For some of us old enough to remember, Bruce Lawrence’s tale of growing up on a cattle-and-timber ranch conjures up images of the Cartwrights in the popular 1960’s TV western “Bonanza.” Well, there are some connections. As a kid he watched the show, but it was in the western Arkansas hamlet of Norman, about 35 miles west of Hot Springs, far from Bonanza’s Lake Tahoe backdrop. It’s also a scenic region, surrounded by the Ouachita Mountains and nearby Lake Ouachita. Lawrence, president and CEO of INTEGRIS Health, also learned there the value of hard work and treating people fairly and honestly, ideals implicit in the western genre. “Your word meant everything,” he says, a lesson that guides him as head of the Oklahoma City-based, 9,000-employee health system with 11 acute-care hospitals, two behavioral health centers, long-term care and rehabilitation facilities. Lawrence, 52, earned his undergraduate degree in zoology at the University of Arkansas Fayetteville and aimed to be a dentist when he heard the call from healthcare. After earning a master’s degree in healthcare administration from Trinity University in San Antonio, he completed a year’s internship at Baptist Health System in Little Rock and then an 18-month job in Louisville. Lawrence returned to the Baptist system in Little Rock for 11 years and then six years with Baptist Health in Montgomery, Ala. INTEGRIS recruited him in 2000 to head its two metro hospitals, promoted him to system COO in 2006 and to the top job in January 2010. His wife Donna and he have four adult children between them, a son and a daughter each.

What are the top two or three issues you face as president and CEO of Integris Health?
You always have to cite declining federal and state reimbursement. We’re working aggressively to get our costs in line. A second area is to move our organization from fee-for-service to an accountable care organization, or ACO, model with bundled payments. It’s going to require a re-tooling, but not necessarily logistically or practically. It should create opportunities. A third area is to ensure our physician strategy is in line with the times. We’re seeing a lot of growth in both employed and strategically aligned physicians. We currently employ around 250 physicians across the enterprise but that number will grow dramatically during the next five or six years. We see other ways we can align with physicians short of employment, including leveraging EHR and IT functionality with them.

Will these issues change under the current administration in Washington?
I don’t think they’ll change, they’ll just intensify. Now we know what’s in the healthcare reform act, we can focus on what we need to know to implement its provisions. We got out of having our own health plan in 2001, so a strategic priority is to determine how we can work with existing plans out there to achieve our goals.

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Can you identify two or three benefits that IT has had on your organization?
INTEGRIS has developed a common platform for clinical, financial and administrative operations, so we have common systems across the entire enterprise. Going forward the EHR will improve patient safety and efficiency.

What do you believe are the most significant near-term challenges that could be addressed by enabling Information Technologies?
I think by being able to provide a more consistent approach to quality and patient safety, centered around getting the right information to the right person at the right time. IT is going to enhance care significantly. Also, by automating more processes, we can address areas of waste and reduce cost. We’re very focused on LEAN as a process-improvement methodology and in identifying waste. Also, we’re using our telehealth network to reach across our service area and provide front-line care to people suffering but unable to come into a facility. We’ve been doing speech teletherapy since 1999. Integris is also developing a teleradiology pilot to extend the reach of radiologist to remote areas of the state. These are just some of the ways we use technology to enhance service offerings.

What has been the biggest change you have seen in healthcare over your career?
It’s all the activity around physician employment and alignment. When I started in the 1980s we had very few employed physicians and very few joint ventures. Today we have a lot of both and we’re still not done. In my opinion, as we continue this trend we will improve the delivery process. Unlike when each physician was an independent operator, our incentives will be better aligned for more timely, efficient and effective care.

What is the best piece of advice you’ve ever been given?
That’s easy. It goes back to my rural upbringing: be trustworthy, work hard and surround yourself with great people and give them accountable expectations.

What advice would you give to a young person seeking to enter the healthcare field?
Going forward there will continue to be tremendous opportunities in our field. You need a passion for serving others and a curiosity to make radical changes in more than just delivering care but how to deliver services pre-hospital and post-hospital. You have to be able to think outside the box, especially in the context of accountable care organizations.

What is your favorite part of the work you do?
I’ve always thoroughly enjoyed hospital operations and have acquired a good perspective on how to bring multiple parties together centered around care to patients. My focus now has shifted much more to strategic thinking. I’m enjoying the strategy side.

If you weren’t running INTEGRIS Health, what would you be doing?
That is a tough question. This is what I’ve done my entire career. It’s what I love. If I let my mind wander, however, I would probably do something in the construction industry. I really like building things.

What is the biggest mistake you ever made?
That’s hard to say. I’ve made my share of mistakes but I’ve always tried to learn from them. When I combine the analytical facts with my gut feel I make better decisions. The times I exclude that gut feel are the moments I usually look back on and say that wasn’t so good.