. I thought the receptionist looked better in a skirt than pants. I tried to set that up. That didn't work very well – pants remained the norm.

GREENAWALT: You've had hospital association work with Washington State Hospital Association.

ROSS: I was on the Seattle Area Hospital Council, then the State Hospital Association, then the Association of Western Hospitals. You might say, "Why not the AHA?" It was because ACHE was the organization that attracted me more. At one time, I think I was chairman of the research committee at AHA for a session or two. It was a great experience, but I never spent much time with AHA.

GREENAWALT: Did you spend a lot of time with the American College of Healthcare Executives?

ROSS: Yes.

GREENAWALT: Working on different committees?

ROSS: A lot of committees, yes.

GREENAWALT: Did you speak at annual meetings because of your writings?

ROSS: Yes, that's part of the game.

GREENAWALT: You were selected as chair. How much travel did that involve?

ROSS: Probably more than I should have taken. But I can't equate that in weeks or days. With MGMA, there was the annual meeting, section meetings and committee meetings. Things like setting the educational agenda in terms of the topics or dealing with long range planning issues. But not all of it is on the road.

GREENAWALT: Does ACHE involve more travel than MGMA?

ROSS: No, MGMA was more.

GREENAWALT: Did you go to state hospital associations across the country and speak?

ROSS: A handful of them. I think I might have been in almost every city in America for one reason or another. The only problem is that I don't remember the city. All I remember is the hotel.

GREENAWALT: You were also involved with AUPHA, the Association of University Programs in Health Administration.

ROSS: Yes, I was representing MGMA on that. Watching John Griffith sit at one end of the table and Gary Filerman at the other end – that was worth the price just to come in and watch them. Good people.¹⁶

¹⁶ John R. Griffith is the Andrew Pattullo Collegiate Professor Emeritus at the University of Michigan. His oral history: Garber, K.M., editor. *John R. Griffith in First Person: An Oral History*. Chicago: Center for Hospital and Healthcare Administration History, 2010, is available here: www.aha.org/chhah. Gary L. Filerman, Ph.D., served

PART II: CONVERSATION AFTER THE BREAK

GREENAWALT: I was talking to Vic Dirksen¹⁷ the other day, who recently retired after 35 years at the Port Townsend hospital. He said, “Be sure to talk to Austin about the Consortium. I wouldn’t have made it at that place if it hadn’t been for the help that Virginia Mason and Austin provided.”

ROSS: The Consortium was a unique program. Rural hospitals have always been handicapped in terms of their proximity to specialty care and resources. The Mason Clinic physicians were always interested in referrals. But the real reason that Virginia Mason got into it was because we didn’t know anything about rural health and wanted to learn about linkages.

Let me tell you about the first meeting where the Consortium started. It’s an interesting story. Willapa Harbor Hospital in South Bend is about four hours away from Seattle. Jerry Baker¹⁸ was the administrator in those days. Jerry invited Dave Jeppson,¹⁹ who was at the University of Washington, and me to come down to have a little informal discussion about linking a rural hospital, Willapa Harbor, with University or Virginia Mason. At this point, the regional medical program was still around – run by Donald Sparkman²⁰ – who said, “We’ll fund your transportation down there if you need it.” Because four hours was sort of a long road trip, he said, “I’ll get you an airplane.”

I don’t like to fly in small planes. But Dave and I went out to the airport and we got into this two-engine plane to fly down to Willapa Harbor. What made us nervous was that the pilot was obviously uncomfortable as he was doing his preflight checklist. He was actually perspiring. He took off from Boeing Field and we flew down to Willapa Harbor. Willapa Harbor has a gravel runway and he used the whole runway to land. We got off the plane. We went to have this nice quiet dinner with Jerry Baker. We walked into the restaurant, and it was packed. There were probably 150 people just packed in there. Dave and I thought this was a little strange.

Over in the far corner, there was a separate table with about four doctors there. Jerry had orchestrated a community meeting with us. The mayor got up and said, “We are here to welcome Dave Jeppson from University Hospital and Austin Ross, who have come down here to solve our rural health problems.” It was a setup! It was a long evening. I got up and said, “We don’t know anything about rural health. We came down here to visit. We’ll help you in any way we can, but we don’t know how to solve your problems.” They had a lot of problems that we didn’t know about.

That was the beginning of it, because then we followed up with Jerry Baker, and that led to an arrangement. At the time, the University was not able to respond. Ultimately, we had about 18

for 28 years as president of the Association of University Programs in Health Administration.

http://www.cacenter.org/cac/gary_filerman (accessed June 7, 2012)

¹⁷ Victor J. Dirksen became administrator of Jefferson General Hospital (Port Townsend, WA) in 1977. [*American Hospital Association Guide to the Health Care Field*, 1978 ed. Chicago: AHA, 1978.]

¹⁸ Gerald W. Baker was administrator of Willapa Harbor Hospital (South Bend, WA) from 1968 to 1973. [Guide issue: part 2. *Hospitals*;43(15):226, Aug. 1, 1969, and later editions]

¹⁹ David H. Jeppson was administrator of the University of Washington Medical Center from 1969 to 1972. [Guide issue: part 2. *Hospitals*;44(15):227, Aug. 1, 1970, and later editions.]

²⁰ Dr. Donald Sparkman was director of the Washington-Alaska Regional Medical Program.

http://profiles.nlm.nih.gov/RM/G/G/B/I/_/rmggbi.html (accessed June 8, 2012)

rural hospitals in the Western Washington Health Services Consortium. Bob DeVries²¹ of The Kellogg Foundation provided part of the early funding for that program.

Virginia Mason developed the relationship with these rural hospitals by trying to respond to their needs. In the steering committee, Virginia Mason had one vote and each of the rural hospitals had one vote, so it was not an issue of VM taking over. It was a very successful program for a lot of people.

Vic Dirksen was an important piece of that action. Mark Secord, a member of VM's administration, managed Port Townsend Hospital before Vic got there. We learned at that point that it's not smart to manage a rural hospital, to take over the obligation from the hospital, because soon the community would turn to you and expect you to fund issues for them. That wasn't going to be our game plan. This was all a very democratic process. Virginia Mason did not put a lot of money into these hospitals. Unless you're a very large medical center, you're dumb to try to manage small rural hospitals. It's a very difficult thing.

GREENAWALT: What did you offer them?

ROSS: Continuing education for nurses, doctors, administrators, supervisors – we sent them down there. We picked the people we sent very carefully. For example, we did not want to have a gung-ho surgeon going to simply promote himself. We would pick people based on their compatibility and their communication skills. We would not send out a supervisor who would come across like greased lightning. We were careful about managing these interpersonal relationships.

The Consortium had had annual meetings including trustees, doctors and administrators with perhaps 100 people coming together to talk about planning issues. Besides continuing education, we provided early-day electronics with two-way videos and that kind of stuff. We had a pretty good deal going. It lasted for about 20 years.

The Consortium disappeared a couple of years after I retired. The leadership decided they wanted to get into the ownership of clinics. They would buy a clinic in Port Angeles or Anacortes, and that killed the Consortium, because it was an unpopular thing in terms of the local community to try to take over the medical care to shuffle patients back to Virginia Mason. Since then Mason has moved out of the ownership of clinics outside of the ones in the immediate area.

GREENAWALT: It's interesting that the rural hospitals have just come up with a new strategic plan, and it looks so much like what you were talking about. They recognize the need for the relationship with the larger facilities – not to be taken over by them – but help them.

ROSS: That'll work if you have people on both sides who want to talk. Vic was very good at it. They were all good at it. We had great meetings. We never took on a hospital in a relationship without going there personally and building communication, to convince them that the top management was really interested in their interests, not just ours. It was a good program.

GREENAWALT: They learned from each other.

²¹ Robert A. DeVries was program director in health and leadership at the W.K. Kellogg Foundation (Battle Creek, MI).

ROSS: Yes, right.

GREENAWALT: You mentioned the Kellogg Foundation. What did you do with them?

ROSS: DeVries funded a piece of the early Consortium.

GREENAWALT: How did he find out about the Consortium?

ROSS: We may have sent him a letter asking him for money! I don't know how he found out about it. I really don't know. But in those days, it was a unique program from the Kellogg Foundation's viewpoint. One day, Bob called me and asked me if I would like to go down to the Navajo Indian tribe and do a little consulting. Kellogg was trying to put in place a private fee-for-service-type clinic to supplement the Indian Health Service. It was very interesting work.

GREENAWALT: What did you do with the Robert Wood Johnson Foundation?

ROSS: The Robert Wood Johnson Foundation funded a \$30 million program to set up primary group practices affiliated with hospitals. They would help fund the hospital and the group practices to help them integrate. That's how I got to know Bob Sigmond.²² He was on the steering committee. The committee would set the parameters as to how the \$30 million would be spent. Then we'd make site visits and make a case for or against a particular application.

I thought we had a marvelous opportunity in Aberdeen, Washington, between the two hospitals there – it was a small town with no group practices. It looked like it might work. That was when St. Joseph's and Grays Harbor Community Hospital were in a state of flux.²³ That project never really matured. The follow-up on these programs was done by a different team, headed by Steve Shortell.²⁴

But the Robert Wood Johnson Foundation was a great experience. One time I was coming back from a meeting at their headquarters. They had a limousine to take me to the airport, and I thought that was grand. I got in the back seat and I was pretty tired, so I fell asleep. We drove up to the airport. I went in and handed them my ticket, and was told, "You're at the wrong airport. This is Newark. You're supposed to be over at Kennedy." I said, "What the heck am I going to do now?" It was about 9 o'clock at night. He said, "If you really hurry, you'll get into a helicopter and we can fly you over there. It's okay. We have one seat left."

I ran and got on that helicopter. It took off, and we had a beautiful view of New York, but we landed at LaGuardia – the wrong airport. It was getting late. But the helicopter took off again and landed at the right airport. Then I ran for it. They had just closed up the door of the airline

²² Robert M. Sigmond, policy analyst and author, was a long time advisor to the Blue Cross and Blue Shield Association. His oral history: Garber, K.M., editor. *Robert M. Sigmond in First Person: An Oral History, Part 2*. Chicago: Center for Hospital and Healthcare Administration History, 2009, can be accessed here: www.aha.org/chhah. An earlier oral history, Part 1, conducted in 1983, is in the collection of the American Hospital Association Resource Center.

²³ Two hospitals opened in Aberdeen, WA, at the end of the 19th century: St. Joseph's Hospital (Dominican Sisters) and Aberdeen General. Aberdeen General was succeeded by Grays Harbor Community Hospital at the same location after World War II. <http://www.ghchwa.org/index.php?page=about-us> (accessed June 8, 2012)

²⁴ Stephen M. Shortell, Ph.D., is dean and professor at the University of California Berkeley School of Public Health. <http://facultybio.haas.berkeley.edu/faculty-list/shortell-stephen>

flying to Seattle, but they opened it again for me.

I've also been stranded overnight due to snowstorms in New York. One time I was coming out of a meeting with the same organization, and it was snowing like heck, and I was with a urologist from the Geisinger Clinic. We had our suitcases, but the taxicabs won't stop in a snowstorm if they see suitcases because they don't want to make a long trip to the airport. The doctor said, "You hide behind the corner of the building with the suitcases. I'll go out and flag down the cab." He flagged one down and I ran out with all the suitcases. We piled them in, and the cabbie was unhappy, but had to take us. It was a long trip but we made it intact.

GREENAWALT: For hospital administrators, the average turnover is every four years or so. You started at one place and stayed there your entire career.

ROSS: I was fortunate to be in an organization that had a good vision about where it wanted to go, and had the flexibility between the Hospital and the Clinic side, so I could work in several different areas. I started off as a resident, then became system administrator in the Clinic, system administrator in the Hospital, hospital administrator, then head of the whole system. Every step along the way was a progression. It was a progression in an environment that I really liked, that I really didn't want to leave.

It's a sad thing when new CEOs come in and fire competent people in order to bring on their own team because they don't have enough time to build a new team. They start all over again and that sets every organization back on its heels for about four years. That didn't happen at Virginia Mason. I was the third senior executive at VM in 75 years. Lewis Dare, John Dare, and then I came in. Mike Rona followed me, and then Sarah Patterson.²⁵ So there have been very few.

In terms of clinical leadership, keep in mind that all of these chairmen of the clinics are M.D.s in the organization. They all practice medicine. So does Dr. Kaplan²⁶ to some degree. That means that the senior doctor in charge needs to rely on management, so you can do a lot by helping the physician chair. But, it creates a "Siamese twin concept." It has worked very well at Mason. It also works very well at Mayo, Geisinger – it works at a lot of good places.



**Virginia Mason Medical Center Board: (left to right)
Austin Ross, Jackie Meurk, Robert Buck,
Dr. Roger Lindeman, and Dr. John Allen.**

²⁵ Sarah H. Patterson is currently the executive vice president and COO of the Virginia Mason Medical Center. <http://www.wsha.org/hospitalDetail.cfm?HID=82> (accessed June 8, 2012)

²⁶ Gary S. Kaplan, M.D., is chairman and CEO of the Virginia Mason Medical Center. <http://www.wsha.org/hospitalDetail.cfm?HID=82> (accessed June 8, 2012)



(Left to right) Donald Olson, Austin Ross, Dr. Roger Lindeman, and Michael Rona in 1990

GREENAWALT: Can you talk about the physician leadership? Have most understood the symbiotic relationship?

ROSS: It was in the culture starting with Lewis and John Dare. It varies somewhat from chairman to chairman.

GREENAWALT: How long does the chairman stay in the position?

ROSS: Mason died after a handful of years. Baker was in it for about 12 years. Walker was in it for about eight years, Cleveland about four years and Lindeman about eight years.

In those days, the head doctor was elected by the physicians and the medical section heads were elected by the physicians in their section. Department heads were elected by department people. That made for very complicated management processes because before an election, how does a chief make decisions that might be contrary to the wishes of his constituents? The political process was screwed up that way.

A big change that we were involved in was converting the Mason Clinic partnership to a not-for-profit system, and that transferred power to the lay-dominated board, which then appoints the chair, as opposed to an election. That took a lot of the politics out of the process and that's been beneficial for the organization.

GREENAWALT: What was that relationship between the physician chair and the Clinic's executive director? Some might say that this would be so physician-dominated that the executive director wouldn't be valued.

ROSS: That's always a possibility, but I never experienced a situation in which I was considered to be subservient to the doctors. I was always on pretty good terms with them. The key physicians making the clinical decisions and the major operating decisions all sat on the board. You know who took minutes at those meetings? Me. Does that sound stupid? Here I was as senior executive taking minutes, but I was sitting next to the presiding officer and might provide him with advice from time to time. Also, if you write the minutes accurately, you may avoid some of the politics that goes along with the wrong person writing minutes.

GREENAWALT: Could you describe the personality of some of the early leaders of the Mason Clinic?

ROSS: I didn't know Dr. Tate Mason. He passed away before I joined the Clinic. He was an outstanding founder in every respect. He was an innovator in surgery and attracted fine physicians and staff. He was also elected president of the American Medical Association, but passed away shortly thereafter.

I did know Dr. Joel Baker, who succeeded Tate. Joel was an especially skilled surgeon and

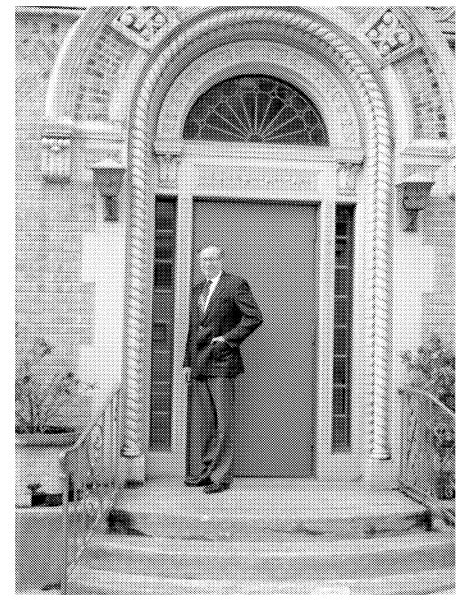
he set the example of providing high quality personal care to his patients. For example, when he traveled, he would send postcards home to his hospitalized patients letting them know he cared about them. He was president of a number of local and national surgical societies.

Dr. John Walker, a radiologist, was the third chairman.²⁷ John was a builder and a visionary in terms of where he thought the Clinic and Hospital should go. He was detail-oriented, too, and would make certain that there wasn't any trash lying around in the stairwells. I recall getting calls from him with suggestions on improving the place. John was chairman when Virginia Mason successfully acquired the adjacent Doctors Hospital property. Swedish Hospital bought Doctors but VM's board persuaded the Doctors Hospital board to sell the property itself to VM. Swedish wanted the physicians from Doctors, not the property. John was a quality person through and through.

Dr. Fred Cleveland was a cardiologist.²⁸ He was quiet and very thoughtful in making decisions. He considered all of the angles and then moved forward decisively. He was also a great supporter of the management team. Fred elected to serve only one term, by his choice. He served an important transitional role as the longer range planning was being developed.

Dr. Roger Lindeman is an otolaryngologist. He served during a period of great growth in the Clinic and Hospital and nourished new ventures and programs. In testimony to his leadership skills, a major pavilion on the campus is named after him. Roger was a special joy to work with because he spent time and energy involving key managers in decision making. Today, after retiring from practice, Roger spends a lot of time working with the Virginia Mason Foundation cultivating supporters for the VM cause.

The fifth and current chairman and CEO is Gary Kaplan, an internist. He became chairman in 2000, some nine years after I retired. I mention Gary because he demonstrates extraordinary skills in system development and is listed by *Modern Healthcare* as the second most influential physician executive in the nation. Along with his medical credentials, he is a past president of the Medical Group Management Association and is widely recognized for his management and health policy skills.



Original entrance of the Virginia Mason Hospital

GREENAWALT: What about John Dare? What kind of a leader was he?

ROSS: He was an outstanding leader. He was very good in finances. I was terrible in finances, so I didn't like it. Although I kept the books of the research center for years, I hated it. John Dare was quiet and thorough and very highly respected, had very high ethics. He was a quiet kind of a leader, not a boisterous kind.

GREENAWALT: We're coming to the end of your career at Virginia Mason. I want to

²⁷ John H. Walker, M.D., was chairman from 1964 to 1970. [*Vision and Vigilance: The First 75 Years.*]

²⁸ Fred E. Cleveland, M.D., was chairman from 1976 to 1980. [*Vision and Vigilance: The First 75 Years.*]

give you an opportunity if I've missed something that we ought to talk about.

ROSS: You never asked me where I may have failed. I'll tell you a little story about what I would consider a failure. This was probably in 1990 or so. I felt that, in terms of managed care, VM needed to affiliate with a good quality insurance company on some kind of a relationship basis. Along with others, I worked on an arrangement with a very good local insurance agency – it happened to be Blue Cross in those days.²⁹ I worked it carefully through the board, and everybody thought this was a fine idea and I felt good about it. Then I went on vacation. When I came back, to my utter dismay, several of the doctors on the board had rebelled and had convinced the board to change the decision. That was demoralizing, because nobody picked up the phone to tell me it was happening. I considered that a failure.

Now whose failure was it? It wasn't necessarily their failure. It was the fact that I had misread the process that went into making that decision; that I had assumed that the board was all behind it, when in fact, the board members obviously weren't. Then I faced the problem of having to meet with the insurance CEO and explain that we had reversed ourselves. That was a very unpleasant meeting. That's when Margaret Stanley³⁰ was at Blue Cross. She sat through this miserable meeting. That was most uncomfortable for her. I mean, she wasn't responsible for it, but she was in part blamed for the process.



As part of the 75th anniversary commemoration, Austin Ross wrote a history, *Vision and Vigilance: The First 75 Years of the Virginia Mason Medical Center 1920-1995*

GREENAWALT: One final question on writing – have you encouraged people who worked for you to write?

ROSS: It frustrates me that more executives don't spend more time writing. It's either not important to them or they don't have the time, which is probably the case. I have never really been successful in saying, "Go write something." Either they want to write it or they don't. You can't create that kind of a feeling. It was a hobby of mine.

GREENAWALT: When did you start the relationship with the University of Washington?

ROSS: I was on their clinical faculty from 1977 on. When I announced my retirement from VM at age 62, I was approached by the University. I had an interest because I had been on their clinical faculty. That was my second career and that's what made it easy for me to retire from

²⁹ Blue Cross of Washington and Alaska, formerly known as Washington Hospital Service, was incorporated in 1945. The name was changed in the late '90s to Premera Blue Cross.

<https://www.premera.com/stellent/groups/public/documents/xcpproject/history.asp> (accessed June 11, 2012)

³⁰ Margaret Stanley was executive vice president at Premera Blue Cross. <http://www.linkedin.com/pub/margaret-stanley/6/604/b9> (accessed June 8, 2012)



Virginia Mason, because I didn't want to go back into the main line, and I enjoyed the university setting. The pace is slower, for example.

I was on the committee that chose student applicants. I also did some of what you're doing, Leo, in terms of tying students together with institutions. But primarily, I was responsible for teaching the Capstone course. Capstone was very important. It gave the students a real opportunity to do research, organize it, and speak in front of a group.

Early in the second year, students would pick a topic and an institution and they would work to create a formal presentation solving some management or clinical system problem. They'd work on it and make periodic reports. The Capstone was at the end of the quarter when they made their final presentation.

During the quarter, Cheryl Scott³¹ and I would share the load of conducting all of these regular sessions with the second year students. There would be twenty or so in a room. Those sessions were vital to the students, because this was the a time when there were two practitioners in the room who could raise questions that were a little bit more detail-oriented than the strategic issues that the faculty might cover. It was a marvelous experience.

GREENAWALT: Did you teach a class on leadership?

ROSS: Yes, a seminar class. I had to work hard getting ready for those sessions. You don't walk in and just talk. I'd be prepared with case studies, and I'd have to know how the case studies might come out to be able to guide it a certain way. It was proactive, but it was really based on letting the students develop.

I was a bit of a disciplinarian. I remember one time I was teaching a class, and we had a Ph.D. student who kept falling asleep in the back of the room. I considered that to be somewhat of a personal affront. One day I said to the class, "He is relaxing there a bit. Why don't we just all be quiet for awhile and let him sleep?" So the class was absolutely still. Four minutes, five minutes, six minutes – nobody said a word. He woke up and didn't know where he was. I said, "Sir, if you're tired, you might leave the room. Don't sit there, because it is a slight to the other students and to me." That was my disciplinarian side coming out.

GREENAWALT: Any idea of how much time you had to spend as a faculty member vs. the amount of time you spend as a CEO?

ROSS: It's totally different – much less time. The university is a relaxed setting if you want it to be. Now, not if you're like Doug Conrad³² – he works twelve hours a day. People work very hard down there. But you can relax. You're not on target all the time. You know what you're

³¹ Cheryl Scott is clinical professor, health services, at the University of Washington's School of Public Health. http://sph.washington.edu/faculty/fac_bio.asp?url_ID=Scott_Cheryl (accessed June 8, 2012)

³² Douglas Conrad, Ph.D., is professor, health services, at the University of Washington's School of Public Health. http://sph.washington.edu/faculty/fac_bio.asp?url_ID=Conrad_Douglas (accessed June 8, 2012)

commitments are in terms of class time. There are a lot of holidays and the fringe benefits are good.

GREENAWALT: Did you continue to mentor students?

ROSS: Yes. They'd find issues in some of the classes that left them with questions. I would try to schedule time with them.

GREENAWALT: Were you part of the physician executive program?

ROSS: Yes, I had the privilege, along with others, of submitting the application as a result of which the university funded \$1 million to set up that clinical certificate program and the executive program. I was the director of both programs until I retired.

I would recruit clinicians to teach certain parts of the program. I would talk to Dr. Dick Anderson or Dr. Fritz Fenster, or others to come in. In those days, the money was a little hard to come by, so the university front-ended that thing. Now those two programs are profitable for the department. Every class is loaded with significant and experienced students.

GREENAWALT: What was it like teaching physicians?

ROSS: I didn't do much physician teaching. I did more coordinating than I did teaching in that program. I would raise questions and make sure that the curriculum contained the right content. It was invigorating. That was my second career.

GREENAWALT: Did Annette travel with you over the years? You were on so many different committees.

ROSS: She did a lot of traveling with me. When possible, we would bring the kids, too. I remember being president of MGMA, and we stayed at this hotel down in Houston which had an open atrium. I came out of the room one morning, and two of the kids were floating paper airplanes from the 40th floor all the way down to the lobby. The first meeting Annette went to with me was in Sun Valley, Idaho, and Carol was about four weeks old.

GREENAWALT: How about retirement? What has that been like?

ROSS: I do not have an urge to go back and run an organization. I do not have an urge to travel. I've traveled so much, I'm just burned out on it. Retirement is fine. I miss the people, but I don't miss it enough to want to go back to it. At some point, you have to stand aside. You cannot possibly run the train all the time. You have to learn to slow down. At my age, health becomes more of a factor and you slow down a little bit and you say, "Why can't I do what I did at 45?" It's a matter of mental adjustment all the way through the process.

GREENAWALT: Do you write at all now?

ROSS: I knew you were going to ask that question. No, I don't have the ambition or the energy to write a lot. I am working on a family book project. But I'm not engaged in any major writing.

GREENAWALT: A little bit more on mentoring. It's such a rich part of what you gave

the field. When I contacted people about you, that was the thing that they talked about the most, the time you spent with them when they were starting out.

ROSS: I wish people would place more importance on mentoring. Mentoring is not always relating to somebody beneath you that you're trying to teach. Mentoring also means being mentored by people who are in a technical sense less experienced than you and who are learning, but transmitting knowledge they've acquired through their knowledge base to you. It's a two-way street. I think that's a very important point.

The other thing I wanted to mention – this sounds self-serving, so probably I shouldn't say it – but in my entire life I never asked for a raise. I never negotiated for money. I didn't work for money. Now, I was treated fairly, but I didn't work for money. I worked with the organization and the people. I'm irritated with the level of compensation that some are drawing down.

GREENAWALT: The money has changed during the last ten years. I think if there's a summary of your career and legacy, it is the breadth of involvement from national associations, local associations, hospitals, foundations, education institutions, and church.

ROSS: Yes, but I didn't do it myself. I've always been surrounded by people who had a common vision, who had a sense of integrity and a sense of fairness. When you have those qualities, it makes life pretty good.

GREENAWALT: Could you talk a little bit about how nobody sees the imprint of Austin on a meeting? Everyone says, "He had a big impact." But it's how you work with people and take time. Could you talk a bit about that, versus being out in front, shouting?

ROSS: There are two schools of thought on that. One is that in order to demonstrate that you're smart, you've got to stand up there and make quick decisions and force the issues. There are a lot of good, competent executives that have done just that. The other type is to work the crowd and not feel that you have to be recognized. For example, I mentioned earlier the conversion from a profit to non-profit. That required a lot of people, a lot of quiet salesmanship. As I recall, when the partners finally voted on that, one partner voted against – only one partner. I asked him later, "Why did you vote against it? I'm just curious." With a touch of humor he said, "Because I can't stand seeing all the doctors agree on anything together."

GREENAWALT: Is there anyone or anything we've missed that you'd like to add?

ROSS: It might be useful to wrap up by mentioning a few of the significant events that occurred over the years at Virginia Mason. The first would be the acquisition of the adjoining Doctors Hospital and surrounding property that allowed space for some significant physical plant expansion. It would include the conversion of the partnership to a nonprofit integrated medical center. There was the steady progression in standardizing care and quality improvement.

Rural health was enhanced through the Health Services Consortium. The clinical research programs were energized by the recruitment of a truly outstanding group of researchers resulting in a vibrant research center. The Virginia Mason sponsorship of the Bailey-Boushay House provided a national model in providing inpatient care for AIDS patients. The creation of a satellite clinic network providing both primary and secondary care throughout the Puget Sound region contributed to a balanced primary and tertiary care program. An already outstanding medical education program

was further enhanced. Finally, the development of creative linkages with organizations such as Group Health and PacMed expanded the market base.

I'd like to say a little more about our family. Annette, my wife of 62 years, kept things together, raising the kids while I was away. She also had a career supporting teaching of women's issues at the Bellevue Community College and elsewhere. She is a core person all the way. Our oldest, Carol, is an accomplished artist in multiple venues. A very caring person, she is active in multiple community affairs. She also spends lots of time monitoring and supporting us. Randall, an executive with Sutter Health in Sacramento, is our adventurer. He enlisted, served in Germany, acquired an MHA, and is an accomplished mountain climber. This year he is attacking Alaska's Mt. Denali. Becky, our spirited one, takes on challenges with enthusiasm and humor. Currently, she and her husband own and operate a bar in Elliston, MT. When with Becky, we laugh a lot. Austin Thomas is our youngest, from whom we have learned much. He is employed with Virginia Mason's affiliated AmeriNet program. He also acquired an MHA with the University of Washington at the age of 49. As an employed full time dad of two, this was not a minor achievement. We are the proud grandparents of 10 and great-grandparents of 5. Needless to say, we are very proud of all of them and their accomplishments.

My concluding comment is that the number one thing in my life has been my family and the support that I've had. Annette and I have always been a partnership team. I don't think the kids feel deprived, because we have spent time camping at Priest Lake in Idaho or in Oregon or at Mount Rainier, Crater Lake, and Yosemite. We've done a lot of that. You squeeze that time in because it's so very important. All of our kids are close to us, and they've all done well, and that's the thing that makes retirement feel good.



The Ross family (left to right): Becky, Austin Thomas, Annette, Austin, Carol and Randall.

CHRONOLOGY

- 1929 Born August 12, Milwaukee, WI

- 1950 Married on December 28 to Annette Wolff of Los Angeles, California
Children: Carol, Randall, Elizabeth, Austin Thomas

- 1951 University of California, Berkeley, School of Business
Bachelor of Science

- 1951-1953 United States Army, Medical Service Corps
Final rank: 1st Lieutenant

- 1953-1955 United States Army, Active Reserve

- 1953 Cowell Memorial Hospital, Berkeley, CA
Administrative Intern

- 1953-1954 University of California, Berkeley
Teaching Assistant

- 1955 University of California, Berkeley, School of Public Health
Master of Public Health

- 1955-present Virginia Mason Hospital / The Mason Clinic / Virginia Mason Medical Center,
Seattle, WA
 - 1955 Administrative Resident (Virginia Mason Hospital)
 - 1956-1966 Assistant Administrator (The Mason Clinic)
 - 1966-1968 Associate Administrator (Virginia Mason Hospital)
 - 1968-1977 Administrator (Virginia Mason Hospital)
 - 1977-1991 Vice President and Executive Administrator (Virginia Mason Medical
Center)
 - 1992-2001 Senior Advisor; Board of Governors; Virginia Mason Research
Center Board; Health Services Research Committee
 - 1992-present Vice President and Executive Administrator Emeritus

- 1992-2001 Arthur Andersen and Company, Health Services Division
National Consultant

- 1993-present University of Washington, Seattle, School of Public Health and Community
Medicine
 - 1977-1993 Clinical faculty member
 - 1993-1999 Professor
 - 2000-present Professor Emeritus

MEMBERSHIPS AND AFFILIATIONS

Accrediting Commission on Education for Health Services Administration
Member

Alki Foundation
Member, board

American College of Healthcare Executives (formerly American College of Hospital Administrators)
Chair
Chair, Council on Research and Development
Fellow
Member, Board of Governors
Member, Council of Regents

American College of Healthcare Executives Foundation
Editor, book series (management series)

American College of Medical Group Administrators
Fellow
Member, board
Member, committees

American Hospital Association
Chair, Ad Hoc Committee on Physician Involvement
Chair, Research & Development Council
Member, Advisory Panel, Center for Ambulatory Care
Member, AHA Structure Committee
Member, Council on Manpower and Education

Arizona State University
Visiting Committee Member, College of Business, Program in Health Administration

Arthur Andersen
Advisor, National Project Group, Physician-Hospital Integration Study

Assistance Program for Ambulatory Care Centers
Chair, National Steering Committee, Medical Group Management Association

Association for Health Services Research
Member

Association of University Programs in Health Administration
Member
Member, Ambulatory Care Administration Task Force

Association of Western Hospitals
Member, board

Member, committees
Member, advisory board
President

Bailey-Boushay AIDS Hospice
Member, Advisory Board

Baxter Foundation
Member, Selection Committee

Blue Cross Plan of Washington/Alaska
Chair, board
Member, committees
Member, executive committee

Downtown Seattle Development Association
Member, board

Episcopal Diocese of Olympia
Chair, Personnel Commission

Episcopal Retirement Homes of Western Washington
Chair, board
Member, board (Bellevue Park, Episcopal Retirement Home Project)

Frontiers of Health Services Management
Member, editorial board

George Washington University
Member, Delphi Panel II Research Project

Governor Evans' Catastrophic Health Care Costs Task Force for the State of Washington
Member

Health Administration Press
Chair, Editorial Board for the Management Book Series

Health Services Administration Journal
Member, Editorial Board

Healthcare Executives Study Society
National member

Healthcare Forum
Distinguished lifetime member

Hospital Executives Study Society
Member

Journal of Ambulatory Health Care Management
Member, Editorial Board

King County Comprehensive Health Planning Council
Member
Treasurer

Landmark Healthcare Facilities
Member, National Advisory Board

Medical Care Seminar National Study Group
Member

Medical Group Management Association
Chair, Capital Fund Development Committee
Chair, Joint Education Committee
Chair, Joint Research Committee
Co-Chair, capital fund drive
Distinguished member
Honorary member
President
Project team member, Center for Health Services Research contract with Robert Wood
Johnson Foundation

Medical Group Management Journal
Editor, book reviews

Northwest Kidney Center
Member, board

Physicians Weekly
Member, national advisory panel

Pike Place Market Community Clinic
Member, Advisory Board

Puget Sound Blood Bank
Member, board

Robert Wood Johnson Foundation
Member, national program advisory committee for the community hospital medical staff
sponsored primary care group practice program

Seattle Area Hospital Council
President
Member, committees

Seattle Chamber of Commerce
Member, board

Seattle Rotary Club
Chair, International Students' Committee; and, Vocational Service Committee

St. Thomas Day School
Chair, board

St. Thomas Episcopal Church
Senior Warden

United Way Hospital Division
Chair

Universal Medical Buildings
Member, national advisory board

University of California Hospital Administration Alumni Association
President

Washington/Alaska Regional Medical Program
Member, advisory board
Vice chair, board

Washington, Idaho, Oregon Management Engineering Systems for Hospitals
Chair
Member, steering committee

Washington State Hospital Association
Chair
Member, committees

Washington State Medical Group Management Association
Chair (coordinator)

Western Network / Healthcare Forum
Chair, project/program, *Creating Healthier Communities: A Fellowship for Healthcare Leaders*

Western Network for Healthcare Management
Member, research advisory committee

WK Kellogg Foundation
Consultant
Project Co-Director, grant to Virginia Mason Hospital to develop regionalized system of health care and shared services

AWARDS AND HONORS

2010	Hall of Fame, <i>Modern Healthcare</i>
2008	Endowed Austin Ross / Virginia Mason Professorship, University of Washington
2002	Lifetime Achievement Award, Washington Health Foundation
1996	Washington Regents Award Plaque, American College of Healthcare Executives
1993	Distinguished Fellow, American College of Medical Group Administrators
1992	James A. Hamilton Book of the Year, American College of Healthcare Executives
1992	Distinguished Member, Medical Group Management Association
1992	Distinguished Lifetime Member, Healthcare Forum
1991	Special Recognition Award, Washington State Hospital Association
1989	Gold Medal Award for Distinguished Service, American College of Healthcare Executives
1987	Administrator of the Year, American Group Practice Association
1985	Article of the Year, American College of Medical Group Administrators
1985	Distinguished Fellow Award, American College of Medical Group Administrators
1983-1986	Chairman Officer Plaque, American College of Healthcare Executives
1983	Harry Harwick Award for Distinguished Service, American College of Medical Group Administrators
1982	Edgar Hayhow Award: Article of the Year, American College of Healthcare Executives
1982	Article of the Year, American College of Medical Group Administrators
1981	Alfred Mafley Administrator on Campus Award, University of California Berkeley
1976-1977	President's Plaque, Medical Group Management Association
1976-1977	President's Plaque, Association of Western Hospitals
1971-1972	President's Plaque, Washington State Hospital Association
1967-1970	President's Plaque, Seattle Area Hospital Council

SELECTED PUBLICATIONS

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