

Leader Profile



Leader Profile:

George J. Brown, M.D.

President and Chief Executive Officer

Legacy Health System

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Rigorous about quality, attracted to service

It’s been two years since his appointment as Legacy Health System’s CEO and George Brown, M.D. is in the thick of major quality initiatives. This experienced physician leader has a deceptively simple but rigorous definition for healthcare quality: “the rate at which you can repeat a desired outcome successfully.” He explains, “How many surgeries can you complete without infection? How many colonoscopies can you perform without a bowel perforation? The onus is on the hospital, health system or surgeon to demonstrate success over time. This demonstration of quality is part of your value proposition to those you serve.”

The colonoscopy reference is apt since Dr. Brown began his career as a physician with board certifications in internal medicine and gastroenterology. As a clinician, he became unhappy with system breakdowns that he observed and was encouraged to move into administrative leadership. Prior to moving to Portland, Dr. Brown was the chief operating officer of MultiCare Health System in Tacoma, WA, where he reorganized the quality improvement function and strengthened financial performance. He has also served in commanding officer (CEO) roles at Madigan Army Medical Center in Fort Lewis, WA; Walter Reed Health Care System in Washington, DC; Blanchfield Community Hospital in Fort Campbell, KY; and Letterman Army Institute of Research in San Francisco, CA. He retired from the U.S. Army with the rank of brigadier general.

Dr. Brown draws parallels between his military experience and the quality challenges he and other healthcare leaders face. “In the military, I was in charge of the physical health and wellness of everyone on the base. We were managing the health of the active force and their families.”

This concept of population health management applies to today’s post-reform environment. “We need to accept the notion of total health accountability and health management for defined populations. We need to look at the entire system, not just an episode of care. There will always be a need for hospitals and what they do. But how about physician assistants, advanced nursing specialists, people trained to call and remind people about filling their prescriptions? We are in a major transition period in this country.”

Dr. Brown readily admits that fragmented healthcare services are difficult for patients to navigate. “Look at the healthcare system from the patient’s perspective. It’s a disease non-system, a series of loosely connected services,” he comments. Bringing those services together into an effectively integrated system is a huge part of Dr. Brown’s day as he oversees five hospitals, a children’s hospital and numerous clinics and community services. He and his team have created navigators to help patients receive coordinated services. This ombudsman role is already active in oncology, ophthalmology and child health and pilots are underway for patients managing diabetes, congestive heart failure, hypertension and renal disease.

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Dr. Brown is a strong advocate of using technology to remap care processes. “Nurses, pharmacists, technicians: everyone is thrown together and expected to work based on anecdotal processes. We need to reassess the best way to get tasks done.”

Such remapping is underway at Legacy as the management team launches its Electronic Health Record (EHR), with implementation completed at five ambulatory clinics and the first of five hospitals on track for this fall. “Staging is important because we can look at lessons learned and apply them at the next ‘go live’ stage,” explains Dr. Brown. “EHRs are valuable because they provide a process map. They reassemble and codify the tasks and provide a real-time measure of efficiency, leading to ROI results.”

Balancing his technology interest is an avid passion for service to the community. Dr. Brown was attracted to Legacy’s tradition of service, a dimension visibly integrated into the system’s mission and vision. “If you fly over Oregon and Washington in a helicopter, you can look down and say that is the community we serve. But look closer. There are many communities: Hispanics, the elderly, African Americans, and people who come from Russia, the Ukraine, Vietnam and other countries. We need to understand these people, their varying healthcare needs and be culturally sensitive to those we are serving.”

Looking squarely at diversity is a popular topic within Legacy, one of the largest private sector employers in the progressive Portland area. Leadership affirms that diversity is a moral, social and business imperative for them. Dr. Brown recently suggested launching a Diversity Council at Legacy and received a hearty response from employees. One group who has eagerly stepped forward is the gay/lesbian community, with employees and local residents coming together to ensure that all feel welcome at Legacy.

Dr. Brown is also enthused about opportunities to collaborate with other systems, health plans and local employers to improve quality and lower costs, commenting “It’s an atmosphere of cooperation I’ve not seen before.” He points to four initiatives: develop value-based insurance to make it affordable for small employers; reduce unnecessary imaging procedures in keeping with national standards; pilot different medical home concepts to determine which model serves best; and centralize health plan credentialing of providers to eliminate redundancy and unnecessary expense.

“We’re working together to bend the quality curve up and the cost curve down,” he notes with pride in these collective accomplishments. That statement neatly sums up the dramatic quality successes of Dr. Brown.

Witt/Kieffer is proud to have consulted with Legacy Health System on this important executive search assignment.

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