

# Dr. Denis Cortese Talks About Mayo Clinic's Culture of Collaboration as the Foundation for Patient-Centered Healthcare



The National Center for Healthcare Leadership is proud to present the 2009 National Healthcare Leadership Award to Denis A. Cortese, MD, President and CEO of Mayo Clinic for his commitment to teamwork, mentorship, and advocacy in healthcare. With hospitals in Rochester, MN, Jacksonville, FL and Scottsdale/Phoenix, AZ, Mayo Clinic treats more than 500,000 patients each year, using an integrated approach to medicine and a philosophy that "the needs of the patient come first." Under Dr. Cortese's leadership, Mayo Clinic has implemented cutting-

edge programs in healthcare information technology, the use of genomics to customize patient-specific treatment, and launching its Health Policy Center. For his visionary leadership and commitment to future generations of healthcare leaders, NCHL salutes Dr. Cortese's role in advancing the nation's healthcare.

**Denis A. Cortese**  
President & CEO  
Mayo Clinic

#### Education

Franklin and Marshall College,  
AB Biology, 1966  
Temple University Medical School,  
1970  
Mayo Graduate School of Medicine  
Internship  
1970–1971  
Residency, Internal Medicine  
1971–1972  
Fellowship, Thoracic Diseases  
1972–1974  
Special Clinical Fellow,  
Bronchoscopy  
1976

#### Military Service

U. S. Navy: Lieutenant Commander,  
Medical Corps, 1974–1976

#### Career

Mayo Clinic, Consultant Thoracic  
Diseases, 1976–1993  
Mayo Clinic, Instructor, Assistant  
Professor, Associate Professor,  
1977–1995  
• Teacher of the Year  
Thoracic Diseases, 1985, 1986  
Mayo Clinic, Jacksonville, 1993–2002  
Chair, Board of Governors,  
1999–2002

Mayo Health Plan, Inc.

- Medical Director, 1996–1999
- Chair, Board of Directors,  
1996–2002

Mayo Foundation  
President and CEO, 2003–present  
Mayo Clinic  
President and CEO, 2003–present

#### Current Memberships & Honors

- Institute of Medicine, Chair,  
Roundtable on Evidence Based  
Medicine, 2000–present
- Healthcare Leadership Council,  
Chair, 2007–2009
- Harvard/Kennedy School of  
Healthcare Policy Group,  
2004–present
- Academia Nacional de Medicina  
(Mexico), 2005
- Top 50 Physician Executives  
in Healthcare, 2006–2008
- Royal College of Physicians  
(London), 2005
- Advisory Board, World  
Community Grid, 2004–present
- Chairs/President/CEOs Council,  
American Medical Group  
Association, 2004–present
- Ellis Island Medal of Honor, 2007
- National Research Council (NRC),  
Division on Engineering and  
Physical Science, 2008–2010
- Author of numerous articles,  
editorials, and abstracts

*Dr. Denis Cortese knew he wanted to be a doctor from the time he was 13, when he was inspired by the team physician for the many high school sports he played in the Philadelphia community where he grew up. Nearly 40 years after joining the Mayo Clinic as a pulmonologist, he was named president and CEO in 2003. Since then, he has led one of the most prestigious healthcare institutions in the country with a singularly-focused vision: patient-centered healthcare. Dr. Cortese recently had the opportunity to experience the Mayo Clinic from a patient's perspective when his wife was diagnosed with early-stage breast cancer. The day following diagnosis she spent several hours with a team of doctors who helped her understand all the issues involved so together they could prescribe her the best treatment plan. An example of integrated team-based medicine, Dr. Cortese believes this is an essential ingredient for creating value-driven healthcare delivery.*

#### **NCHL: What do healthcare institutions need to do to deliver value-driven healthcare?**

Dr. Cortese: Healthcare has to be addressed from the patient's point of view. You have to ask what patients want. Usually whatever is wrong with them, they would like to have a caring physician listen to them, to help them stay out of the hospital, to avoid surgery, to stay healthy, or prevent illnesses from occurring. That's the quality piece. Second is an integrated healthcare system where we can take care of all the patient's needs in one place. What my wife experienced at Mayo is what every patient experiences. Then you need what we call the science of healthcare delivery that uses a systems engineering approach to schedule patients, manage electronic records, and keep everything flowing so information follows the patient. When you can focus on quality, integrated care, and the science of healthcare delivery you end up with higher value care, which we define as better outcomes, better safety, and lower costs.

#### **NCHL: Mayo is highly respected for its teamwork and culture of collaboration. Why is that sometimes missing from healthcare?**

Dr. Cortese: It goes back to medical school training. Medical students are trained to not work in teams. Each medical student

takes exams alone and they may do poorly if they don't have the knowledge on the day they are tested. But in reality, it doesn't matter how much one doctor remembers but how well that doctor can pull together the information needed to treat patients. Do they know where to get the information for patients and can they pull the team together? We don't teach that in medical school. On the first day of caring for patients they have to solve this problem, but no one has taught them how to do it. Medical schools have to train a collaborative approach.

**NCHL: You often talk about the disconnect between medicine's reward system and higher value patient care. Can you explain that?**

Dr. Cortese: In the practice of medicine, the rewards are to do things that you can do as an individual practitioner, such as a lot of procedures and reading x-rays and similar things. And additionally, doctors are going into sub, sub, sub specialties where it is easier to build all-in knowledge in that area where they operate alone. But it is difficult to take care of patients with five different conditions. That requires teams. Most physicians want to do well. And most nurses want to do well and work in teams. So nurses have one step up on doctors. But the rewards aren't there for teamwork and the kind of time it takes for physicians to spend with patients. So the problem is the payment mechanism and the way we train our physicians.

**NCHL: How does mentoring fit into the Mayo Clinic culture?**

Dr. Cortese: The best example I can give you is when I first started at Mayo 40 years ago. I was with a patient and a desk attendant came up to me and said there's a patient who needs to get into the hospital and you need to see her now. The desk attendant's authority surprised me but I learned that's the way it is at Mayo. Whoever is dealing with the patient is the quarterback at that moment—be it a secretary, desk attendant, nurse, or doctor—and when they call for help they are in charge and you are expected to respond. If you don't respond you won't succeed in our culture.

**NCHL: If culture is the reason for Mayo Clinic's success, what would you say is at its core?**

Dr. Cortese: Mayo's core value with all 52,000 employees is that the needs of the patient come first. When we recruit—especially physicians—we really look hard to make sure that we are a good match on this core value. If research or teaching or surgery is the doctor's core value, then it won't be a good match and there will be a conflict. That person could still be a good doctor, but not here. We are very concerned about that issue and we

work hard to guard against hiring the wrong people. A few years ago, there was a significant movement to have our name changed to the Mayo Clinic College of Medicine. But that undermined our value of putting the patient first. That's where the Mayo Clinic is unique and we work hard to keep it right.

**NCHL: How would you describe your leadership style?**

Dr. Cortese: I work from a vision perspective. In that vision I have said here's what we can be and then I spend a lot of time trying to get people to understand it and say it and think it's their own idea. That can take a while because you have to say the same thing 8 or 9 times before people understand it and believe it. I focus on the key people that we need to have onboard to move the organization forward. We have 4,000 physicians and I have a list of 200 to 250 doctors, administrators, and nursing leaders who I need to win over. I meet with them over and over again, and present the case for our vision and goals so that I can get their buy-in. It's a matter of setting the vision, establishing the direction, selling the idea, promoting the idea, and selecting good people and getting them onboard with the plan.

**NCHL: Mayo Clinic is also unique because it uses a salary model with its physicians. How critical is that model to your success?**

Dr. Cortese: Mayo has had a tradition of paying physicians salaries since it was founded by the Mayo brothers on the idea that doctors should be justly recompensed but not necessarily made rich. We maintain it because it is one of our steps to reduce conflict of interest and conflict of commitment for our physicians. Our physicians don't get paid for doing stuff they get paid for putting the patient first and providing the right care. In the Mayo Health System there are non-salary models that are excellent. For instance, Luther Midelfort in Eau Claire, Wisconsin provides equally good value—I think it is one of the best hospitals in the country. So the salary model is not the only way to achieve value. You can have other incentive models—you just need to be correct about achieving the value equation of better outcomes, better safety, and lower cost.

**NCHL: What is the main roadblock that stands in the way of higher value care?**

Dr. Cortese: The missing link for getting this kind of healthcare in place is the payment system. We are still paid for doing things in hospitals, yet it's clear that hospitals are no longer the centers of the universe. As an example, when I came to Mayo 40 years ago we had 450 doctors, 220 beds, and 23 percent of our

patients were hospitalized. Today we have 1,700 doctors on our Rochester campus, 1,200 beds in our four hospitals, and 13 percent of our patients are hospitalized. That's because we are doing more outpatient things that are more value driven. The payment system rewards us for keeping people sick and doing things to them. How do we change the kind of care that should be provided in this century? We should reward physicians for keeping patients out of the hospital and for keeping them from getting sick.

**NCHL: How do you implement that kind of change?**

Dr. Cortese: If new incentives are put in place that pay providers for better outcomes, better safety, and less waste, then change would come quickly. If we just started with Medicare, and it began to reward the providers with a 2 percent increase in reimbursement for better outcomes at lower cost, then they will become better providers. We know from past experience that when the incentives are in place, people will scramble to self organize.

**NCHL: You have been very outspoken on the subject of healthcare reform; will it solve some of these issues?**

Dr. Cortese: We will have to see what tools they give us and craft a healthcare system around those tools. Right now we are struggling to take care of our patients because of the reimbursement issues. At Mayo Clinic, 40 percent of our individual unique patients are Medicare recipients and six percent receive Medicaid. These public plans don't pay the cost of providing care; that's our challenge: How to stay in business going forward and absorb more price setting. Caring for patients is a pleasure and easy; the hard part is the business side. But there's no long-term vision from Congress. When we invest hundreds of millions of dollars into a medical information technology program, we expect it to be part of an overarching five to 10 year plan. Congress doesn't have that kind of horizon and that's what we need.

**NHCL: As you prepare to complete your tenure at Mayo, what's next on your agenda?**

Dr. Cortese: I'm moving to Arizona State University to create a center on healthcare delivery and health policy, working jointly with the business school and the engineering school. My main interest is to help influence our delivery system over the long term to see what it will look like in 2020.



The University HealthSystem Consortium and its members proudly honor:

**Denis A. Cortese, MD**  
*Recipient of the 2009 National Healthcare Leadership Award*

Thank you for your commitment to quality and leadership and for your impact on the next generation of health care leaders.

THE POWER OF COLLABORATION

[www.uhc.edu](http://www.uhc.edu)

*Denis A. Cortese, MD*

We commend you for your commitment to teamwork, mentorship, advocacy in healthcare, and your dedication to an integrated approach to medicine and a philosophy in which "the needs of the patient come first."

**NCHL**  
 Leading 21<sup>st</sup> century healthcare