Putting the Patient First

Leonard Berry, co-author of Management Lessons from Mayo Clinic, Believes This Service-Driven Organization Offers Lessons to All in Health Care

Leonard L. Berry, co-author with Kent D. Seltman of Management Lessons from Mayo Clinic: Inside One of the World’s Most Admired Service Organizations, believes Mayo Clinic’s long record of success contains lessons that can be applied to the work of other service organizations, including those in health care. First and foremost: Put the needs of the customer — in this case, the patient — first.

HP: Why a book about Mayo Clinic? There must be a lot of books already in print about this organization, given its stellar reputation.

Berry: There have been a number of history books written about Mayo Clinic, but there’s never been a business book — a book about how it delivers such a high level of service and how it has not only created but has sustained a world-class health care brand for more than 100 years. Mayo Clinic is not only a superb health care institution; it’s also a superb service organization. Kent Seltman and I wanted to write a book about its service philosophy, its service culture, its service system, in a way that would be helpful not only to others in health care, but also to managers and owners of virtually any kind of business.

As far as we know, our book is the first book that uses a health care institution as a role model for corporations outside of health care.

HP: Explain the relationship between Mayo Clinic and the sisters of St. Francis of Assisi, who built St. Mary’s Hospital in Rochester, Minn. What have the sisters’ values contributed to the evolution of Mayo Clinic and vice versa.

Berry: In the early days — I’m talking about the 1880s and 1890s — there was this Mayo family practicing medicine and they were the only physicians in the Rochester area who were willing to collaborate with the sisters in running a hospital. Back then, hospitals were not reputable places. Most physicians shunned them. They were places people went to die, where poor people went who had no place to go.

The Mayo physicians were focused on the person and that person’s illness; the Franciscan sisters were focused on the person’s spiritual needs as well their physical care. It was the Mayo family who helped give legitimacy to the concept of a hospital in that part of the country, and there’s been this wonderful partnership ever since.

HP: You note early in the book that dissimilarities among health care organizations make a well-run organization like Mayo Clinic especially valuable as a management study. What are those dissimilarities, and what are some of the lessons other health care organizations might learn from Mayo’s management?

Berry: I want to stress that we did not write our book with the notion that other health care institutions ought to try to replicate or imitate the Mayo Clinic model, but we felt there were many elements that could be adapted to the particular structures and cultures of other institutions.

I believe one of the important lessons is what happens when you truly do, in a health care institution, put the needs of the person first — first in how you make decisions, first in how you do business, how you run the place. What happens when that becomes the guidepost, the North Star.
It’s easy enough to talk about putting patients first, but the truth is that you have people running in and out of hospitals, many with their own agendas. So, I think the first and most powerful lesson for any hospital to ask is, “What can we learn from this story of a 100-plus-year-old medical institution that we can apply and make some progress, even if we’re an open system?”

Mayo Clinic gets favorable word of mouth feedback from more than 90 percent of its patients, so they effectively become the advertising department. So putting the needs of patients first has proven to be a very effective way to strengthen the brand.

HP: You note in your book that it’s a special kind of customer who comes to a health care facility seeking services.

Berry: In the case of health care, customers are people with a high level of need, a high level of dependency, a high level of vulnerability — customers who truly put their lives in the hands of the institution. It’s a very special kind of customer, that’s why we have a different name. We call this customer a patient — and if ever there was a field that should put the customers first, it’s health care. If that’s not really in place in a health care institution, there’s not much else.

HP: What other qualities distinguish Mayo Clinic as a service institution?

Berry: The Mayo story is a story with many subplots, but a major subplot, really a key part of the story, is the coordination of care. So much health care in this country is disconnected and uncoordinated and fragmented. Patients appreciate and benefit from the culture of teamwork, of pooling talent, at Mayo. So, when a patient presents at Mayo Clinic with a complex illness that requires different specialties to get involved, the specialists, who all work with the same employer, come together as a team. They communicate one another. Sometimes, they are in the same room with the patient and one another.

HP: You note that Mayo Clinic has not only kept its mantra “the needs of the patient come first” in the forefront, but it has also driven this philosophy deep into the organization. How has Mayo achieved that?

Berry: I think two of the most telling ways Mayo does this are through informal mentorship and through the way they hire.

Mayo Clinic hires for value, not just for talent — and the values they hire for are the values that fit well with their style of collaborative medicine. So, in the hiring process — and multiple people are involved in hiring at any level — it’s very difficult to be selected if you fail the values test — if you give off any indication in the hiring process that your values are in any way inconsistent with patient first, collaborative medicine.

The informal mentoring that goes on is quite remarkable. If you are an employee at the Mayo Clinic, you learn from others the way Mayo does things. You’ll have somebody take you by the arm and into the hallway and whisper in your ear if you behave in any way that is contrary to the organization’s values.

I believe that administrators and managers of any hospital ought to ask three questions about their employees or others who use the hospital’s facilities, for example, physicians from the specialists, who all work with the same employer, come together as a team. They communicate one another. Sometimes, they are in the same room with the patient and one another.

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the community. The first question is, "Are we hiring the right kind of people to deliver our strategy?" The second question is, "Do the people we hire work really hard; do they give their job their best?" The third question is, "Do our employees continually grow in their skills and knowledge?" I can tell you without any hesitation, as someone who knows a lot about the Mayo Clinic that it can emphatically answer "yes" to all three of those questions.

HP: What do you consider to be Mayo Clinic's core competency?

Berry: What Mayo Clinic does better than any other organization inside or outside of health care is teamwork. Mayo doesn’t hire people who want to be superstars, who are loners, who are interested in taking all the credit for themselves.

In the book we tell a poignant story about a young surgeon newly appointed to the faculty at Mayo who gets a call from a world renowned surgeon in the operating room. The surgeon called this young rookie one day and said, "I’m in the operating room and I have a difficult problem. I’d like your opinion on how to handle it."

The young surgeon was stunned. What he learned from this — what this said to him — was, "At Mayo, we seek out help from our teammates in order to serve patients to the best of our ability. We don’t practice medicine alone, we practice medicine collaboratively. Medicine is too hard otherwise, and there’s too much at stake."

HP: Mayo Clinic is a highly integrated organization. It employs all of its physicians, for instance. What are some of the obstacles in other health care systems to achieving a high degree of integration?

Berry: One obstacle is the lack of trust commonly found in a hospital system among people who work there and management, and the lack of trust commonly found between non-physician leadership and physicians who practice in the hospital. You aren’t going to find the kind of teamwork and cooperation and coordination of care that patients need until we address that problem of trust.

There’s too much conflict that I see as I travel around the country and visit different hospitals and hear stories. In part, that is due to the turbulence in the health care environment. Health care has so many pressures on it — declining reimbursements and rising costs, safety issues, malpractice issues — it has encouraged a lot of mistrust and a lot of "silo" thinking, an "I’d better take care of myself mentality."

Today, some physicians are establishing competitive hospitals, but to be fair, there’s a physicians’ side to this. A physician listening in might say, "Yes, I am in competition with the hospital now. I opened my own surgery center. But I did that because for five years the administrators of the hospital would not listen to my concerns."

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HP: Is there hope for more cooperative models on the horizon?

Berry: I think we’re going to start to see some progress in dealing with the trust issues in the years ahead. There are many people who are concerned. There are also enlightened, well-run hospital systems that don’t have these problems to the degree I’ve described them because the management has worked hard to earn the trust of the physicians, the staff and the nurses.

HP: Both you and Kent Seltman had prior relationships with Mayo Clinic. Did you feel at all constrained by that relationship? You’ve written a very positive book.

Berry: We felt no constraints from Mayo. Mayo did not ask to approve the book, and we wouldn’t have written it if they had insisted on giving approval.

The book is positive because we wrote as true and accurate a story as we could, and that story is a positive one. But there are aspects in which we discuss Mayo Clinic in terms of weakness. For instance, we talk about a patient who died at Mayo. What was needed to help the patient was knowledge that resided in the mind of one of their specialists, but Mayo is a big place, and the person who treated the patient did not know what the specialist did.

It is a credit to Mayo Clinic that we never heard a peep, no criticism from within Mayo, such as “Boy, we wish they hadn’t used that story.”

We talk about problems with access at Mayo. It can be very difficult to get in.

Still, Mayo is a superb institution. With the kind of success they have had, it is clear they are exceeding the expectations of most of the patients they serve.