



JAMES H. HINTON
In First Person: An Oral History

American Hospital Association

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INTERVIEWER: Today is Friday, May 8, 2026. This will be an interview of James Hinton, whose health care leadership career has included service at Presbyterian Healthcare Services in Albuquerque and at Baylor Scott & White Health in Dallas. The principal focus will be on leadership – leadership in times of calm and leadership in times of challenge. Good morning, Jim! Welcome to this virtual interview connecting us in Albuquerque and Chicago.

JIM HINTON: Good morning.

INTERVIEWER: How did your mom and dad make a living?

HINTON: My father had a very short career in professional baseball. When that didn't work out for him, he returned to Albuquerque and started a construction company. He was a residential contractor in Albuquerque. He built quite a few homes and stayed in the building industry for most of his career.

My mom was a stay-at-home mom for quite a while, caring for me and my two older brothers. Later she got a job working as the Director of Volunteers at the University of New Mexico Hospital.

INTERVIEWER: If the Hinton family had had a family motto growing up, what would it have been?

HINTON: Our father was focused on hard work and integrity. He always wanted to build things right and he stressed that for all of us, so I would say our motto would have been "Work hard and build right."

INTERVIEWER: I read about the influence on you of a comment made by the administrator of the University of New Mexico Hospital when your mom was working there. This would have been William B. Johnson. You were trying to decide what you were going to do after high school. He suggested that you look into health care administration as a career. That's an interesting instance of mentoring.

Did you have a similar opportunity to mentor young people where you knew that they took your advice or that they were influenced by you in some way?

HINTON: I hope that I've had some positive impact on people that I've encountered in my career. If we go back to Bill Johnson for just a second – the rest of that story about Bill Johnson is that I was working the night shift in the Emergency Room Admitting Department. I came off my shift and I ran into Mr. Johnson at 6:30 or 7:00 in the morning, when I was getting off work and he was coming in to work. He said, "Hinton, what are you going to do?" I said, "Well, Mr. Johnson, I think I'm going to go to law school. He said, "Why would you want to go to law school?"

Until that moment, I had never really thought about other options, and he encouraged me to consider a career in health care administration. I didn't know who ran hospitals and how they were structured and what the opportunities might be. It was a turning point. That's a lesson for all

of us, that we should be mindful of how we can shape others and help others. I hope I've done that. There are a few people that I'm proud of knowing that I've been able to help them in their careers.

INTERVIEWER: What is the typical relationship between mentor and mentee?

HINTON: It's highly situational. Sometimes you'll be mentoring a late-career person who doesn't need the fundamentals that an early career person might need. It really depends on what the person you're mentoring is looking for and what they're open to hearing about. You know, there's that saying, "When the student is ready, the teacher arrives." You can have somebody that you've been trying to help for many years, and then all of a sudden, there's a breakthrough and they're more open to it, and you happen to be the person there at that time to help them go to the next step in their career or in their life.

INTERVIEWER: The mentoring relationship can unfold over a period of years then.

HINTON: Yes, and I think most people don't have the same mentor for their whole career. I can think of 25 people in my life I would call my mentors, not for my entire professional career, but for phases where what they brought and what I needed came together, coalesced and helped me.

INTERVIEWER: Amongst those 25 or so mentors of yours, is there one who stands out as having been there for you over the course of many years?

HINTON: Hank Walker was an executive when I started at Presbyterian in New Mexico. He took a lot of time with me. At that point in my career, I was pretty rough around the edges, right out of graduate school. Hank was generous with his time and helped me navigate some situations that I did not fully understand. There have been others.

INTERVIEWER: How did you find a way to squeeze whatever you were doing for your mentees into your busy schedule as an executive?

HINTON: It can happen casually in a hallway conversation. It can happen by a very short debrief after a meeting where maybe the mentee struggled with something that occurred in the meeting. I never saw mentorship as an "event." I saw it as a continuous flow of interactions and trying to help at the right time with the right level of content. It doesn't have to be a scheduled meeting per se.

INTERVIEWER: Let's talk about your faith tradition within your family, because later we're going to talk about faith-based hospitals that you served with. Are there some spiritual practices that you've found particularly helpful in sustaining you during difficult times?

HINTON: My mom was the leader of the pack on that in our family. She was the one who insisted that the family go to Central United Methodist Church in Albuquerque, when most of us probably would have preferred to sleep in on those Sunday mornings. She was the one who led us to be open to exploring our own personal relationship with God and to help build that kind of

spiritual foundation.

INTERVIEWER: Do you have anything you'd like to say about leadership opportunities or events that occurred while you were in high school that might have affected your later leadership career?

HINTON: I fancied myself as more of an athlete than an academic. I had a Spanish teacher who fought in World War II, who used to tell us stories about what his life was like when he was involved in the largest conflict of our time. I remember those experiences, and I think that would be another example of mentorship, in a way that stuck with me.

INTERVIEWER: After you graduated from high school in Albuquerque, you attended the University of New Mexico. Did you meet any particularly influential teachers or become involved in any events that affected your later leadership style?

HINTON: My undergraduate experience at the University of New Mexico was that I quickly found a keen interest in two things. One was economics. For me, economics was a great merging of science and psychology that allowed me to understand the business environment, how the world worked, how markets worked, how money worked. I had an amazing professor named Professor Chung in a class called "Money and Banking," who was quite a guy. He could walk into a classroom with 75 or 80 people in the lecture hall and take roll call in his head.

I remember being very interested in how business worked. I coupled that with an undergraduate degree in Psychology, which I think has helped me in my career in terms of trying to understand the many mysteries of human beings and their behavior and their interactions with one another. Those were the two things that I took away from undergrad.

INTERVIEWER: What made you choose Arizona State for your graduate degree?

HINTON: I was all set to go to law school until my encounter with Bill Johnson. He happened to know the program director at Arizona State. He said, "Why don't you go talk to him?" I went over and spoke to him.

I also interviewed at Trinity University in San Antonio, Texas. Arizona State was a great program. It was housed in the Business School and I wanted a program that was more grounded in the business of health care than in the public health aspects of health care. I enjoyed Arizona, and I enjoyed the school.

INTERVIEWER: Who was the program director there?

HINTON: Chuck Eveland, Colonel Charles L. Eveland. He was kind of a legend.

INTERVIEWER: Was the program structured like others at the time where you would have a year, roughly, of academic experience and then you would get out of the classroom and do an internship?

HINTON: As I recall, the academics were a year and a half and then you would move into a residency. I looked around the country and ended up coming back to Albuquerque to do a residency at Presbyterian Health Care Services. I took that residency thinking I would be there a year but ended up leaving Presbyterian 33 years later. That plan didn't exactly work as designed.

I didn't even complete a full year of residency because the Presbyterian system was moving so quickly and there were full-time permanent jobs available. I completed six months of the residency and the gentleman I was working for at Presbyterian reached out to the program at Arizona State and said, "We want to hire Jim to be in a full-time role." My residency was shortened and I started right in to the work world at Presbyterian.

I followed a traditional path at the start, being in one of our hospitals doing various roles. After three or four years, I decided that I wasn't that interested in hospital administration per se, and there were some opportunities in terms of new ventures for the health system, new ways of diversifying the work that we did and there were some visionary leaders at Presbyterian who saw that the world was not always going to be a hospital world. There was a physician world, there was a health insurance world, there was this notion of value-based care and other things that we take for granted today were starting to emerge. I was interested in those types of things.

HINTON: My first boss was Bob Luther – Robert Moran Luther. He was more of a hospital guy, actually, and I think a lot of folks were surprised when I moved into some of these more non-traditional aspects of health care, He would have been one of them.

I've been fortunate to be in the right place at the right time and have the skills, and the right attitude. I've been open to change. The initial job at Presbyterian was a great starting point but there's more to it than that. I'm appreciative of the opportunities that I was given.

INTERVIEWER: What was Presbyterian like when you started working there? Was it a system yet?

HINTON: It was becoming a system. It was primarily one flagship institution but there was also a second hospital that had just opened. I think that was the beginning of what became the Presbyterian system during the time I was there. This included acute care hospitals in Albuquerque and some very small rural hospitals throughout the state of New Mexico.

INTERVIEWER: Could you talk about the founding of the hospital? It was a tuberculosis sanatorium. What was it like?

HINTON: It was a tuberculosis sanatorium many, many years before I was born. It was in 1908, as I recall, that the Rev. Hugh Cooper opened up the Presbyterian Tuberculosis Sanatorium as a place to help people recover from tuberculosis before there were any of the modern cures that we have today for that disease.

The roots of that were important to the more contemporary history of the institution because there was a sense of longevity. There was a sense that the purpose of the institution

was intended to span many generations. There was a sense of mission, that we should take care of people, regardless of their circumstances. There was a sense of both the inevitability and the benefits of change.

The Rev. Hugh Cooper, who founded the Tuberculosis Sanatorium, hired Marion Kellogg Van Devanter, affectionately known as “Mrs. Van,” as his assistant. She became the matriarch of the institution. She had a saying that went something like: we’re going to try some things, and if they don’t work, we’re going to try something else. This sounds simple, maybe a little clichéd. I think that what it signaled was the notion that none of us really knows what the next day will hold and having the attitude of change, having the attitude of flexibility, is good for the mission of the institution and the people that the institution serves. There’s a whole dimension of being in the Southwest, with the tri-cultural nature of the Southwest, the Spanish influence, the Native American influence the, Anglo influence, and how those three cultures became enmeshed.

Probably more so than any other state in the Southwest – this is the one that has attempted to honor its traditions and its history. Presbyterian was a part of that.

INTERVIEWER: Are there any tuberculosis sanatoriums left in the United States?

HINTON: I don’t know this for a fact, but I would say no because, of course, there are now medicines and other therapies for tuberculosis that have caused those specialty facilities to no longer be needed, thankfully. It was a scourge, as you know, and a lot of people died from tuberculosis back in the early 1900s.

INTERVIEWER: The hospital that we’ve been talking about was known familiarly as “The San.” I understand that it was in poor financial shape when [Preston] Ray Woodham came along and started building the Presbyterian Hospital System.

HINTON: That was before my time at Presbyterian but I’m familiar with the story.

INTERVIEWER: Did you ever meet Ray Woodham?

HINTON: Yes, I did when I started my job at Presbyterian in 1982. Ray had announced his retirement. He had not left yet, and I met him and had lunch with him a few times. He was followed by Dick Barr and I succeeded Dick Barr.

INTERVIEWER: How did Ray Woodham achieve the turnaround at The San?

HINTON: Ray was quite the entrepreneur and effective at raising money. He was effective at the financial management of the system. He is credited with making some important changes that sustained the institution for the future. He was a taskmaster and people like that are not always loved but they are often respected. History looks back on them favorably because they did help save the institution. Ray certainly deserves that credit.

INTERVIEWER: Would you consider *yourself* a taskmaster?

HINTON: I would say yes. I've always felt that my job was to sustain the organization and its mission. That often requires difficult decisions such as getting to get into new lines of business like starting a health plan, which was unheard of when we started the Presbyterian Health Plan.

Tough decisions have to be made but they should always be explained to the constituents of the institution, and I think we did a good job with that. People didn't always understand what we were doing but they knew we did our best to try to explain.

INTERVIEWER: Was the Presbyterian Health Plan successful?

HINTON: It has been wildly successful. It is one of the examples of health care in America of the integration of health care financing and delivery. The Health Plan still exists today, but I'm not close enough to what's been going on there to know how it's doing today. It was the right answer at the right time for a state that has a high percentage of Medicaid patients and relies on different financing mechanisms to succeed under a high percentage of Medicaid. It was a great move, as well as aligning more closely with physicians. A lot of people would look at Kaiser or Intermountain Health Care, but Presbyterian was at the time more advanced in many respects than those systems, really out of necessity. I'm proud of that, and I think that people recognized that it was a national leader.

INTERVIEWER: Other than you, who were the champions of this new concept at Presbyterian?

HINTON: It was broad-based. Peter J. Snow, who was our strategy leader, was supportive and so was Dick Barr when he was president and so were Hank Walker and Dr. Andrew Horvath (one of the most amazing clinical leaders that I've ever worked with).

INTERVIEWER: During the time that you were starting at Presbyterian, the federal prospective payment system was implemented. What was the impact of the new prospective payment system on Presbyterian during these early years?

HINTON: Before that can be answered, you have to understand why PPS was established. It was because of a growing recognition that unbridled fee-for-service medicine was going to be way too expensive for this country. Therefore, payors would pay prospectively to begin to create more of a constraint on how health care was funded and to interject some fiscal restraint in types of equipment, of supplies, just to be better stewards of the resources.

It was seen at the time as a shock to the system. When you look back at that time, we contained the cost of health care in this country. We scurried a lot. We came up with new programs and ways to be better stewards of resources. Those efforts have been overwhelmed by the rise in technology costs that we have today, by pharmaceuticals and the breakthroughs there and by the aging of the population, which has increased the intensity of health care. It's interesting to think back on those. They were necessary to get the mindset right, but they certainly were not sufficient to bring health care into some sort of balance.

INTERVIEWER: Is there anything else you'd like to say about Presbyterian? You spent quite a few years there.

HINTON: Yes, and I'm often asked why did I spend so much time there? It was because it was always changing. I never had the same year twice in a row because we were doing so many different things and the challenges were so dramatic. We had the right model of integrated finance and delivery. When you read the headlines today, people are still trying to figure that out, right? Certainly, in the AHA, that's something that gets a lot of attention. There were a lot of twists and turns over a lot of years, but I think that's the core that runs through the entire system.

INTERVIEWER: Let's move on to Baylor. What caused you to make the change? Why did you decide Baylor was the place for you and that your years at Presbyterian were done?

HINTON: What is today Baylor Scott & White Health is one of the preeminent health systems in the United States. When they call, that is a call that you pay attention to. Also, after as many years as I had spent at Presbyterian, I was ready to make a change.

Two things interested me about the Baylor opportunity. One was that the merger between the Scott & White Clinic in Central Texas and the Baylor Health Care System in Dallas was still relatively new and there were a lot of cultural, administrative and system technology issues that still had to be addressed. I was interested in that challenge.

Secondly, the Scott & White Clinic had a health plan, and they were looking for ways to grow and deepen the impact of the health plan in the system. Both of these were appealing to me. That's why I went through the interviews and was accepted and took the job.

INTERVIEWER: How big was Baylor Scott & White at the time?

HINTON: The Scott & White Clinic was a large integrated finance and delivery system, like Lovelace or like Presbyterian has become – a health plan, aligned employed physicians and primarily one hospital in Temple but beginning to spread in Central Texas. The Baylor system in the north had quite a few more hospitals. It was a great opportunity, a great challenge and I was really interested in taking advantage of that opportunity.

INTERVIEWER: Were Scott and White the names of the founding physicians?

HINTON: Yes. They went back to the railroad days just like some of the health systems in New Mexico and Arizona. There was a lot of history there with the Baylor Health Care System in Dallas.

INTERVIEWER: Could you tell a little bit about the story of Boone Powell Sr. and Boone Powell, Jr., at Baylor?

HINTON: The only part of that story that I really know is the son, who was still living when I was at Baylor and I got to know him and learned about the family's commitment to that health care system.

They were committed Baptist followers extremely talented at appealing to the needs of the medical community to develop services in Dallas and to advance the Baptist mission of the Baylor Health Care System.

Boone Powell, Jr., was followed by Joel Allison, who served for many years prior to my arrival in 2017.

INTERVIEWER: Your successor was Peter McCanna?

HINTON: Right – who worked with me in Albuquerque at Presbyterian. I worked with Pete twice.

INTERVIEWER: Is it common that when the CEO goes, the team will go along?

HINTON: Pete went to Northwestern from Presbyterian. When I got the job at Baylor Scott & White, he approached me and said he would be interested in joining if the right type of role existed and it all worked out. He came as president of the system, and it was the first time that they had had the CEO/President model. It was really a great succession plan, and it worked well for the system and for Pete.

INTERVIEWER: It also shows the power of networking.

HINTON: Yes.

INTERVIEWER: You've spent much of your career in faith-based provider organizations. What are the hallmarks of a faith-based system? How do you know you're in a faith-based hospital when you come through the door?

HINTON: You can feel it, for one. It's apparent, in the symbols that exist within those hospitals – crosses, worship spaces. I think it's built into the symbology of their mission statements and the references to their faith-based founding.

At Presbyterian, it was the Presbyterian Church, obviously, and at Baylor, it was the Baptist Church. It was a very explicit nod to the role that faith plays in health and healing and the power of The Lord in our lives and in healing, and even in the words that people routinely use. I was in one of the Baylor hospitals not too long ago and a number of people would say at the end of a conversation, "Have a blessed day." You don't find that in other types of hospitals. People are overt. It's a natural, seamless extension of the work. It's integrated into the work. That's what distinguishes them.

INTERVIEWER: Is there any sense of control of these institutions by the church?

HINTON: That varies and evolves. The Presbyterian Health Care Services was founded by the Presbyterian Church (U.S.A.) but the involvement of the church in the activities in the system – was a very light touch, if you will. The advancement of the Presbyterian faith-based mission was really left to the board of the system to define and advance.

At Baylor, it was more integrated. There were more formal linkages and ties between the Baptist Convention and the system. I don't know how those have evolved since I left at the end of 2021.

INTERVIEWER: Are there fewer faith-based institutions than there used to be?

HINTON: I don't know the answer to that. I hope not. I think it's a good thing. But you know, I'm going to say, no, there aren't as many. There has been more consolidation among health systems throughout the country. Those types of questions loom large in terms of the mission of the acquiring or the acquired health systems.

INTERVIEWER: At the time of the COVID pandemic, you were CEO at Baylor Scott & White in Dallas.

HINTON: That's correct.

INTERVIEWER: It must have come out of left field. What were some of the most immediate priorities and how did you manage them?

HINTON: The most immediate priorities were to ensure that the system could continue its mission of patient care and protect the caregivers who were involved in that care. Things like ensuring the adequacy of PPE and the ventilation systems and stabilizing. It was an interesting time clinically. It was also an interesting time for the systems because we made a decision to protect the compensation for all of our nurses and doctors and team members throughout the state. We didn't know if that was going to be sustainable or not, but it was the right thing to do, and that was the decision we made. It turned out to be a great decision.

INTERVIEWER: How did it work?

HINTON: We made sure that everybody got their paycheck. The system has always been run in a financially responsible way, so we had the resources to do that. Also, the federal government stepped in with a lot of support for health systems, which allowed that to happen at many places, if not all, throughout the United States.

All the pieces came together. The clinical leadership with the Baylor Scott & White system was exquisite and helped us navigate the changing of the health orders that were occurring every day.

People ask me, "Gosh, that must have been a horrible time." It was certainly horrible, given the loss of life and families that were devastated by COVID but the sense of esprit de corps among those of us that were working together to protect patients and caregivers was stronger than it's ever been. The teamwork was amazing. You know, during times of crisis, people pull together, and that is what happened during COVID. People pulled together, and we saw our way through.

We also were in a state that allowed more flexibility on the part of hospitals and doctors to define what is a required surgery and what is a required treatment, so we were able to keep our

operating rooms open. In some states, the health orders were so restrictive that people did not receive some of the care they needed. The states that allowed more flexibility actually had better outcomes for the people that they served. It was a grand experiment in terms of how you respond to these very challenging situations.

INTERVIEWER: Would those same takeaways apply to other types of disasters – storms, wildfires and such?

HINTON: I think so. I wasn't involved directly in some of those, although Texas has more than its share of tornadoes and storms and those sorts of things. I do think that during times of crisis, some of the things that get in our way of performing quickly, efficiently and effectively, go away, and the hierarchy evaporates and there is this genuine sense of teamwork that I think produces these amazing outcomes. That's what happened at Baylor Scott & White.

INTERVIEWER: I'd like to talk next about several concepts, and one would be consumer-centric healthcare. What does consumer-centric healthcare look like from the patient's point of view?

HINTON: In its simplest form, it is a health system that is built around the needs of the patient, as opposed to the needs of the hospital or the clinicians. It's not a new concept in healthcare. It's been around a long time, but it's getting more and more voice and action today than it ever has, and that's cause for great hope and optimism.

I think that aligning the resources of a health system, aligning the technologies, is really at the core of it, but an attitude has to prevail that puts the primacy of the role of the health system on the needs of the patient, and it's real tangible things.

It's surprising to even have to talk about some of these things, but for a long time, health care has been built around the needs of the insurance company or the needs of the individual clinicians in a specialty or a hospital. That world is changing for the better.

INTERVIEWER: Can you give an example of an innovative clinical service that has given your health system a competitive edge?

HINTON: Yes, when I was at Baylor, we had a commitment to a digital-based customer connection, and we advanced that pretty dramatically. During COVID, it allowed us to connect with our patients in effective ways that didn't require the patient to come into the clinic, that everything could be done on your phone, on an app. We've just begun to scratch the surface on that, as well as training our frontline staff, administrative and clinical, as to what are the ways in which patients can be better served, better communicated with, their needs understood, and then to survey patients based on their experiences to ensure that what the health system is trying to accomplish actually is accomplished. I think it's revolutionizing health care as we speak.

INTERVIEWER: What would you say has been the riskiest business action that you've ever taken?

HINTON: The riskiest one was what I mentioned earlier, around COVID, when we decided to protect the compensation of all of our 50,000+ employees, without really knowing if that was going to work or not.

In a less dramatic sense, setting off on the journey to build an integrated financing and delivery system in New Mexico, a relatively poor state, to be one of the trailblazer systems in the country was a bold and ultimately highly successful business strategy.

INTERVIEWER: How did you overcome the naysayers when you were working on a project? What's an effective strategy for getting people on board when you want to do something new?

HINTON: In times of great stress and great opportunity, you're not always going to be able to build a consensus and may ultimately fail. That's an intangible aspect of leadership that makes the job so difficult, so challenging, so stressful. When you're right and you do the right things, there are great rewards, too. You can't wait until everybody in a health system agrees on the direction, or you would never do anything. You would never take any step. You would be paralyzed. Having that confidence that you've considered the key issues and it's time to move forward is really the hallmark of leadership.

INTERVIEWER: Let's talk about governance. I know you're an expert in governance. I wonder if you might speak to what are the characteristics of a good board chair and then the characteristics of a good board member.

HINTON: Yes, I have spent tens of thousands of hours in board meetings. I have a lot of opinions about boards. I think the first one is that boards need to be grounded on their fiduciary duties of care, loyalty and obedience. I am often surprised that board members don't know that those are the core fiduciary duties and know what each of them means and why they are important to effective governance. Building a board based upon a strong foundation is critical.

The role of the board is to understand the difference between governance and management – to hire, reward or, in some cases, fire the chief executive officer. The board only has one employee and that's the CEO. They shouldn't think that they are running a whole system. The role of the board chair is to serve as the intermediary between the board and usually the CEO, to help guide the mechanics of the board process. All of those things have to work together.

There is an important role in effective governance for the CEO, and that is to not bombard the board with more operational managerial details than are necessary. I don't know if I've thought this saying up, or if I picked it up from somebody else, but I believe that boards eat what you feed them. If you feed them a lot of detail and minutiae, they will get into the details with you and act like they manage the place. In the board/CEO relationship it is important to keep the board at the right level so that they can help guide the organization in conjunction with the chief executive officer.

INTERVIEWER: What is the appropriate role of storytelling and of humor in the business

setting?

I have a belief in the power of stories. People retain more when you tell stories than if you just give them facts. There are books about stories and how they can be used not only to reinforce and underscore what is intended but also to give examples of what's not intended and what the stories are that tell the opposite side. There is one book called "*The Story Factor*" (by Annette Simmons) that I've always enjoyed.

When I think back on my parents, I think about them laughing and enjoying life, and I like to enjoy life too. I like stories. I like a good joke. When people are relaxed and telling stories they are more productive and effective. I've told my share of bad jokes. I'm sure I've said things that I shouldn't have but I do believe in having fun at work and in my life and using humor in productive ways.

INTERVIEWER: Last topic – the American Hospital Association. I wonder if you might speak about your takeaways from your time spent on the Board at AHA and as Chair. What did that experience bring to you and your organization?

HINTON: I got involved with the AHA because I began to appreciate more deeply the role that policy plays in health systems and in healthcare and in our commitments to U.S. and global citizens. I wanted to learn and contribute to that. I didn't really set out to become the Chair of AHA. That evolved over time.

What I did learn was that the AHA, because of its commitment to all of its members, from the most sophisticated large health system to the smallest critical access hospital in rural Montana has a heterogeneous set of activities. It is a daily challenge for the AHA to identify those issues that cut across large and small, urban and rural, specialty and general acute, etc. to try to advance the field, to advance common areas of concern.

I developed a deep appreciation for how complicated it is. I became Chair of the AHA Board right as the Affordable Care Act was being implemented. There were still a lot of questions about how the ACA was going to work but it was a time of great hope that we could design a new system of inclusion, of payment that would draw more people into the health care system.

The people at the AHA and the people that served on the AHA Board with me were unbelievably committed, smart, compassionate people. It was a lot of fun and I learned a lot about that and learned a lot about how things work and don't work in Washington, D.C. It was a great experience. I do think as Chair, I was able to bring some things back to the work that I did at Presbyterian, and then also at Baylor Scott & White.

INTERVIEWER: Are there any other individuals you'd like to mention who might have been overlooked in today's discussion?

HINTON: I have been fortunate to have served with Rich (Richard J.) Umbdenstock in his various roles as Board Chair and then as CEO of the American Hospital Association. And of

course, Rick Pollack. I have deep admiration for them.

Throughout my career, I've had a cadre of health system CEOs who I met and talked with about our jobs and what we were trying to accomplish. Leaders like Jim (James H.) Skogsbergh and Warner L. Thomas. I mentioned some of the people from Presbyterian. I've always admired the leaders at Intermountain Health, going back to Scott S. Parker, Bill (William H.) Nelson, Charles W. Sorenson, M.D., Rob (Robert W.) Allen – to me, that's one of the great health system success stories in all of America. My favorite business author is Jim Collins. He has a new book coming out (*What to Make of a Life* by James C. Collins) that I'm looking forward to reading.

INTERVIEWER: I had the honor of interviewing Scott Parker for this series some years ago. It's the first time I had ever been to the Great Salt Lake.

HINTON: Yes, wonderful people over there. I think healthcare draws great people who mostly are in it for the right reasons. Scott would be one of those people who was in it for the right reasons.

EDUCATIONAL & PROFESSIONAL CHRONOLOGY (selected)

1981	University of New Mexico (Albuquerque, New Mexico)
	Bachelor's degree in Economics
1983	Arizona State University (Tempe, Arizona)
	Master's Degree in Health Care Administration
1983-2016	Presbyterian Healthcare Services (Albuquerque, New Mexico)
	Various leadership roles including 21 years as President and CEO
1983-1985	Assistant Administrator of Presbyterian Hospital
1985-1987	Southwest Business Ventures
1987-1992	Executive Director of Presbyterian Physician Resources
1992-1995	Vice President COO
1995-2016	President & CEO
2017-2021	Baylor Scott & White Health (Dallas, Texas) CEO
2022-present	Welsh, Carson, Anderson, Stowe Operating Partner

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

American Hospital Association

Chair, Board (2014)

PUBLICATIONS (selected)

Hinton J, Duke S, Katen-Bahensky D, McNally K, Hepburn M, Morgan T, Lofton K, Fojtasek G, de Filippi R, Combes J. Governance at a crossroads. Trustees' role in the future of health care. *Trustee*. 2011 Oct;64(9):27-37. PMID: 22132672.

Hinton J. Ready to make a bold statement. Interview by Matthew Weinstock. *Hosp Health Networks* 2012 Dec;86(12):22-6. PMID: 23330319.

Hinton JH, Tio R. Taking the transformational path. *Trustee*. 2014 Mar;67(3):39, 1. PMID: 24772637.

Hinton JH. Healthcare leaders must live in today's world and plan for tomorrow's. *Mod Healthc*. 2014 Jun 16;44(24):29. PMID: 25137994.

Hinton JH. Governance Resilience: The Presbyterian Journey. *Front Health Serv Manage*. 2015 Summer;31(4):18-28. PMID: 26495544.