



Innovation, Mayo
Clinic-Style.

Interview by Karen Christensen

Many people feel that healthcare is a fractured system. How is one of the world's leading healthcare organizations tackling this issue?

To date, the system has been optimized to mitigate risk, not to create value — but that is beginning to change. The main issue is, as ironic as it sounds, healthcare has not been sufficiently patient-focused. The traditional model is more like a ‘conveyor-belt’, whereby a patient moves from one specialist to another, and he is the only constant: he might go from a cardiologist to a radiologist to an oncologist, and it’s up to him to preserve his ‘story’ throughout these encounters.

Mayo Clinic is unique because of our integrated practice model. This essentially means that all the services a patient might need — doctor visits, testing, surgery, hospital care — are together under one roof. The scheduling is done in a coordinated and efficient way, so what might take months to accomplish at a community hospital can be done in a matter of days here. Our approach also brings a range of ideas, knowledge and experience to bear on each case, ultimately providing better answers than any single physician could provide individually. Rather than trying to ‘fix’ a broken model, we are working together to imagine an alternative future for our patients.

Once an organization becomes highly successful, it sometimes just gets better and better at doing the same thing. How do you avoid this trap?

At Mayo, we have a dedicated Centre for Innovation, where our motto is, ‘Think big, start small, move fast’. We embrace Design Thinking, which has become a vital tool in fueling innovation across industries. Our team fuses design principles with scientific methods to uncover human needs in the

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healthcare environment, using empathy, creativity, systems thinking and a human-centered focus. Our methods include ethnographic and observational techniques, visualization, prototyping, sketching, brainstorming and more. Working directly with patients and providers allows for rapid prototyping, which leads to new insights and addresses problems in the current delivery system.

As any organization grows, it is increasingly difficult to be agile and spontaneous — and we have suffered from that at Mayo, too. As you scale up — and particularly in an industry like healthcare, which is so regulated — your energy naturally goes into stabilizing your existing model. Basically, you build this big ‘battleship’, and then your job becomes keeping it afloat. Unless you carve out a completely separate set of resources that are independent from the group keeping the thing afloat, your resources will be consumed maintaining the status quo.

Our Centre for Innovation is an example of the kind of investment an organization can make to ensure it doesn’t become immune to signals from the external environment. We’re in an extreme situation — located in the middle of the cornfields in Rochester, Minnesota, so we have no competitors nearby. If you exist in an environment without competition, you are very likely going to lose your competitive edge; for us, it takes dedicated effort to remain on the leading edge.

Even the most innovative companies need to take proactive steps. Last summer, **Google** announced the creation of a parent company for itself, called **Alphabet**. Founders **Larry Page** and **Sergey Brin** realized that Google was consuming all of their creative energy, and they felt they were becoming too bureaucratic. They purposely shook things up, so they could re-focus their energy on innovation.

Fostering innovation is a primary focus for most organizations today. Describe how you engage your employees in innovation.

One of the most efficient sources for gathering great ideas is enabling your employees to tap into their creativity. Innovative organizations find ways to provide employees with ‘thinking time’ — empowering them to work on projects that they are passionate about, outside of their normal work. Google and 3M were two of the first to do this.

Innovation in healthcare has never been more important. However, in an industry where days are carved up into time slots with patients and appointments, ‘free’ time is hard to come by. That’s why, in 2009, our Centre for Innovation created an internal grant program that gives all Mayo employees an opportunity to apply for funding to pursue an idea they have developed. By setting specific parameters for this funding — such as completion timelines, working with Centre design teams, having physician proponents and a representational team from many sites — we have watched these funding dollars grow into successful new models for delivering care.

Your main competition used to be other academic medical institutions. Talk a bit about your new competitors.

The shift came when all U.S. medical organizations were forced to adopt electronic records. This was largely a legislative move to protect patients, and make sure that their information could be shared effectively. From that point on, every practice had to have a legitimate and robust system of encrypted medical records. Overnight, we became an industry less defined as a service industry and more of a knowledge industry. If healthcare is a machine, the fluid that’s moving around inside of it is information.

When this happened, companies that were already established in terms of managing information began to see the healthcare industry as overlapping with their competencies. They started reaching out to healthcare companies, saying, ‘We already do 95 per cent of what you need to do — we just do it for banking and other industries. We can help you!’

And it’s not just IT companies: on the most recent list of Fortune 50 companies, 24 named healthcare as their key growth area for the future. These retail, telecommunications and car companies are starting to see that they can develop niches in the health space — not in traditional healthcare, but in terms of maintaining and preserving health.

Why is human-centred design such a powerful tool in healthcare and other industries?

We define human-centred design as ‘a process of progressive inquiry whereby concepts and solutions emerge from a close collaboration with users’. This helps you understand the role of the user in your system. It also helps you understand your

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users' capacity — and their limitations. In the end, we have found that this approach really helps to determine where resources will have their greatest impact.

You have decried the 'Wizard of Oz' nature of healthcare, where so much is hidden from the patient. Please explain.

For most patients today, the system 'behind the curtain' is completely invisible, so a big part of their experience is a lack of understanding about what is going on. One of our designers recently observed an interaction between a patient, his caregiver and a resident. The resident left, and she was gone for 45 minutes. Because the designer was in the room, she heard the husband and wife describe to each other what they imagined was happening. 'Oh, they're probably checking my medical records or looking at some reports'. Within minutes, they had created this whole narrative about what was happening behind the scenes. There is such a curious tolerance in patients; in the absence of shared information, they have become accustomed to filling in the blanks themselves.

I actually think we hide far *too much* from patients. For some reason, we've decided that it's too messy or stressful to show them how the system really works. But in my experience, patients really *want* to see the machine in action. With the advent of tele-medicine and other technology-enabled practices, we won't be able to continue hiding so much from people.

Other industries have embraced transparency in a variety of ways. For instance, many restaurants have open kitchen areas, showing their chefs making the food, and despite all the chaos and mess, people love it. There is something about the authenticity of skill and craft, and being able to watch something happen organically. We believe patient experience initiatives should focus less on adding art to the walls and other common practices, and more on engaging patients in the process, de-mystifying things, and unveiling some of the 'magic' that is kept behind the scenes in healthcare. **RM**

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Five Principles of the Mayo Clinic's Enduring Culture

Patient Needs Come First. Dr. William J. Mayo articulated this foundational concept in 1910: "The best interest of the patient is the only interest to be considered." The pervasive force of the 'patient first' value tends to simplify decision making: when there is a lack of consensus on a tough issue, someone is likely to ask, "What is best for the patient?" The question refocuses the discussion and often leads to a decision.

Team-Based Medicine. The pooling of talent is integral to how the Clinic serves its patients. The culture dictates intra-organizational consultation and teamwork, whereby teams form as needed to pool their knowledge in service of patients who require the expertise of multiple specialties.

Finding the Right Employees. Research shows that high-performing service organizations practice deliberate hiring, and this is the case at Mayo, which hires for values and talent — not talent alone. New hires must typically pass muster on multiple interviews, including an interview panel that asks 'behavioural' questions designed to reveal a candidate's personal values. For example, 'What would you do if you observed another staff member treating a patient rudely?'

The Power of Intrinsic Motivation. All staff are paid on a straight salary basis. A surgeon's remuneration is unaffected whether she performs four or 0 surgeries on a given day. High performance comes from internal motives supplemented by the palpable teamwork culture. To quote one Mayo physician: "I want to do things right because everyone I respect and trust is going to be able to see what quality of doctor I am."

Shared Governance. One of the Mayo brothers' most important contributions was creating the administrative complement to the clinical teamwork model. The Clinic's physician-led, shared-leadership model puts doctors and administrators on the same team, which is unusual in healthcare organizations. From the top of the organization down into specific clinical departments, all physician chairs have an assigned administrative partner who handles day-to-day operational management duties.

-Leonard L. Berry, from "The Enduring Culture of Mayo Clinic"