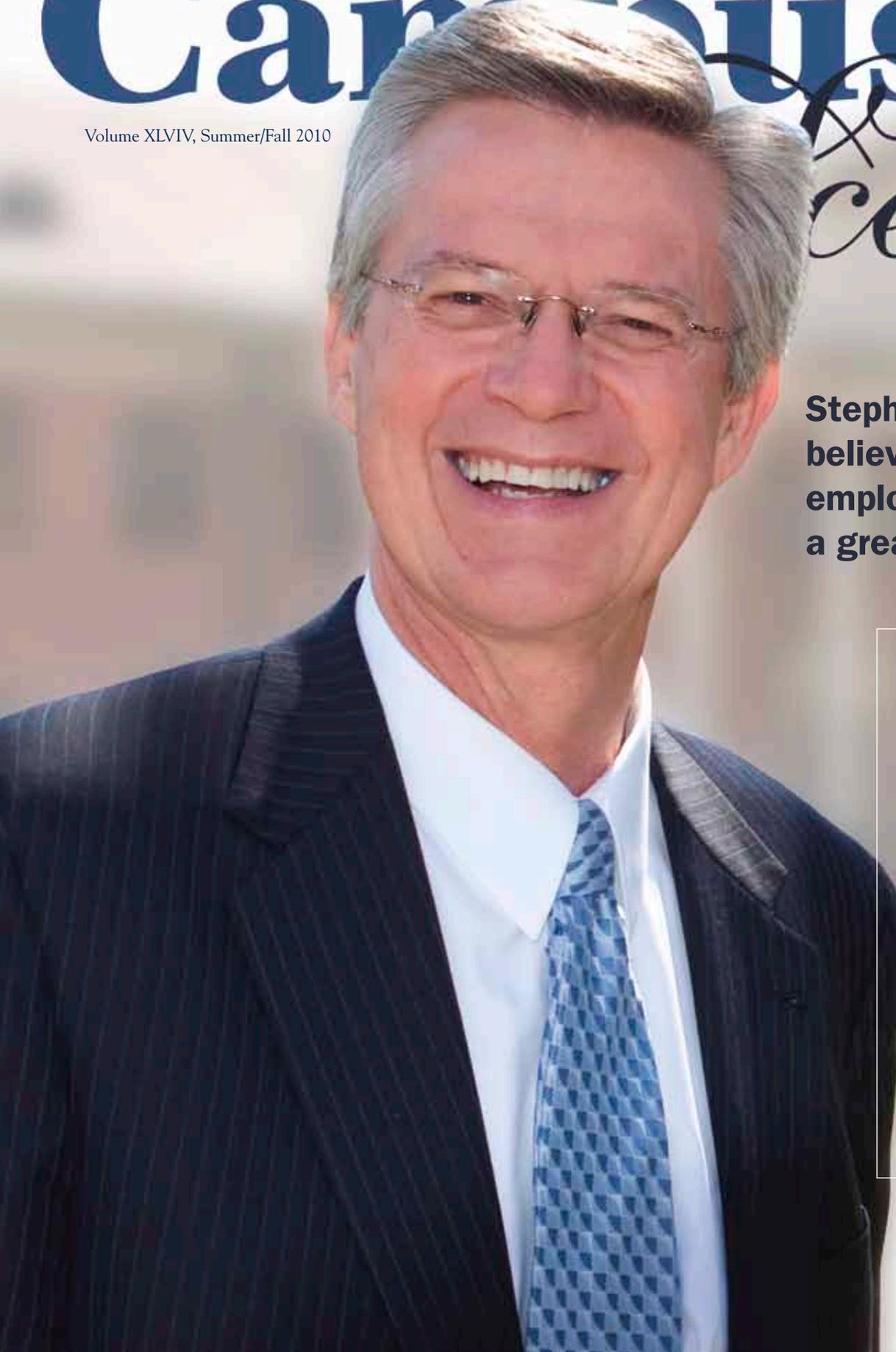


# UT Martin's Campus Scene

Volume XLVIV, Summer/Fall 2010



**Stephen Mansfield  
believes every  
employee deserves  
a great leader.**

## **Also inside:**

Pictsweet is  
peppered with UT  
Martin graduates.

David Jones sings  
the praises of fin-  
ishing his degree.

Jane Adcock  
gives us her two  
Penney's worth.

Sidney Carter's  
brush strokes of  
genius.

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# UT Martin's Campus

Volume XLVIV, Summer/Fall 2010

# Scene

## Features



**Health Care is a Mission for Stephen Mansfield.**

He is president and CEO of Methodist Health System in Dallas, Texas.

## PICTSWEET®

**+20**

At last count, 21 alums are employed by Pictsweet—all but five at corporate headquarters in Bells. The others are located on farms in surrounding counties.

**8**

**Degree Fulfills Dream for Bartlett Detective, Musician and Father**

David Jones, a.k.a. Webb Dalton, joined the university's largest graduating class as he completed a degree that he began pursuing almost 30 years ago.



**Fresh Start Means Success for JCPenney Store Manager**

Jayne Adcock is an award-winning manager of the JCPenney store in Union City, one of the company's smallest and most successful store locations.



**The Lifetime Canvas of Sidney Carter**

Former football player, Sidney Carter, is now a successful artist in Atlanta, Ga.



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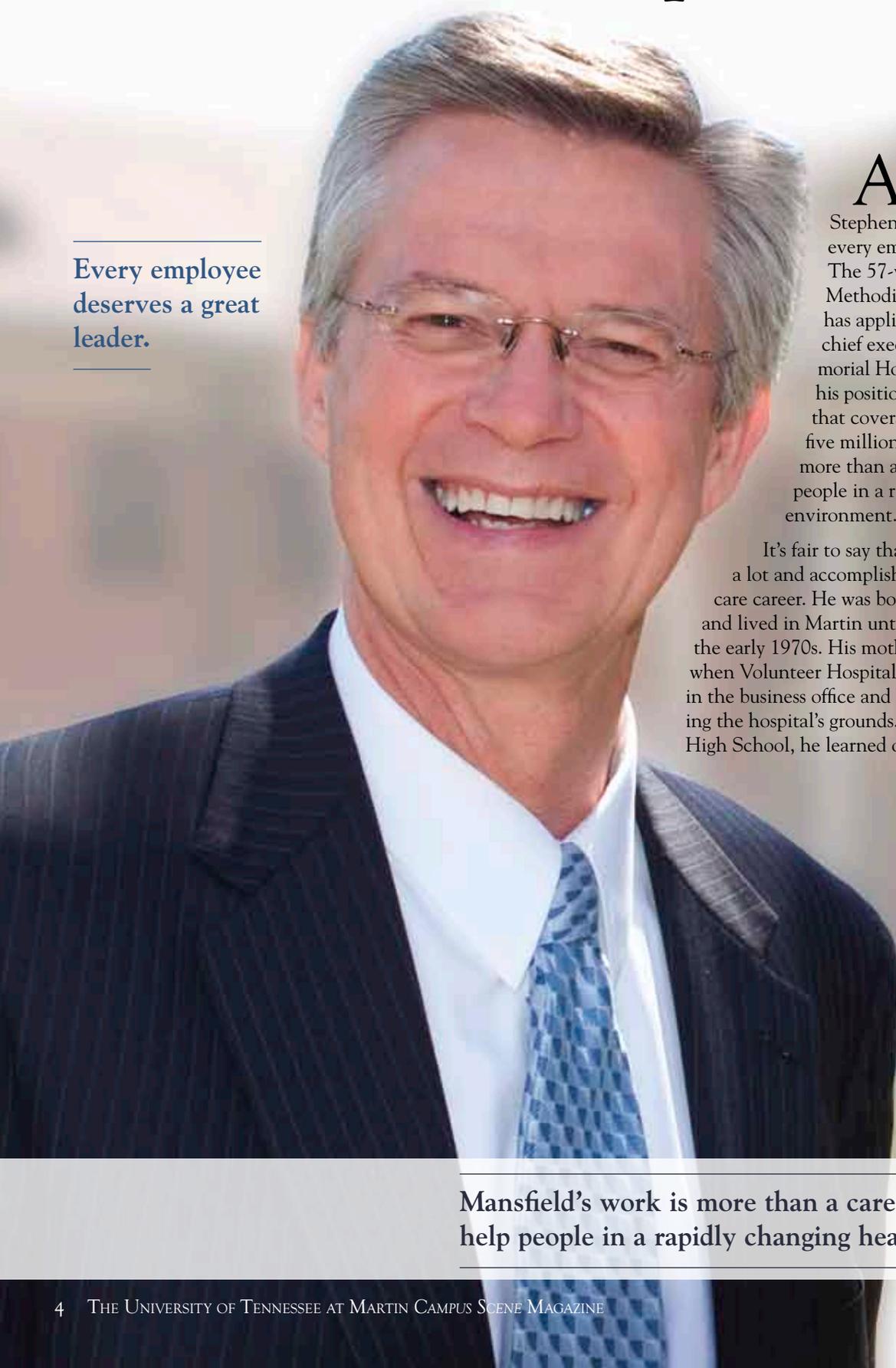
# Health Care is a Mission for Stephen Mansfield

By Bud Grimes

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Every employee  
deserves a great  
leader.

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A portrait of Stephen Mansfield, a middle-aged man with short, graying hair and glasses, smiling broadly. He is wearing a dark pinstriped suit jacket, a white dress shirt, and a blue patterned tie. The background is a soft, out-of-focus outdoor setting.

**A**S FAR AS MANAGEMENT PHILOSOPHIES GO, DR. Stephen Mansfield's is pretty simple: every employee deserves a great leader. The 57-year-old president and CEO of Methodist Health System, North Texas, has applied this approach from his first chief executive's position at Baptist Memorial Hospital in Huntingdon, Tenn., to his position today leading a health system that covers service areas with more than five million people. Mansfield's work is more than a career – it's a mission to help people in a rapidly changing health-care environment.

It's fair to say that Mansfield (MBA '86) has seen a lot and accomplished even more during his health-care career. He was born in the old Martin Hospital and lived in Martin until he left to live in Jackson in the early 1970s. His mother was among the first hired when Volunteer Hospital in Martin opened. She worked in the business office and helped him secure a job mowing the hospital's grounds. After graduating from Martin High School, he learned of an opening in the hospital's

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Mansfield's work is more than a career – it's a mission to help people in a rapidly changing health-care environment.

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admissions area, got the job and began work at the admissions desk.

While working in admissions, he made friends in respiratory therapy, an emerging profession. Jackson State Community College offered a two-year degree in respiratory therapy, so his pursuit of a health-care career began in earnest with his goal to become a respiratory therapist. After earning his associate degree, he knew he wanted to continue his education, and he enrolled in Ottawa University in Ottawa, Kan., where he earned a bachelor's degree in health-care administration. His next goal was to pursue an MBA degree through UT Martin, and after taking some prerequisite business courses, he entered the program in 1984.

"I think my MBA program at UT Martin was one of the best collegiate experiences that I've had," he said. He took classes mostly at night while working full time at Baptist Hospital in Union City, where he was director of respiratory therapy and later became administrator of the hospital's home-health agency. In all, he spent 14 years as a care provider. After finishing his MBA in summer 1986, he left patient care and accepted his first hospital CEO position that fall at Baptist Memorial Hospital in Huntingdon. This began an association with the Baptist Memorial Health Care System in Memphis that spanned more than 20 years.

### **Building Leadership Experiences**

Mansfield described the Huntingdon hospital as "a small operation" where he knew all of the employees very well, including the doctors. He was involved in decisions great and small, including knowing which foods were served. "I probably learned more in my three years at Huntingdon than I have in any three-year period in my life, just because that was a pretty big step up for me," he said.

Three years later, he went to Oxford, Miss., where he was involved in "growing a regional referral health-care system." The hospital's history was one of a city-county hospital that had joined the Baptist System in 1989. He went there as the first CEO and grew the hospital by recruiting new physicians and establishing new programs.

After Oxford, he moved to Memphis where he headed the Baptist Regional System, which gave him the opportunity to work with different boards in a system that included some 15 hospitals. He also ran what is now Baptist Memorial Hospital-Memphis, the largest hospital in Memphis at the time and one of the largest in Tennessee. This allowed him to manage what he described as a large hospital with a complex medical staff "that did pretty much every specialty that could be done."

Then, in 2000, he left the Baptist system to become CEO of the St. Vincent Health System in Little Rock, Ark., his first CEO position at the helm of a multi-hospital system. He also worked for Catholic Health Initiatives, a large corporate parent, which according to the company's Web site, is now the nation's second-largest Catholic health-care system.

### **Leading Methodist Health System**

In October 2006, Mansfield became head of his seventh health system as he was welcomed as president and CEO of Methodist Health System. Methodist has six hospitals in the Dallas area and a seventh scheduled to open later this year. The company has approximately 6,500 employees and about 1,500 physicians affiliated with its hospitals. "For the last three years, it's been Dallas's fastest-growing health-care system. We've been very fortunate, and we've had great years financially the last several years," he said. Included in the financial success was a \$20 million gift last December from the Sammons Dallas Foundation, the largest gift in the system's history.

Mansfield sees fund raising and "friend raising" as important priorities for a health system CEO. "We're very dependent on philanthropy. With the cuts in insurance and so forth, it's hard to do everything you'd like to do just taking care of patients," he said. "You need revenue sources from philanthropy, and so it has become an increasingly important role for a hospital president."

Besides financial success, Mansfield points to other accomplishments since his arrival. "We've doubled our size in three years, so that's certainly something that we take a lot of pride in," he said, adding, "More significantly, our employees have selected us as a top-100 best place to work in health care." This was affirmed by surveys conducted for the *Dallas Morning News*, the *Dallas Business Journal* and *Modern Healthcare* that showed Methodist Health Systems as a "best place to work in Dallas and nationally." Additionally, Methodist was selected two years ago by *Modern Healthcare* "as one of the top most-improved hospital systems in the country," he said.

### **Putting People First**

All of Mansfield's CEO positions have been with church-based health systems, and this is consistent with strong personal

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**“For the last three years, it’s been Dallas’s fastest-growing health-care system. We’ve been very fortunate, and we’ve had great years financially the last several years.”**

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Dr. Mansfield welcomes a fourth hospital campus into the Methodist Health System family in summer 2009 as Methodist Richardson Medical Center became part of the system.



Photo Courtesy of Methodist Health System.

*continued on page 6*

beliefs about faith and healing. He believes that health-care employees should view their work as a ministry and not just a job. "A ministry in health care is all those added things, the extra things that you do that really touch another person at a time when they're so vulnerable, when they've lost their health," he said. "And when I get letters, and I get lots of letters from patients and family members who had an experience with one of our hospitals, I tell my staff frequently that I never remember getting a letter that pointed out somebody who was doing their job. I get letters when people are doing their ministry, because it's above and beyond. It's unexpected."

Mansfield takes his servant-leader approach to the hospital floor through MBWA, or "management by walking around." He recalled Jack Welch, former General Electric chairman and CEO, "saying that

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**"A ministry in health care is all those added things, the extra things that you do that really touch another person at a time when they're so vulnerable, when they've lost their health."**

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he never got as much time out of his office with his staff as he wished he had," so Mansfield schedules at least two hours on his calendar weekly to spend time with hospital staff. "As hard as I try, and as much as I work with my calendar to try to get staff face time, I never feel like I get enough," he said.

Finding time to cover all of his bases is a challenge, including his commitment to community service. After normal business hours, he can usually count on up to three evening events during the week. He serves on several boards, is chair of the Health Care CEO Forum, and attends many luncheons, fund-raising events and social events for Methodist, prompting him to note, "It's a lifestyle. It's not a job."

He has plenty of support to stay grounded, relying heavily on his wife, Marilyn ('79), an educator and author, who attends many events with him. "Marilyn's very supportive, and she realizes that my nature is such that I've got to be just an eyelash from overwhelmed to be happy," he said. Mansfield also relies on a stewardship committee from his board to advise him on community-service commitments.

### **Health-Care Reform Brings Change**

At the day's end, Mansfield's primary concern is providing leadership for Methodist Health System as historic change takes place in the nation's health-care system. President Barack Obama's signing of health-care reform legislation in March

will dramatically change health-care delivery and consumption. Mansfield sees good, bad and many unknowns as reform takes shape, and he credits public opinion during the 2008 presidential campaign for driving reform. "The number one domestic issue according to all the pollsters that needed to be addressed ... was health care, a need to reform health care."

One of the issues, he said, was that health care was consuming a sixth of the country's gross domestic product (GDP), which was placing the U.S. at a competitive disadvantage. Also, he said that "health insurance premiums were rising at four times the rate of wages in America, so health care was becoming unaffordable." He added, "The number one reason for personal bankruptcy in America was related to health care, a catastrophic health-care event where someone went to the hospital and didn't have enough insurance, or didn't have any insurance, and ended up losing everything they'd worked for. And the horror stories were just everywhere, and so we had a lot of momentum going into the fall of 2008 to reform health care."

Besides cost, Mansfield noted that health care has grown overly complex. "I have been an advocate of reforming our very broken, patched-up health-care system for years," he said. "I think we keep putting patches on top of patches. There's no more opaque, confusing transaction in our society than going to the hospital and trying to pay your bill for that."

What has emerged isn't perfect, "But I come back to a fundamental belief that continuing on the course we were on was unacceptable, and we'd taken a position to reform our health-care system before it was totally collapsed and broken, and that's always difficult," he said. "It's a lot easier to see the need when it's in total disrepair versus when it's declining in its performance, which is where we were as a health-care system."

A major challenge is changing a health-care system designed decades ago to address acute illnesses, those health problems that are treated and the patients get well. Today, he said that 75 percent of health-care expenditures are for chronic illnesses caused by poor health habits, such as choosing the wrong foods, lack of exercise and smoking. "We live longer, and these patients need to be treated on a longitudinal-continuum basis, but we still have this health-care system that is totally equipped to take care of them on an acute episode, not their chronic illness." He added, "It's going to cause health systems like Methodist to have to integrate more tightly with our medical staffs that have largely been independent of one another because of the way particularly Medicare reimburses physicians and hospitals."

*continued on next page*

Mansfield said that major changes in health-care delivery are phased in over 10 years, so providers and consumers have time to adjust to reforms. First-year changes are primarily related to health insurance – such as covering children through age 25 and insurance providers not being allowed to drop people because of pre-existing conditions.

The more dramatic changes for hospitals occur in 2013 and 2014 when “our reimbursement starts to be affected by how we perform from an outcomes perspective, which is a good thing.” He explained, “If patients are discharged and come back to the hospital in a 30-day period, then there’s a penalty for that. If you get an infection while you’re in the hospital, there’s a penalty for that. And you’ll be paid for the way you perform, and so the thought is that if you attach payment to performance, that you’ll get better performance. I agree with that, and I think it’s the right thing to do.”

Then in 2014, Mansfield said “the 32 million uninsured Americans begin to get access to insurance, either through commercial insurance or an exchange or through the expansion of the Medicaid program.” Today, 15 percent of Methodist patients don’t pay for their care because they don’t have insurance or the financial means to do so. “So, if you reduce that ... substantially, which we should be able to do, that should take some pressure off Methodist,” he said. “We (Methodist) should be able to lower employer premiums, and that should allow, then, more people to purchase health insurance, and it should also take our (the nation’s) GDP spend-down below 16 percent, which will make us more competitive in a global economy.”

Although he supports reform, Mansfield would rather see a plan with goals for becoming a healthier nation “and then create a system to get us from here to there.” To that end, the Methodist Health System leadership has decided to embrace health-care reform at the basic level. “We’ve taken a position at Methodist that by 2016, we’ll be the healthiest health-care system in America,” he said. An employee who chooses to smoke, doesn’t maintain a healthy weight or fails to address other risk factors will pay more for health insurance than someone who maintains a healthy lifestyle. This will be a five-year program that has already seen changes such as no smoking on campus and the elimination of trans fats in foods served by Methodist hospitals. “We’re currently in an exercise program along with a lot of other businesses in Dallas called Live Healthy North Texas where our employees are incented to exercise and to eat correctly,” he added.



Photo Courtesy of Methodist Health System.

Dr. Mansfield is often a featured speaker at community events within Methodist Health System. Here, he’s shown at the Robert S. Folsom Leadership Award program. The annual fundraising event sponsored by Methodist is named in honor of a former mayor of Dallas and honors outstanding contributions to community service.

### Leadership Amid Change

Mansfield is prepared to lead Methodist Health System through the changes that health-care reform will bring. Looking at the bigger picture, he is convinced that corporate leaders can make a difference in society.

Earlier this spring, Mansfield completed four national speaking engagements about “The Value of a Hope-full Culture” and “the role that CEOs and executive teams play in developing and maintaining and nurturing a hopeful culture.” His doctoral dissertation focused on “how hope plays into the effectiveness of a work group,” so his leadership beliefs are grounded in research. “That’s my campaign. I think that leaders, instead of whining about all that’s wrong, can do so much more for their organizations if they create a hopeful, optimistic view of the future for their employees,” he said.

In John Maxwell’s book *The 21 Indispensable Qualities of a Leader*, the author says, “People don’t care how much you know, until they know how much you care.” From his days as a respiratory therapist to leading large health-care organizations, caring about people has driven Stephen Mansfield’s career and, more importantly, his personal mission. When he says that leadership matters, Mansfield is challenging himself at a time when the nation’s health-care industry needs its leaders the most. **UTM**



Photo Courtesy of Methodist Health System.

Dr. Mansfield and his wife, Marilyn, pause while visiting with former Dallas Cowboys running back and legend Emmitt Smith and his wife, Pat, at a community event celebrating civic work benefitting health care and other community services in North Texas.

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“It’s a lifestyle. It’s not a job.”

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