Mayo Alumni

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New Vision

YOUR VOICE

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ENSURING THE FUTURE OF QUALITY CARE

NATIONAL SYMPOSIUM ON HEALTH CARE REFORM
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n a move away from our traditional format for this publication, we have devoted this entire issue to coverage of a single topic: the Mayo Clinic National Symposium on Health Care Reform. This event, held at Mayo Clinic Rochester in May of this year, was the first of several Mayo-initiated meetings that will draw together, during the next two years, leaders in this country seeking solutions to the growing crisis in American health care.

This issue reports on the speakers, sessions, discussions and recommendations developed at the symposium. We also report on the new Mayo Clinic Health Policy Center, which will gather input from patients and experts in the health care industry, business, academia and government on an ongoing basis. Through the Health Policy Center, we are developing a multiyear, multiphase plan to build support for change and guide the future of health care in our country.

As Mayo Clinic alumni, you often ask about Mayo’s possible involvement in health care reform, so we are pleased to bring you this issue that tells how Mayo is looking to help move the discussion forward. In his comments in this issue, Denis Cortese, M.D., President and CEO of Mayo Clinic, further describes Mayo’s entry into the arena of health care reform.

We hope you will play a role in developing solutions by staying informed and involved in the issues. And we hope you continue to share your ideas with us because you are one of Mayo Clinic’s most valued resources as we all look at efforts to improve quality, safety and service for our patients.

Best regards,

Scott Litin, M.D.
President
Mayo Clinic Alumni Association
Beyond Talk: Moving to Real Health Care Reform
Mayo Clinic National Symposium on Health Care Reform

“The Mayo Clinic Health Policy Center’s deliberations will have a particular view — patients’ needs must be considered in every decision. We’ve created a structure in which people can collaborate and, together, build a groundswell for change for the benefit of patients and their health.”

— Denis Cortese, M.D., Mayo Clinic

The issues are well known — rising costs, reductions in Medicare reimbursements, growing numbers of uninsured, and uneven standards for health care delivery. The solutions, however, have been elusive.

At Mayo Clinic we decided it’s time to stop talking and start problem solving. To that end we held a National Symposium on Health Care Reform May 21-23, 2006. More than 300 leaders representing business, health care, government, public policy and patient advocacy joined us, not just to discuss the issues, but to develop solutions.

By the end of the symposium we had consensus around six recommendations. The most urgent recommendation was “Building a mandate for national health care reform.” Symposium participants were in agreement on the need for substantial change in the health care system, but they were not optimistic that federal policymakers were ready for major change. We need to build a public and business mandate for health care reform to inform, motivate and support policymakers.

As Mayo Clinic alumni, you can play a role by staying informed and involved in the issues. You can encourage your institutions to play a part in developing solutions.

The goal of the symposium and the Health Policy Center is to begin to reform the “nonsystem” of health care in the United States into one that delivers effective, efficient and equitable care. Dr. Charles Mayo said, “If we excel at anything, it is in our capacity for translating idealism into action.” With the help of alumni, patients, policymakers and partners from every sector, we are taking the first steps toward achieving real health care reform.

Denis Cortese, M.D.
President and Chief Executive Officer
Mayo Clinic
Mayo Clinic Health Policy Center next steps

Policy forum 1:  Equity — Health insurance for all Americans / November 2006
Policy forum 3:  Efficiency — Increasing the integration of care / March 2007
Policy forum 4:  Effectiveness — Paying for value / May 2007
Second National Symposium on Health Care Reform / January 2008

See page 7 for details.
Health care in the United States is in precarious condition. The number of uninsured is rising. The number of employers offering employee health insurance is dropping. Costs are soaring. Add in the upcoming retirement of baby boomers, which will dramatically swell the ranks of Medicare beneficiaries, and the outlook is daunting.

Problems with the country’s health care system aren’t new. Consider these figures:

- Since 2000, employer-sponsored health coverage premiums have increased by almost 60 percent for family coverage, with family premiums increasing 9.2 percent between 2004 and 2005.1,3
- U.S. Census Bureau statistics show that in 2005, the number of Americans without health insurance hit a record 46.6 million.2
- The percentage of employers offering health coverage decreased from 69 percent to 60 percent in only five years, according to a 2005 study from the Kaiser Family Foundation.3
- The first baby boomers will qualify for Medicare in 2011. To get a sense of how significant that impact will be, realize that from 2000 to 2030, the number of Medicare beneficiaries is expected to increase from 40 million to 78 million.4

Money alone won’t fix the problem. The United States already spends more on health care per capita than any other nation.1 In 2004, health care spending in this country hit $1.9 trillion.5 But, that amount hasn’t bought the highest-quality care. In 2005, The New York Times reported the United States has substantially lower life expectancy and higher infant mortality rates than other industrialized countries.6

These aren’t just numbers. They are real people — mothers, fathers, parents, husbands, wives, sons and daughters. They are young and old and encompass every nationality and race. And they all struggle with the uncertainty of a health care system that needs critical reform.

References:
“Eventually, Congress will implement some type of health care reform,” says Smoldt. “Legislators are going to be influenced by opinion leaders who are all over the map. It would be sad if there wasn’t input from those of us in health care who are really interested in the needs of the patients. We must be a strong voice in this process.”

Although the Health Policy Center is led by Mayo Clinic, it draws input from all members of the Health Policy Center’s network, including patient advocacy groups, health care provider organizations, business and industry leadership, insurance payers and government. At the heart of the policy center’s philosophy is Mayo’s commitment to patient-centered care and its tradition of integrated problem solving.

“If experience has taught us anything at Mayo Clinic, it is the successful practice of bringing the best minds together to solve the most complex patient problems,” says Smoldt.

Most sectors affected by health care have offered suggestions for reform. Problems arise when these potential solutions become lost in partisanship, special interest rhetoric and positioning. In contrast, the Health Policy Center has developed an agenda of events and activities that will strive to bring together groups and individuals to create collaborative, nonpartisan solutions for reform.

“Throughout its history, Mayo Clinic has typically endorsed broad health care principles rather than a specific political stance,” says John La Forgia, chair, Mayo Clinic Department of Public Affairs. “Mayo Clinic is recognized as being generally nonpartisan. This lends credibility to our efforts to bring people together to work out a solution [to this complex national problem].”

Making change through strong initiatives

Many organizations have tried to influence health care change by hosting a single conference or gathering. The Mayo Clinic Health Policy Center has embarked upon an initiative to spur national health care reform and build momentum for change. Health Policy Center projects include:

■ Working with other institutions to conduct public research on topics related to health care reform
■ Hosting a series of national health care reform symposia, policy forums and leadership summits to discuss issues and build collaborative solutions
■ Establishing a Web presence to keep participants and the public informed about health care reform issues and potential solutions

The first of these projects to have a public face was the 2006 National Symposium on Health Care Reform in May. This was only the first step. By convening leaders from across the nation and challenging them to work together toward solutions, Mayo Clinic has set the stage for collaborative reform.

This issue of Mayo Alumni features information about that inaugural event, upcoming policy forums and the 2008 symposium — Building a Mandate for Change.
Cruel choice — treatment or family's future

Ken Thomas

When serious illness strikes, the first impulse is to do everything possible to cure the condition. Ken Thomas’ illness collided with financial reality. He felt his choice was treatment or his family’s future.

In 1998, Thomas was diagnosed with pulmonary fibrosis, a disease that causes scarring of the lungs and affects breathing and oxygen supply. There is no known cure, and life expectancy varies greatly. Some patients manage mild symptoms with medication. In others, the disease progresses rapidly and may not respond to treatment. Thomas’ case was severe. Two years after diagnosis, he couldn’t walk across a room without resting.

Specialists told Thomas his best option for survival was a single lung transplant. The cost of surgery was $150,000. Thomas’ insurance policy carried a yearly maximum of $100,000, leaving Thomas and his wife, Gloria, to pay $50,000 prior to surgery.

“We didn’t have the money,” says Gloria. “We could have sold our home, but Ken said, ‘I’m not doing that to you and the family — taking everything we’ve worked for and use it on this.’”

The Thomases never were informed of options for payment plans or financial assistance. Even if they could have afforded the surgery, they worried about how to pay $20,000 to $30,000 a year for antirejection medications.

Their prescription drug plan covered only $2,500 per year. Thomas had another concern. The lifetime maximum benefit of the insurance policy was only $250,000. He worried about using up such a large portion in case Gloria needed it later.

In the end, Thomas refused to jeopardize his wife’s long-term well-being for the life-saving surgery. He died in 2003, just five years after his diagnosis. He was 58.

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In addition to details about the Health Policy Center and its initiatives, the Web site includes:

- News about health care reform
- Links to health care reform resources
- A summary of the National Symposium on Health Care Reform at Mayo Clinic in May 2006
- Patient stories that illustrate the need for reform
- A contact link to submit comments, questions, ideas and insights

Moving reform discussions toward action will require time, commitment and resources. Mayo Clinic and its supporters have committed substantial resources toward these efforts and will continue to do so to ensure that the needs of patients are at the heart of health care reform.

Electronic access to Mayo Clinic Health Policy Center

If you would like to know more about the Mayo Clinic Health Policy Center or the coming forums and symposium, you can check our Web site at http://mayoclinic.org/healthpolicycenter. The Health Policy Center is a nonpartisan, not-for-profit organization committed to improving and ensuring the future of health care through patient-centered health care reform. You also can contact:

Mark Neville  Deb Searles
507-284-1183  507-284-2315
Neville.mark@mayo.edu  Searles.deborah@mayo.edu
Health Policy Center forums and symposia will play a major role in creating reform solutions

The recommendations (see page 18) from the National Symposium held in May will be honed in a series of four Health Policy Forums to be held during late 2006 through mid-2007. Smaller, diverse groups of experts will develop actionable solutions for health care reform in a think-tank setting.

“At the policy forums, people who are experts on the issue will roll up their sleeves and hammer out an action plan,” says Chris Gade, a member of the Health Policy Center leadership team and chair of the Mayo Clinic Division of External Relations. “They will tackle the questions ‘What barriers stand in the way?’ ‘What needs to be done to overcome those barriers?’ ‘What other groups do we need to work with us?’ ‘How can we best approach this issue from a variety of fronts to make progress?’”

The second symposium will take place early in 2008, with broad participation from national leaders. This symposium will present the solutions developed at the forums to additional key stakeholders. The goal of the second symposium will be to influence, gain further commitment and build the public mandate to effect positive change during the next presidential administration.

The policy forums will be co-hosted by Mayo Clinic and leading health policy organizations and will focus on recommendations from the May 2006 National Symposium:

**Policy forum 1:**
Equity — Health insurance for all Americans
November 2006
Co-host: Howard H. Baker Jr. Center for Public Policy, University of Tennessee, Knoxville

**Policy forum 2:**
Improving effectiveness and efficiency of care
January 2007

**Policy forum 3:**
Efficiency — Increasing the integration of care
March 2007

Co-host: RAND Corporation, Santa Monica, Calif.

**Policy forum 4:**
Effectiveness — Paying for value
May 2007
Co-host: Center for Evaluative Clinical Sciences, Dartmouth College, Hanover, N.H.

Moving forward with broad input and strong leadership

The Mayo Clinic Health Policy Center includes a diverse network of individuals and organizations brought together to transform health care. The Health Policy Center is not a physical structure but, rather, a wide collaborative drawing upon knowledge and expertise from within and outside Mayo Clinic. External advisory panels help guide many Health Policy Center activities. At the heart of the Health Policy Center is the primary value that guides Mayo Clinic — the needs of the patient come first. The Health Policy Center draws input from the Mayo Clinic Board of Trustees, Board of Governors and other leadership groups from Mayo organizations. The Health Policy Center is guided by a team of Mayo Clinic leaders:

Denis Cortese, M.D.
President and Chief Executive Officer
Mayo Clinic

Robert Smoldt
Health Policy Center executive director
Mayo Clinic Chief Administrative Officer

John La Forgia
Mayo Clinic Department of Public Affairs, chair

Bruce Kelly
Mayo Clinic Federal Government Relations, administrator

Chris Gade
Mayo Clinic Division of External Relations, chair
When patients’ interests are foremost, simply waiting for health care reform is not an option. More than two years ago, Mayo Clinic leaders began working in earnest on an initiative to jump start health care reform.

“It was time to lend our voice to public policy discussion on behalf of patients,” says Denis Cortese, M.D., Mayo Clinic President and CEO.

The first major step was convening the Mayo Clinic National Symposium on Health Care Reform. The three-day symposium, held May 21 to 23, 2006, in Rochester, Minn., drew more than 300 leaders from across the nation who represented academia, business, insurers, health care, government, public policy and patient advocacy. Speakers and panelists comprised a veritable who’s who of thought leaders on health care reform.

Sessions were moderated by professional journalists — Joanne Silberner, health policy correspondent for National Public Radio; Ceci Connolly, national staff writer for The Washington Post; Susan Dentzer, correspondent for National Public Radio; and Sanjay Gupta, M.D., senior medical correspondent for CNN.

“What drew these experts together was not only Mayo Clinic’s well-respected reputation as a leader in clinical care, education and research, but also our promise that participants’ voices would be heard,” says Deb Searles, one of the symposium organizers. “The theme of the symposium, Your Voice, New Vision: Ensuring the Future of Quality Patient Care, reflects exactly what we hoped to accomplish — a collaborative effort that brought all the voices to the table to build collectively a new vision for health care.”

It is time to look at health care reform a new way — not from individual or special interest perspectives, but from the common element of the needs of patients.

**Not the usual gathering**

There have been countless discussions about the woes of health care. Mayo Clinic’s goal was to facilitate discussion and subsequent action that is highly participatory, nonpartisan and focused on results.

This was not the usual “sit and listen to the problems” conference. Speakers, panelists and participants from around the country came together to “roll up their sleeves” and hammer out recommendations for true reform.

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**Overspent, Overdrawn, Overwhelmed: Reducing Health Care Costs**
*Moderator: Susan Dentzer – Correspondent, National Public Radio*

Panelists:
- **Gary Kaplan, M.D.** – Virginia Mason Medical Center
- **John Wennberg, M.D., MPH** – Dartmouth College
- **Eugene Litvak, Ph.D.** – Boston University
- **Roger Feldman, Ph.D.** – University of Minnesota

**Do We Know What We Know? The Universal Sharing of Scientific Knowledge**
*Moderator: Sanjay Gupta, M.D. – Senior Medical Correspondent, CNN*

Panelists: **Stephen Case** – Revolution, LLC; **Stephen Swensen, M.D.**

**The Uninsured and Underinsured: Fixing the Holes in the Safety Net**
*Moderator: Joanne Silberner – Health Policy Correspondent, National Public Radio*

Panelists: **Stuart Butler, Ph.D.** – The Heritage Foundation;
**David B. Kendall,** – Sr. Fellow, Progressive Policy Institute; **Victor Fuchs, Ph.D.** – Stanford University; **Louis Sullivan, M.D.** – President Emeritus, Morehouse School of Medicine
“We’re here to explore together solutions for moving beyond things that aren’t working,” said Hugh C. Smith, M.D., symposium co-chair and former chair of the Mayo Clinic Rochester Board of Governors.

Pat Mitchell, president and CEO of the Museum of Television & Radio, symposium co-chair and a member of the Mayo Clinic Board of Trustees, explained that the symposium’s interactivity was meant to be “like a democracy — messy and loud.”

To maintain focus, the symposium concentrated on three major themes:
- Equity — the plight of the uninsured and underinsured
- Efficiency — the best use of health care resources
- Effectiveness — how to provide care based on scientific knowledge and how best to coordinate care for patients who have chronic conditions

**Patient centeredness**

Each symposium session opened with a reminder of what the gathering was all about — patients shared their stories in video segments. The views of patients and how the current, fragmented system affects them were front and center. By keeping sessions focused on finding patient-centered solutions, the symposium moved beyond rhetoric and gave a persona to an otherwise faceless health care crisis.

Representatives from the March of Dimes, Parkinson's Action Network and Kennedy Kreiger Institute’s International Center for Spinal Cord Injury in Baltimore helped center discussions around the plight of the patient in our nation’s precarious health care system.

Discussions focused on patient attitudes and fears about the future of health care; the effect of health care decisions on individual lives; the need to create a mandate for rational, satisfying solutions to the health care crisis; and changes necessary to optimize the patient role, including:
- Regarding patients as partners in care so they participate in managing their care and its costs
- Educating patients about their responsibility in health care
- Empowering patients to obtain appropriate cost and quality information

**The Bottom Line: Paying for Quality Health Care in a Changing Economy**
*Moderator: Ceci Connolly – National Staff Writer, Washington Post*

Panelists: **Bruce Bradley** – General Motors; **Denis Cortese, M.D.** – Mayo Clinic; **Jerome Grossman, M.D.** – John F. Kennedy School

**We Can Do Better – A Chronic Care Model That Works for Everyone**
*Moderator: Judy Woodruff – Broadcast Journalist and Former CNN Anchor*

Panelists: **John W. McDonald III, M.D., Ph.D.** – Center for Spinal Cord Injury, Kennedy Krieger Institute, Johns Hopkins University; **Colleen Conway-Welch, Ph.D., RN** – Vanderbilt University School of Nursing; **Robert Nesse, M.D.** – Mayo Clinic

**From Dialogue to Directives: Moving Health Care Forward**
*Moderator: Pat Mitchell – President and CEO, Museum of Television & Radio, and Advisory Panel Members*
Medical triumph, financial tragedy

Gary Harris

Gary Harris and his wife, Patty, were stuck. Harris’ health was deteriorating rapidly, and he needed a lung transplant. Although he and his wife worked full time and had health and disability insurance, medical bills had left them financially strapped.

The Harris family, including two adult children and a grandchild, sold their three bedroom home in Beaver Falls, Pa., and moved to a one-bedroom condominium in Florida. They were closer to Harris’ physicians at Mayo Clinic Jacksonville but still desperate for a way to pay for the lung transplant and lifelong medications the transplant would require.

“We knew Gary wouldn’t get a transplant if we couldn’t pay for the antirejection drugs — as much as $4,000 per month,” says Patty. “We thought we would lose him.”

With financial assistance from Share of Cost Medicaid, Harris had a transplant in January 2005. He had to quit working, and Patty retired early to take care of him. The couple lost health insurance and cannot afford private insurance. Share of Cost covers a portion of transplant medications, but the remaining portion has overwhelmed the couple. The Harris’ declared bankruptcy.

“It takes every cent we have just to live — we don’t have money to pay for Gary’s prescriptions or health insurance” says Patty. “Our story is a medical triumph but a financial tragedy.”

Continued from page 9

From ideas and viewpoints to recommendations for reform

During the panel discussions, participants heard experts present ideas and solutions, then helped meld those ideas into recommendations for reform through interactive voting and breakout sessions.

The interactivity that helped make the symposium so successful was accomplished via ATM-like Smart Cards and sophisticated audience response devices that allowed instant voting by participants as solutions were discussed and consensus built. Participants slid their smart cards into electronic response systems — small, handheld devices with key pads and display screens. After voting, results and rankings were instantly displayed on large screens for all to see. The solutions that garnered the most support were subject to lively debate, then prioritized during the final session.

“The participants in this event came to Rochester ready to roll up their sleeves and hammer out an action plan,” says Chris Gade, a member of the Health Policy Center leadership team. “They believed there was real potential to have an effect on health care reform.”
that emerged from small group discussions

Small group discussions produced the 18 items that follow — possible solution areas for health care reform. Symposium participants then ranked the items in terms of importance, with the first six as the highest priority recommendations to emerge from the symposium.

(Listed in order of ranking)
1. Build public and business mandate for national change
2. Increase transparency — information sharing — among systems and physician practices
3. Define essential health care services for all Americans
4. Reimburse health care based on results; include a patient component to the incentive plan
5. Encourage formation of integrated systems
6. Reward patients for choosing high-quality health care plans and providers
7. Provide evidence-based, interdisciplinary treatment focused on high-risk patients
8. Foster organized delivery systems
9. Create a universal voucher system with a mandate for health insurance
10. Establish a national body to collect and report on outcomes and cost information
11. Focus on leadership; promote cultures for teamwork
12. Involve the patient as a partner in care
13. Create individually mandated insurance with market choices
14. Focus on prevention
15. Create a single-payor system with add-ons (e.g., federal employee plan)
16. Focus on continuity of care with home services, support and screening
17. Have prospective budgeting (e.g., capitation)
18. Eliminate preferential tax deductibility for health care

In addition to ranking the priorities for reform, participants shared their views about the environment for reform and the success of the symposium. By the symposium’s end, their optimism had increased about the possibility of significant health care reform. They also said the symposium built momentum for reform, specifically:
- 97 percent said the symposium increased their awareness and interest in identifying and implementing health care reform solutions.
- 99 percent said they were ready to help with future reform efforts by Mayo Clinic.

Participants acknowledged that patients and the public must accept vital roles in the reform movement.

Louis Sullivan, M.D., former Secretary of the U.S. Department of Health and Human Services, said because political efforts to jump start change have failed, a different approach is needed. “Congress won’t act until the people do,” he said.

Perhaps this new approach — one in which patients’ needs are front and center — will indeed jump start reform.
It’s a big mess

- When the symposium began 86 percent of participants acknowledged major problems with the U.S. health care system.
- 6 percent said the system was in a complete state of crisis.
- No one indicated problems were minor or that no problems existed.

Solutions for insurance reform

No simple answer. Symposium participants rated their top choice (42 percent) for insurance reform to be a mix of options — employer-based, single payer (government) and consumer vouchers.

Insurance companies perceived to have clout in current system

Symposium participants vs. public response

- 57 percent of symposium participants said that needs and interests of insurance companies come first in the current health care system. Physicians ranked near the bottom — only 10 percent of symposium respondents said physician needs come first.
- 41 percent of public respondents put insurance companies first. They said that patient needs come second. Only 4 percent of public respondents said physician needs come first.

What will reform look like? Incremental change or a total makeover? More employer-based insurance, single payer or something else?

A study conducted in May by Harris Interactive and presented at the symposium gave participants insight into current public opinion. The same questions used in the Harris public poll were posed to participants both before and after the symposium. This allowed participants to understand public opinion and to see how their opinions matched or contradicted those of the public.

Symposium participants also were able to see whether their own opinions changed as a result of their participation in the event’s discussions.

Highlights of the poll included:

Government help for those who can’t pay

**Symposium participants vs. public response**

- 80 percent of symposium respondents said the government should pay when people can’t afford medical care.
- 64 percent of public respondents said that government should cover this cost.

Government action vs. public expectations

**Incremental change vs. major change**

- When the symposium began, 97 percent of participants said federal policy makers were willing to make incremental changes to the health care system.
- Yet, 69 percent of the symposium participants said the public expects major reform to the existing system.

Lively discussions were the order of the day, and sophisticated instant voting technology allowed participants to view immediately the results of their discussion. The effect of this was a sense of connection and understanding that otherwise would not have been possible in such a large group. This mutual understanding made it possible to develop workable recommendations for reform.
**Advisory panel shaped symposium agenda**

No one can advance health care reform alone. Because of this truth, the symposium reflected all sectors affected by health care. Organizers drew upon the expertise of individuals and organizations from across the nation to help shape the Mayo Clinic National Symposium on Health Care Reform. The advisors, scattered across the United States, convened regularly via telephone conference to discuss agenda topics and develop symposium sessions.

“This was an extraordinary advisory panel,” says Deb Searles, one of the symposium organizers. “They were as engaged and as dedicated as our own Mayo Clinic staff were in making the symposium action oriented and solution based.”

Advisory panel members were:

- Susan Blumenthal, M.D., former assistant U.S. Surgeon General and professor at Georgetown School of Medicine
- Bruce Bradley, director of health care strategy and public policy, General Motors
- Ceci Connolly, national staff writer, Washington Post
- Chris Gade, chair, Division of External Relations, Mayo Clinic
- Mary Grealy, president, Healthcare Leadership Council
- John Iglehart, editor, Health Affairs and national correspondent, New England Journal of Medicine
- Tom Johnson, former CEO, CNN
- Michael Manganiello, senior vice president, Christopher Reeve Paralysis Foundation
- Pat Mitchell, president and CEO, Museum of Television & Radio
- Tim Penny, senior fellow and co-director of the Humphrey Institute Policy Forum in Minneapolis
- Hugh Smith, M.D., former chair, Mayo Clinic Rochester Board of Governors
- Robert Nesse, M.D., president and CEO, Franciscan Skemp Healthcare, Mayo Health System
- Kenneth Shine, M.D., executive vice chancellor, University of Texas System
- John Wennberg, M.D., director, Center for Evaluative Clinical Sciences, Dartmouth Medical School

**Between a rock and a hard place**

Larry Hanson was hospitalized 13 times for multiple health problems in 1997. Then he met Sidna Scheitel, M.D., a physician at Mayo Clinic. She developed a treatment plan to keep Hanson healthy and prescribed medications to normalize his pancreas functioning and treat depression, anxiety, pain and other symptoms. The treatment regimen worked.

“By 2002, Mr. Hansen had no hospitalizations all year,” says Dr. Scheitel.

In 2006, Hanson, 57, lost his job. He found a part-time retail job that pays little more than minimum wage. His wife earns a small pension and Social Security. They have health insurance through her former employer, but the plan only covers 50 percent of prescription drug costs. A 30-day supply of four of Hanson’s prescriptions costs half a month’s salary.

Hanson talked to Dr. Scheitel about the stress of medication costs. She referred him to Pete Coleman at Mayo Clinic Social Services. Coleman told Hanson about prescription drug company patient assistance programs, which provide free medications to those who qualify. Hanson is ineligible because he has partial medication coverage.

“Larry is between the proverbial rock and hard place,” says Coleman. “If he dropped his drug coverage through his wife’s former employer and drug companies discontinued the assistance programs, he’d be in a terrible quandary — and unable to re-enroll in his insurance coverage.”

Hanson knows what’s best for his health, but he has to balance his checkbook each month.

“If I stop taking these medications, I’ll have serious consequences,” he says. “There is no easy solution.”
A conversation with Sen. Tom Daschle

When participants and panelists gathered for the opening of the Mayo Clinic National Symposium on Health Care Reform, they weren’t sure what to expect. Mayo Clinic had promised the symposium would be different — highly participatory and interactive.

During the symposium’s keynote address, the tone was set. Joanne Silberner, health policy correspondent for National Public Radio, moderated a “conversation” with former U.S. Senate Democratic leader Tom Daschle, who also is a member of the Mayo Clinic Board of Trustees. Silberner initiated the discussion, then asked Daschle questions submitted by audience members.

While many people find the prospect of health care reform insurmountable and discussions about it steeped in rhetoric and pessimism, Daschle believes national health care reform is inevitable.

“Something will happen,” said Daschle. “We can’t possibly sustain our current circumstances indefinitely. The question is, at what point will change happen?”

Daschle addressed the effects of health care costs on business and individuals. “The real political dynamic today is cost,” said Daschle. “We spend $6,280 per capita per year on [health-care related] taxes, premiums and out-of-pocket expenses. That’s a huge issue for our country’s competitiveness. As cost becomes more of an issue, you’re going to see health care become more of an issue as well.”

Daschle told Silberner and symposium participants that the system is threatened by inefficiency.

“We have access issues and don’t deal with the uninsured very effectively,” he said. “We have a terrible administrative system. I’ve heard we spend anywhere from 15 to 25 percent of our health care costs on administration. We ought to use best practices in our health care system, and we don’t. I also think we ought to put a lot more effort on wellness promotion and preventive health care. A lot of our inefficiencies come from the fact that we wait too long and don’t address the problem [of illness] until it becomes a lot more severe.”

According to Daschle, one reason change is slow to come to the health care system is the American public’s misperceptions.

“As I talk to people around the country, there is this myth that we still have the best health care system in the world,” he said. “The reality is that we come in 42nd in infant mortality, 34th in life expectancy and, according to the Organisation for Economic Co-operation and Development, we are by far the most expensive [industrialized] country in the world [for health care costs].” Even more disturbing, the CIA World Fact Book currently lists the United States 48th in life expectancy.

In addition to misperceptions about the quality of the U.S. health care system, Daschle said reform is impeded by the misperception that change will be expensive.

“If we can’t solve this problem by spending less money on health care, then we haven’t solved the problem,” he said. “We’re spending 40 percent more [on health care] than the second-most expensive country, and we don’t have any of the outcomes that would show we’re getting our money’s worth.” Daschle believes presidential leadership will be essential to reform health care.

“The only way this is going to be the issue that it deserves to be in Washington is if the president were to say to the Congress, ‘This is my number-one priority, and I’m going to keep you here to work on it until it gets done.’”

Daschle also noted the importance of everyone getting involved in the process.

“The public needs to do more to raise this to the level of consciousness among elected officials,” he said. “It’s not enough to assume somebody else is going to do it. It’s really important to express yourself to members of Congress. They are affected by the conversations they have with leaders in their states, districts and jurisdictions. I can’t think of a better or stronger message than to ask of your congressman or senator, ‘Are you going to work on health care reform, and what is your plan to fix the system?’”

Daschle offered ideas for fixing the system.

“My personal view is that we have to have universal insurance coverage and it ought to be a personal mandate,” he said. “We ought to get away from the employer mandate. I would encourage employers to be part of it like they did in Massachusetts (see example at right), but it really has to be a personal mandate. The government would work to make sure that those who don’t have the means to [pay] would participate with government assistance.”

While he believes only a major crisis (such as continuously escalating costs or a pandemic outbreak) will fast-track health care reform, Daschle assured symposium participants that change is on the way.

“Necessity is the mother of invention, and necessity is soon going to be an even greater realization when it comes to health care,” he said. “There’s absolutely no reason why this can’t be done, with good leadership and the collective wisdom of groups like this.”

Marcia

“When I became ill unexpectedly, I needed multiple surgeries and had a lengthy recovery. I had great health insurance, but I used up the maximum allowed by the insurance policy by the time I was 32. I had to quit working because of my health problems. I was offered COBRA coverage, which was prohibitively expensive. I tried to find another insurance carrier, but the lowest premium was more than $500 a month. I went without insurance for years but was still not able to work. Then I was diagnosed with leukemia.

“If it weren’t for family and friends helping with fuel for my vehicle, housing payments, incidentals, car insurance and other expenses, I could be out on the street. When my daughter asks what I want for Christmas or my birthday, I tell her that a dental visit or new glasses or medical equipment I need would be wonderful.

“It is insane, cruel and unusual punishment that one must choose between medications and necessary medical equipment, and food and utilities. It’s sad that convicted criminals have mandatory health care coverage and I don’t.

“Not having health insurance or necessary health care causes incredible stress. My doctors tell me to avoid stress. I guess that’s when laughter comes in handy. Is anyone laughing yet?”

A sobering checkup at the Mayo Clinic

In health care, American consumers pay too much for too little

Strolling through the rather imperial campus of the Mayo Clinic — a place revered for quality and efficiency — you would never guess that the U.S. medical system is itself in critical condition. Yet that’s exactly the message Mayo transmitted this week during a three-day symposium that brought some of the nation’s most eminent experts to Rochester and delivered one indictment after another of American health care.

Mayo, which has traditionally shunned the spotlight on policy and politics, organized the forum out of frustration that no one in Washington has taken the issue seriously for a decade, and out of hope that the general public, confronted with the facts, might start demanding leadership.

If the symposium highlighted problems, however, it also offered intriguing solutions. Dr. John Wennberg of Dartmouth University said that Medicare, which pays about one-fifth of the nation’s medical bills, could cut its outlays by some 30 percent if it required all hospitals to be as efficient as those in Salt Lake City (or some in Minnesota, for that matter). Roger Feldman of the University of Minnesota said hospitals would cut the number of medical errors sharply if insurance companies rewarded them for adopting well-known, simple safety protocols. Dr. Ezekiel Emanuel from the National Institutes of Health said the United States, using vouchers for every citizen, could provide universal health insurance without spending much more money than it spends today because it already treats the uninsured in such costly, inefficient settings.

Since the debacle known as Hillary-care in 1993, Washington has mostly shied away from fundamental reform. Perhaps, like the guy who quits smoking only when the doctor insists, Washington will listen up now that Mayo has entered the consulting room. Voters should expect no less.
"At Mayo Clinic, we decided it was time to stop talking and start problem solving," says Denis Cortese, M.D., President and CEO of Mayo Clinic, welcoming symposium attendees to the first of several sessions to discuss health care reform.

"Seeing bipartisan agreement among the participants gives me hope that America’s health care problems can be solved in a reasonable and efficient way. I am optimistic that significant improvements will be made by the time our class is in practice."

— Chrystia Lilley
management, public health practice or health services research were chosen for participation by their instructors at colleges and universities across the nation.

“We thought it was important to include student participants,” says Deb Searles, a symposium organizer and manager in Mayo Clinic’s Department of Public Affairs. “We hoped to engage these future leaders in finding viable solutions that they can carry forward. They will inherit the present health care system, problems and all, and we hoped the symposium would broaden their perspectives about their future role in determining health care policy.”

Participation offered a rewarding experience and a one-credit course for students from the University of Minnesota. Symposium organizers collaborated with Susan Foote and other representatives from the university’s annual Public Health Institute and School of Public Health to develop the curriculum. Foote is associate professor in the Division of Health Services Research and Policy in the University of Minnesota’s School of Public Health.

“The symposium provided an engaging way to present information to students,” said Foote. “In the classroom, students typically read and discuss policy-related materials. At the symposium, they were called upon to process the information and respond [as participants]. We had an incredible chance to participate in discussions.”

“Students said the symposium transformed the experience of studying the writings of well-known experts into a first-person encounter,” says Searles. “It was an opportunity to not only hear experts speak, but also to ask them questions, approach them during breaks and work with them in small groups.”

Did the symposium succeed in making students feel personally invested in health care reform? Jonathan Cascino, a law student from the University of Oregon and summer intern in Mayo’s Legal Department, seems to think so.

“I feel like I’m part of the solution that will make health care reform actually happen,” said Cascino. “It will require building consensus, and this symposium is a good way to start.”

Geoff McDowell, a master’s degree candidate in Health Administration from the University of North Florida, said, “It will take more than a Band-Aid to change health care. It’s like building a new city from the rubble of a past disaster. We can do a lot more with our health care dollars and improve our systems to work smarter. It’s up to us to help figure out a solution we will be able to live with.”

Current problems in health care may cast a shadow on the future, but students still regard the future optimistically. “Seeing bipartisan agreement among the participants gives me hope that America’s health care problems can be solved in a reasonable and efficient way,” said Chrystia Lilley, a student in Mayo’s medical school. “I am optimistic that significant improvements will be made by the time our class is in practice.”

“We can do a lot more with our health care dollars and improve our systems to work smarter. It’s up to us to help figure out a solution we will be able to live with.”

— Geoff McDowell
Throughout the three days, participants developed a list of 18 ideas for reform (see page 11). In the closing session, participants pared the list to the six recommendations they thought were most critical to advancing health care reform. The prioritized recommendations, ranked by importance and urgency, are:

1. Build a public and business mandate for national change
2. Increase transparency — information sharing — among systems and physician practices
3. Define essential health care services for all Americans
4. Reimburse health care based on results; include a patient component to the incentive plan
5. Encourage formation of integrated systems
6. Reward patients for choosing high-quality health care plans and providers

“Until now, despite what [public opinion] polls say, there hasn’t been this strong, persistent support [for health care reform] on the part of the American people,” said Victor Fuchs, Ph.D., Henry J. Kaiser Jr. Professor Emeritus at Stanford University.

There is a similar lack of mandate from the business world despite the burden of providing health insurance coverage weighing heavily on American business. Participants at the Mayo Clinic Symposium on Health Care Reform heard vivid examples of the weight of the burden on business:

■ T.G.I. Friday’s, a restaurant chain owned by Minneapolis-based Carlson Companies, needs to sell a half-million more hamburgers next year to offset its annual increase in providing health care to its employees.
■ At Wal-Mart, employee health care benefits in 2005 cost almost $5 billion, approximately equivalent to half the company’s annual profits.
■ At General Motors, the sticker price on every new car reflects $1,000 in employee health care costs.

“We see this as a global competitiveness issue,” says Bruce Bradley, General Motors director of health care strategy and public policy. “As the world gets flatter, it is going to be more and more of an issue for any business providing health care coverage.”
Ezekiel Emanuel, M.D., Ph.D., chair of the Department of Clinical Bioethics at the National Institutes of Health’s Warren G. Magnuson Clinical Center, told participants that health care reform depends on leadership from big business — and that big business has not yet been ready to act. “At the moment, big business is bellyaching and complaining, but they’re not lobbying for change,” said Dr. Emanuel. “And the difference between bellyaching and lobbying in Washington is huge. Washington knows that big business is not serious unless they actually say, ‘We need it now!’”

However, symposium business leaders shared a consistent message: business is willing and able to be part of the solution — and is ready for change.

In a session of business leaders, Marilyn Carlson Nelson, CEO of Carlson Companies, parent company of several travel businesses, and a member of the Mayo Clinic Board of Trustees, cited a 2004 RAND study that indicated that patients in the United States receive substandard health care about half of the time.

“Would you fly with us if we got you there just 50 percent of the time?” asked Carlson Nelson. “That’s what health care is providing us today, and it is simply not acceptable.”

Scott McNealy, chair of Sun Microsystems, a leading global supplier of networking solutions, pointed out a particular inefficiency in health care — inadequate use of technology to improve patient care. “There’s more e-mail than atoms in the universe, and yet we can’t use it in health care,” he said.

McNealy said that current technology could ensure security, privacy and appropriate access to medical records to facilitate online health care.

**Impatience gives rise to initiative**

Impatience with waiting for reform has led many business leaders to implement programs to improve the quality of care for employees and to manage costs. Some of the initiatives promoting preventive care, portable medical records and quality incentives include:

- **No-cost access to primary care**: IBM, which provides health insurance to 500,000 employees and their dependents in the United States, offers employees access to primary care at no cost.

  To keep care affordable from a premium standpoint, Wal-Mart recently added three no-cost physician visits and three no-cost generic prescriptions to its employee health plan.

- **Personal health record**: To help employees better manage their health, Carlson Companies is implementing employee personal health records that include immunizations and insurance claims. The hope is that, with the cooperation of the medical community, eventually the personal health records will include individual medical records.
Matt Grinvalsky

When Matt Grinvalsky graduated from the University of Wisconsin-Madison, he took a part-time, temporary job with the Department of Natural Resources. The position offered a chance to work outdoors and use his education. But it didn’t offer health insurance.

“I decided to brave it and go without insurance,” says Grinvalsky. “I didn’t have much of a choice. I was making $20,000 a year, which wasn’t enough to cover food and rent along with insurance.”

Grinvalsky took on a second job to help meet expenses and to purchase an individual insurance plan. He quickly became discouraged.

“No one would cover my asthma,” he says. “They were willing to offer me coverage at a price I could afford but only if I’d sign a rider absolving them of responsibility for medical issues related to asthma — the main reason I needed insurance in the first place.”

Deciding that some coverage was better than none, Grinvalsky accepted the conditions. Then he was diagnosed with walking pneumonia.

“The illness wasn’t directly related to asthma, but the insurance company denied my claim because it was lung related,” he says. “I had to pay the $700 hospital bill myself.

“Many people can’t afford insurance or have inferior coverage,” he says. “They may be sick but ignore the symptoms or don’t get the preventive care they need. There has to be some way to reduce the cost. There has to be a better way.”

IBM has launched a similar, voluntary program. In three months, 50,000 employees and their family members entered their personal health information.

**Lower cost prescriptions:** Wal-Mart recently reduced employee co-pay costs on some generic medications that treat common chronic conditions such as high cholesterol and blood pressure. “Some of the drugs had a $10 co-pay, and we dropped it to $3,” said Linda Dillman, Wal-Mart’s executive vice president for benefits. “We don’t want people to have to make the choice between whether or not to pay the deductible and take the medication they really need.”

**Incentives for choosing quality:** General Motors uses several tools to measure the quality and cost of health care. Employees who select high-quality health options also pay the lowest out-of-pocket costs.

**Incentives for wellness:** IBM employees are rewarded $150 for completing a wellness assessment.

“We sense there’s a change in the air,” said Harriet Pearson, vice president of corporate affairs for IBM. “It’s not only going to come out of Washington. It’s not going to come out of any one organization. It’s going to come from collaboration like this.”

It is clear that as businesses are faced with spiraling health insurance costs and employers are faced with tough employee coverage decisions, they will play an important role in moving health care reform forward. Business leaders must plan to be part of the process and the solution.

When symposium participants were asked what groups or segments had the greatest influence on health care reform,
providers, insurers, government and individuals were ranked similarly. Business outranked all of them.

2. Increase transparency — information sharing — among systems and physician practices

Transparency “is an essential ingredient in making progress in health and medical care,” said Paul O’Neill, former Secretary of the U.S. Department of the Treasury.

Using medical errors, which kill an estimated 98,000 patients a year, as an example of transparency, O’Neill said if he had the power, he’d require that notice of every medical error be “put into cyberspace within 24 hours, for all to see.”

“It’s about having a nationwide learning system that has the power of experience,” said O’Neill, who championed a goal of zero workplace injuries as CEO of Alcoa. “You take the learning and experience and apply it to your own circumstances.”

Other panelists emphasized the importance of openly sharing medical information, and finding a reliable way to disseminate the ever-growing body of scientific knowledge throughout the health care industry.

“The information is there — it’s just not available in a relevant way that’s understandable by the people who need it at the time and place they need it,” said Hugh C. Smith, M.D., co-chair of the symposium and former chair of the Mayo Clinic Rochester Board of Governors.

Steve Case, former CEO of AOL Time Warner and chairman and CEO of Revolution Healthcare, said not only health care providers need better access to health information — the public also needs improved access to it.

“Most people in this country spend more time deciding what movie to go to or what restaurant to go to than what doctor to go to, and they actually have better tools to pick the movies and the restaurant,” said Case. “Good health is arguably more important than ’Mission Impossible.’”

3. Define essential health care services for all Americans

Symposium participants, similar to the public polled, agreed that all Americans have a right to health insurance. The group recommended that health insurance be mandated — similar to auto insurance — and that the government subsidize insurance for those who cannot afford it.

Participants agreed it will be important to define which essential services universal coverage should include as well as those it should not.

4. Reimburse health care based on results; include a patient component to the incentive plan

Symposium panelists and participants agreed that without a major overhaul in the reimbursement system — one that focuses on outcomes of care — the deep flaws in our current system will continue to erode the quality of and access to medical care. Symposium panelists advocated for restructuring
the health care payment system to tie reimbursement to results and include a patient component to the incentive plan.

“We’re not getting good value for the services [we receive], and many of the services [we do receive] are unnecessary,” said Elliott Fisher, M.D., director of the Institute for The Evaluation of Medical Practices at the Center for the Evaluative Clinical Sciences at Dartmouth Medical School.

“If medical groups were paid for high-value outcomes, there would be a great opportunity to lower health care costs,” said Robert Nesse, M.D., president and CEO, Franciscan Skemp Healthcare, Mayo Health System. He described the findings reported in The Dartmouth Atlas of Health Care, which showed that patients living in areas with higher per capita resources received more interventions but did not have better outcomes than patients receiving less intense care. The report suggests that patients receiving care from integrated medical groups generally fared better at a lower cost since care was coordinated and duplicate interventions were avoided. “When positive outcomes are rewarded, patients are more likely to receive the quality care they deserve,” Dr. Nesse concluded.

“Pick those [doctors/health care organizations] that provide the better care, and you reward those groups with your patient business,” recommended Roger Feldman, Ph.D., professor of Economics and Blue Cross Professor of Health Insurance at the University of Minnesota. “You do that by paying them more or making the patients pay more to go to the other care providers [with poorer care results].”

Panelists also recommended patients should play a role in managing health care costs.

5. **Encourage formation of integrated systems**

Panelists discussed the many benefits, including improved patient outcomes and reduced costs, of delivering health care within an integrated system — one that uses a team approach with a variety of medical specialists working together to provide the highest-quality care.

“If everyone could perform as well as integrated systems such as Intermountain Health Care or Mayo Clinic, we could probably reduce U.S. health care spending by about 30 percent,” said Elliott Fisher, M.D., director of the Institute for the Evaluation of Medical Practices at the Center for the Evaluative Clinical Sciences at Dartmouth Medical School.

Bruce Bradley, director of Health Care Strategy and Public Policy at General Motors, said he believes every physician should be required to be affiliated with an organized delivery system because “that’s what’s in the interest of the patient.”

6. **Reward consumers for choosing high-quality health care plans and providers**

Participants agreed with panelists who argued for more consumer involvement in the selection of health plans.

“We evaluate all of our health plans using a whole series of quality measures ... and we then provide financial incentives for our employees to enroll in the plans offering high-quality providers,” said Bruce Bradley, General Motors director of Health Care Strategy and Public Policy. “We’ve seen significant migration away from plans linked with poorer performers to those offering better quality care.”

According to Bradley, providing consumers with incentives for choosing plans that offer high-quality providers has the potential to do more than just save money. Since implementing its incentives, Bradley said General Motors has “seen dramatic improvement in the performance of some of our major plans because market share is a huge reward.”
When the curtain closed on the Mayo Clinic National Symposium on Health Care Reform after three days of engaging presentations, discussions, input and feedback, the participants had reached consensus. They agreed on areas of paramount importance to rehabilitating the country’s broken health care system and offered high-priority recommendations.

But that’s hardly the end. The symposium was just the start of a comprehensive process that will continue to engage leaders and experts around the country in developing credible, patient-centered health care reform solutions based on these priorities. Ultimately, the goal of this effort is to present the solutions to members of the next presidential administration who can use them to make meaningful changes to the U.S. health care system.

“The feedback we received from the symposium showed that people thought it was highly interactive and engaging. They thought there was potential to have an effect on health care reform,” says Chris Gade, a member of the Health Policy Center leadership team and chair of the Mayo Clinic Division of External Relations. “We want to use the policy forums to build on that momentum. As we do so, we hope to collaborate with other organizations and groups that have similar efforts under way. We want to build on and leverage each other’s advances so, together, we can accomplish something real for patients.

“Ultimately, the proof of our success lies in what happens at the end of all this,” says Gade. “But if we continue to move along the path we’re on, we are confident we can make a difference. It’s a matter of engaging the right people along the way and keeping patients’ needs at the center of our efforts.”

Right: “We’re here to explore together solutions for moving beyond things that aren’t working,” says Hugh C. Smith, M.D., symposium co-chair and former chair of the Mayo Clinic Rochester Board of Governors.
Resources to help you stay connected with Mayo Clinic and Mayo Clinic Alumni Association

Mayo Clinic Rochester
200 First Street SW
Rochester, MN 55905
507-284-2511

Mayo Clinic Jacksonville
4500 San Pablo Road
Jacksonville, FL 32224
904-953-2000

Mayo Clinic Arizona
13400 East Shea Boulevard
Scottsdale, AZ 85259
480-301-8000

For Mayo Clinic and health information on the Web:
www.mayo.edu
www.mayoclinic.org
www.mayoclinic.com

Alumni Center Information

Mayo Clinic Alumni Center
507-284-2317
Karen Skiba
Administrator
507-538-0162

E-mail: mayoalumni@mayo.edu
www.mayo.edu/alumni

Alumni Relations Coordinators:
Betsey Smith
507-538-1164

Debbie Oscarson
507-538-1663

The Doctors Mayo Society
Robert Giere
800-297-1185

Physician Referral Information
Rochester 800-533-1564
Jacksonville 800-634-1417
Arizona 800-446-2279
www.mayoclinic.org/medicalprofs

Executive Health Program
Rochester 507-284-2288
Jacksonville 800-634-1417
Arizona 480-301-8088
www.mayoclinic.org/executive-health

Mayo Medical Laboratories
800-533-1710
www.mayoreferenceservices.org/mml/

Mayo Clinic MedAir, Mayo One
800-237-6822
www.mayomedicaltransport.com

Regional Visiting Faculty Program
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Arizona 480-301-7348

Visiting Clinician Program
Rochester 507-284-3432
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Employment Opportunities

Mayo Clinic Human Resources
For information about employment opportunities at Mayo Clinic visit:
www.mayo.edu or e-mail:
careers@mayo.edu

You will be asked to specify Rochester, Jacksonville or Arizona for employment opportunities.

Mayo Health System
John Shonyo
507-284-9114
www.mhs.mayo.edu

Medical Journal

Mayo Clinic Proceedings
800-707-7040
www.mayo.edu/proceedings
The Mayo Clinic Alumni Association Professional Achievement Award acknowledges significant contributions by an alumnus or alumna from Mayo Graduate School of Medicine, Mayo Graduate School or Mayo Medical School. Accomplishments may be in a clinical program, a research program, an educational program, or an administrative field and must be exceptional in nature. The recipient(s) will demonstrate the commitment of the Mayo Brothers to practice, education, and research.

Dr. C. H. Mayo said, “Medicine gives only to those that give, but her rewards for those who serve are ‘finer than much fine gold.’” This award is intended to recognize the significant contributions of individuals who contribute in an exceptional manner to the care of patients or participate in research endeavors or educational or administrative commitments.

The Award
The award will be presented at the 2007 Mayo Clinic Alumni Association International Meeting that is scheduled for Oct. 18-20, at Mayo Civic Center, Rochester, Minn. Travel and hotel expenses will be provided. Recipient(s) must attend the Mayo Clinic Alumni Association International Meeting in order to receive the award.

Criteria
A Mayo Clinic Alumni Association member in active practice who meets one or more of the following:

- Provides exceptional leadership in clinical medicine
- Promotes the art and science of medicine through education
- Has shown significant leadership ability
- Is recognized for contributions to the research community
- Has had early career accomplishments with significant potential for further accomplishments

Nomination Process
To be considered for this award, a completed nomination form and letter by a Mayo Clinic Alumni Association member, nominee’s curriculum vitae and bibliography, letters of recommendation, and supporting information should be submitted. Supporting information may include letters of commendation, awards, journal articles, or other information to support the nomination. The nomination should include specific examples of how the nominee has exceeded expectations in his/her area.

A committee comprised of representatives from the Mayo Clinic Alumni Association, the Mayo Clinic Alumni Association administrator, and the secretary-treasurer of the Association will review the applications and select the recipient(s).

For more information:
Mayo Clinic Alumni Center
200 First Street S.W.
Rochester, MN 55905
Telephone: 507-538-1164
Fax: 507-538-7442
E-mail: mayoalumni@mayo.edu

“The aim of medicine is to prevent disease and prolong life; the ideal of medicine is to eliminate the need of a physician.”

— Dr. W. J. Mayo
Please print or type and return this form and supporting material to the address given below by March 2, 2007.

Nominator Information

Name______________________________________________________________________________________________________

Title_______________________________________________________________________________________________________

Address____________________________________________________________________________________________________
___________________________________________________________________________________________________________

Phone number___________________________________________ Fax number______________________________________
E-mail address______________________________________________________________________________________________

Nominee Information

Name______________________________________________________________________________________________________

Title_______________________________________________________________________________________________________

Address____________________________________________________________________________________________________
___________________________________________________________________________________________________________

Phone number___________________________________________ Fax number______________________________________
E-mail address______________________________________________________________________________________________

Each nomination packet must include:

- Letter of nomination (Please describe in detail how this nominee meets the criteria)
- Curriculum vitae and bibliography
- Supporting letters (3-5 are recommended)

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- Letters of commendation, awards, newspaper articles or other information (Optional)

Send nomination to: Mayo Clinic Alumni Center

200 First Street S.W.  Telephone: 507-538-1164
Rochester, MN 55905  Fax: 507-538-7442

E-mail: mayoalumni@mayo.edu
T

he Mayo Clinic Alumni Association Humanitarian Award acknowledges significant contributions by an alumnus or alumna of Mayo’s education programs to the welfare of a community, country or humanity, beyond any volunteer service to Mayo. The recipient(s) will demonstrate the commitment of the Mayo Brothers to service of humanity.

Dr. W. J. Mayo said, “… any person who had physical strength, intellectual capacity or unusual opportunity held such endowments in trust to do with them for others in proportion to his gifts.” This award is intended to recognize the significant contributions of individuals who enrich the lives of people through service to the community in the areas of public health or public service.

The Award
The award will be presented at the 2007 Mayo Clinic Alumni Association International Meeting that is scheduled for Oct. 18-20, at Mayo Civic Center, Rochester, Minn. Travel and hotel expenses will be provided. Recipient(s) must attend the Mayo Clinic Alumni Association International Meeting in order to receive the award.

Criteria
A Mayo Clinic Alumni Association member who meets one or more of the following criteria:

■ Provides exceptional service through volunteerism or significant service to a population
■ Promotes the art and science of medicine
■ Is recognized for contributions to under-served populations or provides services in challenging situations

Nomination Process
To be considered for this award, a completed nomination form and letter by a Mayo Clinic Alumni Association member, nominee’s curriculum vitae and bibliography, letters of recommendation and supporting information should be submitted. Supporting information may include letters of commendation, awards, newspaper articles, or other information to support the nomination. The nomination letter should include examples of how the nominee has contributed to public health or service. A committee comprised of representatives from the Mayo Clinic Alumni Association, the Mayo Clinic Alumni administrator, and the secretary-treasurer of the Association will review the applications and select the recipient(s).

For more information: Mayo Clinic Alumni Center
200 First Street S.W.
Rochester, MN 55905
Telephone: 507-538-1164
Fax: 507-538-7442
E-mail: mayoalumni@mayo.edu

“All who are benefited by community life, especially the physician, owe something to the community.”

— Dr. C. H. Mayo
Please print or type and return this form and supporting material to the address given below by March 2, 2007.

**Nominator Information**

Name ________________________________________________________________

Title _________________________________________________________________

Address ______________________________________________________________

________________________________________________________________________

Phone number ___________________________ Fax number ___________________________

E-mail address __________________________________________________________

**Nominee Information**

Name ________________________________________________________________

Title _________________________________________________________________

Address ______________________________________________________________

________________________________________________________________________

Phone number ___________________________ Fax number ___________________________

E-mail address __________________________________________________________

**Each nomination packet must include:**

- Letter of nomination (Please describe in detail how this nominee meets the criteria)
- Curriculum vitae and bibliography
- Supporting letters (3-5 are recommended)

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- Letters of commendation, awards, newspaper articles or other information (Optional)

**Send nomination to:** Mayo Clinic Alumni Center
200 First Street S.W.
Rochester, MN 55905

Telephone: 507-538-1164
Fax: 507-538-7442
E-mail: mayoalumni@mayo.edu
Mayo Clinic Distinguished Alumni Award

Selection Criteria for 2007:
• Nominee must be a member of the Mayo Clinic Alumni Association: Trained as a resident or fellow in Mayo School of Graduate Medical Education, a graduate of Mayo Medical School or Mayo Graduate School, a member of Mayo Clinic staff, or emeritus Mayo Clinic staff.
• Recipient must be able to attend the Mayo Clinic Award Presentation on August 10, 2007.
• The criteria to be taken into consideration when selecting your nominee include:
  – National or international peer recognition of accomplishments in education, research, clinical practice or administration
  – Strength of scientific discovery and publications
  – Leadership in their field
  – Community service
  – Professional and personal integrity

The selection committee will be coordinated and supervised by the Mayo Foundation Director for Education and the Mayo Clinic Alumni Association.

Instructions:
• Each alumnus/alumnae of the Mayo Clinic Alumni Association may nominate one candidate each year. Individuals may resubmit the name of a previously nominated candidate.
• The nomination packet must include a letter of nomination, curriculum vitae, bibliography and five or more support letters are recommended; they do not need to be written by Mayo alumnus/alumnae.

Nomination letters should be addressed to Terrence L. Cascino, M.D., Director for Education and mailed to:
Cindy Cunningham
Mayo Clinic Alumni Center
Siebens 5
200 First Street, SW
Rochester, MN 55905
Tel: (507) 266-4454
Fax: (507) 266-4452
E-mail: cunningham.cindy@mayo.edu

Please print or type and return this form and supporting material to the address given below by December 29, 2006.

Nomination Form

Nominator Information
Name__________________________________________
Title __________________________________________
Address________________________________________
Phone number____________________________________
Fax number ______________________________________
E-mail address ___________________________________

Nominee Information
Name__________________________________________
Title __________________________________________
Address________________________________________
Phone number____________________________________
Fax number ______________________________________
E-mail address ___________________________________

Each nomination packet must include:
Letter of nomination (Please describe in detail how this nominee meets the criteria)
Curriculum vitae and bibliography
Supporting letters (five are recommended)

Name
1.____________________________________________
2.____________________________________________
3.____________________________________________
4.____________________________________________
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6.____________________________________________

Send nomination to:
Cindy Cunningham
Mayo Clinic Alumni Center
Siebens 5
200 First Street, SW
Rochester, MN 55905
Tel: (507) 266-4454
Fax: (507) 266-4452
E-mail: cunningham.cindy@mayo.edu
2006
Hubert Frohmüller, M.D. (U)'63
Würzburg, Germany
Robert Hyatt, M.D. (ThD)'87
Rochester, Minnesota
Philip Lee, M.D. (I)'55
Ventura, California

2005
Sir Brian G. Barratt-Boyes, M.D. (S)'55
Milford, New Zealand
Robert A. Kyle, M.D. (I)'59
Rochester, Minnesota
Richard K. Winklemann, M.D., Ph.D.
(Derm)'56, Fountain Hills, Arizona

2004
Howard A. Andersen, M.D. (S)'49, (I)'51
Rochester, Minnesota
Edmund Y. S. Chao, Ph.D. (OR)'72
Catonsville, Maryland
Kenneth G. Mann, Ph.D. (Hem)'72
Grand Isle, Vermont

2003
Francis J. Haddy, M.D., Ph.D. (I)'51
Rochester, Minnesota
Gertrude M. Tyce, Ph.D. (Bioc)'63
Rochester, Minnesota
Jack P. Whisnant, M.D. (I)'53, (N)'55
Rochester, Minnesota

2002
Valentin Fuster, M.D., Ph.D. (I)'72, (CV)'74, New York, New York
Vay Liang W. Go, M.D. (I)'67, (GI)'71
Los Angeles, California
Kai Rehder, M.D. (I)'58, (Anes)'61
Vail, Colorado

2001
Robert W. M. Frater, MB, ChB, MS
(Surg. Min) FRCS, FACS (S)'60, (TS)'61
Bronxville, New York
Alan F. Hofmann, M.D. (GI)'77
La Jolla, California
John W. Joyce, M.D. (I)'63
Rochester, Minnesota
B. Lawrence Riggs, M.D. (I)'62
Rochester, Minnesota

2000
Suzanne T. Ildstad, M.D. (MMS)'78
Louisville, Kentucky
William H. Remine, Jr., M.D. (S)'45
Ponte Vedra Beach, Florida
John A. Washington, M.D. (M)'67
Cleveland, Ohio

1999
Donato Alarcón-Segovia, M.D., MS (I)'64
Mexico City, Mexico
Leonard T. Kurland, M.D., Dr.PH. (N)'53
Rochester, Minnesota
John E. Woods, M.D., Ph.D. (Pls)'68
Rochester, Minnesota

1998
Shahbudin H. Rahimtoola, MB, FRCP,
MACP (Phys)'66, Los Angeles, California
Edward C. Rosenow, III, M.D., M.S.
(Thd,J)'65, Rochester, Minnesota
Robert J. White, M.D., Ph.D. (NS)'59
Cleveland, Ohio

1997
Arnold S. Anderson, M.D. (Pd)'50
Scandia, Minnesota
John R. Blinks, M.D. (Phar)'68
Friday Harbor, Washington
Richard J. Reitemeier, M.D. (I)'54
Rochester, Minnesota

1996
E. J. Walter Bowie, M.D. (I)'61
Rochester, Minnesota
Juan Ramon de la Fuente, M.D. (P)'80
Mexico City, Mexico
Alexander J. Walt, M.D. (S)'56
Huntington Woods, Michigan
(posthumously)

1995
Hugh R. Butt, M.D. (I)'38
Rochester, Minnesota
Harold O. Perry, M.D. (Derm)'53
Rochester, Minnesota

1994
Martin A. Adson, M.D. (S)'57
Rochester, Minnesota
Robert J. Ryan, M.D. (Bioc)'67
Rochester, Minnesota
Harold J. C. Swan, M.D. (Phys)'55
Beverly Hills, California

1993
Norman L. Browse, M.D. (S)'65
London, England
Howard B. Burchell, M.D. (I)'40
St. Paul, Minnesota
Edward D. Henderson, M.D. (Or)'51
Rochester, Minnesota

1992
William M. Manger, M.D., Ph.D. (I)'55
New York, New York
Vernon R. Mattox, Ph.D. (Bioc)'52
Rochester, Minnesota
Ross H. Miller, M.D. (NS)'54
Hilton Head Island, South Carolina

1991
James C. Hunt, M.D. (I)'58
Memphis, Tennessee
Robert W. Jamplis, M.D. (TS)'53
Palo Alto, California

1990
H. Corwin Hinshaw, M.D., Ph.D. (I)'36
Belvedere, California
Edward H. Lambert, M.D. (Phys)'43
Rochester, Minnesota
Kenneth G. Berge, M.D. (I)'55
Rochester, Minnesota

1989
John P. Utz, M.D. (I)'52, Washington, D.C.
Charles A. Owen, Jr., M.D. (I)'50
Rochester, Minnesota

1988
Crowell Beard, M.D. (Oph)'43
Redwood City, California
Hillier L. Baker, M.D. (R)'56
Rochester, Minnesota

1987
Jesse E. Edwards, M.D. (Path)'46
St. Paul, Minnesota
Collin S. MacCarty, M.D. (NS)'44
Rochester, Minnesota

1986
Charles C. Edwards, M.D. (S)'56
La Jolla, California
Oliver H. Beahrs, M.D. (S)'50
Rochester, Minnesota

1985
John T. Shepherd, M.D. (Phys)'54
Rochester, Minnesota
Mark B. Coventry, M.D. (Or)'42
Rochester, Minnesota
F. Henry Ellis, Jr., M.D. (TS)'53
Burlington, Massachusetts

1984
Griff T. Ross, M.D., Ph.D. (I)'60
Houston, Texas
Earl H. Wood, M.D., Ph.D. (Phys)'42
Rochester, Minnesota

1983
L. Emmerson Ward, M.D. (Rheu)'50
Rochester, Minnesota
Shervert H. Frazier, Jr., M.D. (P)'57
Concord, Massachusetts

1982
Thomas W. McElin, M.D. (ObG)'50
Chicago, Illinois
David C. Dahlin, M.D. (Path)'48
Rochester, Minnesota

1981
John W. Kirklin, M.D. (S)'50
Birmingham, Alabama
Dwight C. McGoan, M.D. (S)'57
Rochester, Minnesota
Mayo Clinic among first for new NIH award

The National Institutes of Health (NIH) has selected Mayo Clinic as one of the first recipients of the new Clinical and Translational Science Award. Mayo will receive approximately $72 million from this new omnibus clinical research funding program over four years and nine months. The award will establish the new Mayo Clinic Center for Clinical and Translational Research. This new award program is the approach NIH will now use to support premier institutional clinical and translational research around the country.

“The Mayo Clinic Center for Clinical and Translational Research will coordinate the efforts of our outstanding clinical research education and training programs, our world-class scientists and clinical research investigators, and the vast resources of Mayo Clinic to speed the process of turning our research discoveries into the medications and treatments our patients need and expect,” says Robert Rizza, M.D., Mayo Clinic’s director for research and the director of the new center. “By establishing this center, Mayo Clinic continues its leadership role in the medical and scientific community by focusing its considerable resources on translating today’s discoveries into tomorrow’s cures.”

The award will be used to enhance several existing clinical research core laboratories and research education programs, as well as to create new resources, training programs and career development opportunities for Mayo Clinic faculty, investigators and allied health staff. With the additional funding, Mayo Graduate School will add a Ph.D. program in clinical and translational science, an emerging discipline that is strongly supported by NIH and other research sponsors. Plans also are under way to expand the capabilities of Mayo Clinic’s highly regarded General Clinical Research Center, which provides facilities, high-tech resources, and nursing and dietetic staff for clinical researchers at Saint Marys Hospital and Rochester Methodist Hospital.

The Mayo Clinic Center for Clinical and Translational Research will become a charter member of a national consortium of funded institutions that will shape the agenda for clinical/translational research and establish standards and best practices. Participation in the consortium “is a natural progression in Mayo Clinic’s continuing role as a national leader in health care policy and patient advocacy,” according to Denis Cortese, M.D., President and CEO of Mayo Clinic. “We look forward to sharing Mayo Clinic’s unique perspective and capabilities while learning from our colleagues around the country and working with them to establish a framework for this new paradigm of clinical/translational research.”

An executive committee will provide scientific and administrative leadership for the center. Its members are Mayo Clinic physician/investigators recognized as international leaders in their fields, including: Dr. Rizza, director; David Warner, M.D., associate director; Sherine Gabriel, M.D., director of Career Development and Educational Resources; Michael Joyner, M.D., director of Support Resources; and K. Sreekumaran Nair, M.D., director of Clinical Research Core Resources. The executive committee will be supported by internal and external advisory committees of leading scientists, clinical investigators and...
Friday, Oct. 19
Registration continues

• Scientific program begins, to include
general and medical specialty break-
out sessions

• Updates by Mayo Clinic leadership

• The Doctors Mayo Society Lifetime
Achievement Distinguished Lecture
(Richard M. Weinstilboum, M.D.,
Mary Lou and John H. Dasburg
Professor in Cancer Genomics
Research; Chair, Division of
Pharmacology; Professor of
Molecular Pharmacology and
Experimental Therapeutics and
Medicine)

• Reception at Assisi Heights

Saturday, Oct. 20
Registration continues

• Scientific program continues,
including general and medical
specialty breakout sessions

• Judd-Plummer Lecture (Ira Flatow,
Host, “Talk of the Nation: Science
Friday”)

• Raymond Pruitt Lecture (Jordan
Cohen, M.D., Immediate Past
President of the Association of
American Medical Colleges)

• Mayo Clinic College of Medicine
reception (precedes the gala)

• President’s Gala — The Doctors
Mayo Society closing dinner and
program

• Gala Theme: “Mayo and the
Mississippi”

• Presentation of the Mayo Clinic
Alumni Association Humanitarian
Award and Professional Achievement
Award (nomination forms and
criteria in this issue)

• Installation of David Teegarden, M.D.,
as new President of the Alumni
Association

Mayo Clinic Cancer Center
names new director

Robert B. Diasio, M.D., commenced
duties Sept. 1, 2006, as the new
director of Mayo Clinic Cancer
Center, succeeding Franklyn
Prendergast, M.D., Ph.D. Dr. Diasio,
who is based at Mayo Clinic Rochester,
will direct Cancer Center activities
across all three Mayo Clinic sites,
which are included in the single
National Cancer Institute comprehen-
sive cancer center designation.

“Dr. Diasio is an excellent
successor to Dr. Prendergast, who
led the Cancer Center through 11
years of exceptional growth and
progress,” said Denis Cortese, M.D.,
Mayo Clinic’s President and CEO.
“The years of research and clinical
experience that Dr. Diasio brings to
Mayo will be an asset to our Cancer
Center. His stellar leadership
capabilities will ensure that we
continue to build on our position as
a premier cancer center and provider
of cancer care.”

Dr. Diasio came to Mayo Clinic
from the University of Alabama
School of Medicine in Birmingham,
where he was associate director of
the comprehensive cancer center,
chairman of the Department of
Pharmacology and Toxicology, and
director of the Division of Clinical
Pharmacology. Nationally known as
an expert in cancer pharmagenomics,
Dr. Diasio plans to continue research
focusing on maximizing the effective-
ness of chemotherapy in cancer
patients using new genetic diagnostic
methods.

“I am pleased to join the out-
standing team at Mayo Clinic Cancer
Center,” said Dr. Diasio. “It is a great
honor and an incredible opportunity
to lead one of the top National Cancer
Institute-designated comprehensive
cancer centers. I’m excited to enter
an organization with a strong track
record in discovery and in translating
research findings into new treatments
for patients.”

Dr. Prendergast will remain at
Mayo Clinic, continuing with his
ongoing research and other
responsibilities.
Professional meetings

Mayo Clinic Alumni Association
Receptions

American Society of Hematology,
Dec. 9–12, 2006, Orlando, Fla.

Society of Thoracic Surgeons,

American Academy of Dermatology,
Feb. 2–6, 2007, Washington, D.C.

American Academy of Orthopedic

American Academy of Neurology,
April 28–May 5, 2007, Boston

American Association of Clinical
Endocrinologists, April 11–15, 2007, Seattle

American Association of
Neurological Surgeons,
April 14–19, 2007, Washington, D.C.

American College of Physicians,
April 19–21, 2007, San Diego

Pediatric Academic Societies
(formerly American Academy of
Pediatrics), May 5–8, 2007, Toronto, Canada

American College of Obstetricians
and Gynecologists, May 5–9, 2007, San Diego

Association for Research in Vision

American Roentgen Ray Society,
May 6–11, 2007, Orlando, Fla.

Heart Rhythm Society, May 9–12, 2007, Denver

American Association of Orthodontics,
May 18–22, 2007, Seattle

American Thoracic Society,
May 18–23, 2007, San Francisco

American Urologic Association,

American Psychiatric Association,
May 19–24, 2007, San Diego

Digestive Disease Week, May 19–24, 2007, Washington, D.C.

American Society for Microbiology,
May 21–25, 2007, Toronto, Canada

American Society for Colon and
Rectal Surgeons, June 3–7, 2007, Seattle

For more information, please log on to the Mayo Clinic CME Web site at www.mayo.edu/cme. Or you may call 507-284-2509 or 800-323-2688.

Faculty Development Workshop –
Improving Cultural Competence
for Physicians-Educators,
Dec. 19, 2006, Rochester, Minn.

4th Mayo Clinic State-of-the-Art
Symposium on Hematologic
Malignancies, Jan. 14–18, 2007, Wellington, New Zealand

Hematologic Malignancies Nursing
and Pharmacy Symposium,
Jan. 15, 2007, Wellington, New Zealand

Mayo Clinic Perspectives in Spine
Care, Jan. 18–20, 2007, Scottsdale, Ariz.

Postgraduate meetings

Mayo Clinic International Spine
Surgery Symposium, Jan. 21–25, 2007, Big Island, Hawaii

Arrhythmias and the Heart,
Jan. 22–25, 2007, Big Island, Hawaii

The Interface of Medical Illness and
Depression: A Clinical Review
for Primary Providers,
Jan. 25–27, 2007, San Juan, Puerto Rico

Pain Medicine: A State-of-the-Art
Course in Pain Management for
the Non-Pain Specialist,

Mayo Clinic Hematology Review,
Jan. 27, 2007, Minneapolis

Psychiatric Pharmacogenomics,
Feb. 2–3, 2007, Kauai, Hawaii

Mayo Clinic Interactive Surgical
Symposium, Feb. 4–9, 2007, Maui, Hawaii

Gastroenterology and Hepatology
2007, Feb. 5–9, 2007, Grand Bahama Island

32nd Annual Cardiovascular
Conference at Snowbird,
Feb. 6–10, 2007, Snowbird, Utah

Intensive Ethics CME Course:
Transplant Ethics, Feb. 7–9, 2007, Rochester, Minn.

Selected Topics in Internal Medicine,
Feb. 12–16, 2007, Big Island, Hawaii

Advanced Radiology Life Support
Course, Feb. 18, 2007, Big Island, Hawaii

Tutorials in Diagnostic Radiology,

Mayo Clinic Symposium on
Anesthesia and Perioperative

8th Annual Southwest Nephrology
Conference, Feb. 23–24, 2007, Phoenix
Gastroenterology and Hepatology

Menopausal Medicine: Care of the Mature Female, March 1–3, 2007, San Diego


10th Mayo Clinic Endocrine Course, March 18–23, 2007, Big Island, Hawaii


Mayo Headache Symposium, April 13–15, 2007, Chicago


Upper Mississippi Valley Retina Cases Conference, May 12, 2007, Minneapolis


1950s
Robert J. White, was featured on the ITN (private English television system) regarding brain transplantation research. Dr. White completed a Mayo Graduate School residency in Neurologic Surgery.

1960s
Alroy A. Chow, received the American Gastroenterological Association’s 2006 Distinguished Clinician Award. Dr. Chow completed a Mayo Graduate School residency in Neurologic Surgery.

1970s
James L. Borke, received the 2006 School of Graduate Studies Distinguished Teacher Award from the Department of Oral Biology & Maxillofacial Pathology at the Medical College of Georgia, Augusta. Dr. Borke completed a Mayo Graduate School residency in Endocrine Research.

1980s
Immanuel Benjamin, serves as medical director and CEO of the United Christian Hospital in Lahore, Pakistan. Dr. Benjamin completed Mayo Graduate School residencies in Surgery and Internal Medicine.
Patricia F. Walker, directs the Global Health Pathway in the Department of Medicine at the University of Minnesota. Dr. Walker completed a Mayo Graduate School residency in Internal Medicine.

1990s
Howard B. Chodash, was named associate professor of Clinical Medicine at Southern Illinois University School of Medicine, Springfield, and interim chair of the Division of Gastroenterology. Dr. Chodash completed Mayo Graduate School residencies in Internal Medicine and Gastroenterology.

2000s
Robert R. Waller, serves as chair of the Institute for Healthcare Improvement Board of Directors, Boston. Dr. Waller completed Mayo Graduate School residencies in Internal Medicine and Ophthalmology and was a former Staff consultant in the Department of Ophthalmology.

Imran Hassan, was appointed an assistant professor of General Surgery at the Southern Illinois University School of Medicine, Springfield. Dr. Hassan completed a Mayo Graduate School residency in Colon and Rectal Surgery.

Staff news

Allison Cabalka was recognized as a Champion of Minnesota Cardiology by the American College of Cardiology – Minnesota Chapter.

Stephen Carmichael was appointed to the Federative Committee on Anatomic Terminology, a subcommittee of the International Federation of Associations of Anatomists.

Michael J. Cevette was elected as a Fellow of the American Speech-Language-Hearing Association.

Joseph Dearani was recognized as a Champion of Minnesota Cardiology by the American College of Cardiology – Minnesota Chapter.

Gerald Gau was recognized as a Champion of Minnesota Cardiology by the American College of Cardiology – Minnesota Chapter.

David Holmes was recognized as a Champion of Minnesota Cardiology by the American College of Cardiology – Minnesota Chapter.

Andrew Limper was elected to a two-year term on the Board of the American Thoracic Society. He will serve concurrently as chair of the society’s Microbiology, Tuberculosis and Pulmonary Infections Assembly.

David Mrazek was appointed by the American Psychiatric Association as chair of the Council on Children, Adolescents and Their Families.

Debabrata Mukhopadhyay joined the editorial board of the Journal of Cancer Research.

Audrey Nelson was named a Master of the American College of Rheumatology.

Jose Pulido received the Senior Honor Award from the American Society of Retina Specialists.

Catherine Roberts was appointed chair of the Education Committee of the Association of University Radiologists and invited to serve on its Board of Directors.

John Shepard Jr. received the Nathaniel Kleitman Award at the recent SLEEP 2006 meeting.

Obituaries

1930s
Everett A. Wilkinson, 101, died March 30, 2005, in Overland Park, Kan. Dr. Wilkinson received his medical degree from Northwestern University Medical School and completed a Mayo Clinic fellowship in Surgery in 1933. He served as a lieutenant commander and senior medical officer in the U.S. Navy. He remained in the Navy Reserve and attained the rank of captain. Dr. Wilkinson was a former chief of the medical staff and former chief of Surgery at Research Medical Center in Kansas City. He was a member of the research staff for 50 years and received the Research Medical Center Staff Distinguished Service Award. He also was a staff member of Bates County Hospital in Butler, Mo. For many years, he volunteered his surgical services to Kansas City Children’s Mercy Hospital and General Hospital.
1950s

George D.J. Griffin, 83, died September 7, 2006, in Cincinnati, Ohio. Dr. Griffin received his medical degree from Loyola University Stritch School of Medicine and completed a Mayo Clinic residency in General Surgery in 1953. He was in private practice in Cincinnati for over 40 years. Dr. Griffin served as chief of staff and president of St. Francis Hospital for 10 years and was a member and board officer of the Cincinnati Academy of Medicine. He was a member of the American College of Surgery and the American Oncology Society.

Robert R. Ivers, 76, died July 19, 2006, in Fargo, N.D. Dr. Ivers received his medical degree from Northwestern University Medical School, Chicago, Ill., and completed a Mayo Clinic residency in Neurology in 1961. Dr. Ivers was a staff member at the Neuropsychiatric Institute, Fargo, N.D., and was the first neurologist in the state. He was an active member of the medical staff of St. Luke’s, a courtesy staff member at St. Ansgar Hospital, Moorhead, Minn., St. John’s Hospital and Dakota Hospital, Fargo, and was a consulting staff member of the North Dakota State Hospital, Jamestown. He was a clinical professor of Neurology at UND Medical School, Grand Forks, a former president of the First District Medical Society, a former chair of the North Dakota Developmental Disabilities Council, chair of the Impaired Physician’s Committee of North Dakota and served as chairman of the board of the former Lutheran Health Systems. He was also a former member of the board of governors for the Neuropsychiatric Institute. Dr. Ivers was a member of the American Medical Association, the American Association for the Study of Headache, and a fellow in the American Academy of Neurology.

1960s

William W. Douglas, 71, died July 22, 2006, in Rochester, Minn. Dr. Douglas received his medical degree from Northwestern University Medical School and completed a Mayo Clinic residency and fellowship in Internal Medicine in 1967. He was a consultant in the Division of Thoracic Diseases from 1967 to 1999 and was a supplemental staff consultant in the Division of Thoracic Diseases and Critical Care Medicine at his death. He served in the U.S. Air Force as a captain and physician at Grand Forks Air Force Base. Dr. Douglas was a member of the American Thoracic Society, American College of Chest Physicians and Olmsted County Historical Society. He received the A. Ashley Rousuch Award for Clinical Excellence and Teacher of the Year Award from Mayo Graduate School of Medicine.

Loren J. Jacobson, 82, died July 28, 2006, in Scottsdale, Ariz. Dr. Jacobson received his medical degree from the University of Minnesota Medical School and completed a Mayo Clinic residency in Obstetrics and Gynecology in 1961. He served in the U.S. Navy, U.S. Army, and U.S. Air Force. Dr. Jacobson practiced in the Minneapolis area and was a senior partner in Minneapolis OB/GYN Associates, Ltd., until his retirement. He served as Minnesota section vice-chair and Minnesota section chair prior to serving as District VI secretary of the American College of Obstetricians and Gynecologists. He also served concurrently as secretary, vice-president and president of the Minnesota Obstetrical and Gynecological Society.

1970s

Ronauld J. Gould, 66, died April 3, 2006, in Minden, Nev. Dr. Gould received his medical degree from the University of Nebraska Medical School and completed a Mayo Clinic residency in Orthopedic Surgery in 1971. He was a major in the U.S. Air Force and served as an orthopedic surgeon at Elmendorf Air Force Base in Anchorage, Alaska. Dr. Gould was a staff physician at Clear Air Force Station in Clear, Alaska, from 1974 to 1977, and worked in administrative medicine for the Tanana Chiefs Conference in the interior of Alaska from 1977 until his retirement in 1997. While living in Alaska, Dr. Gould completed the Iditarod dog sled race three times.
The Mayo Clinic Alumni Association is pleased to offer these fine products for your memorabilia and special gift needs. Orders may be mailed or faxed to the Mayo Clinic Alumni Center. Complete ordering and shipping information is provided on the order form. A flat postage rate of $6.50 is charged for all orders, except those for lamps and chairs which have shipping and handling charges based on destination.
Ties
These fine custom-designed ties are made of 100 percent silk and feature the Mayo Clinic triple-shield logo.
Ties, $35. each

Pierced Lapel Pin/Tie Tack/Charm
These beautiful, hand-crafted lapel pin/tie tacks and charms provide a striking pierced design around the “Mayo Shields.” The pierced design is especially attractive on a necklace or as an eye-catching lapel pin.

- 14K Gold Pierced Lapel Pin/Tie Tack
- Sterling Silver Pierced Lapel Pin/Tie Tack
- 14K Gold Pierced Charm
- Sterling Silver Pierced Charm

$125. each, plus shipping and handling
Personalization charges:

Please see order form for shipping and handling information and charges.

Bowties
Bowties, $35. each

Round Lapel Pin/Tie Tack/Charm
These round lapel pin/tie tacks and charms carry a lifetime guarantee against defects. Each piece is made by hand and is die struck multiple times to insure its luster and clarity. The Mayo lapel pin/tie tacks and charms are hand-polished and individually inspected to assure optimum quality.

- 14K Gold Round Lapel Pin/Tie Tack
- Sterling Silver Round Lapel Pin/Tie Tack
- 14K Gold Round Charm
- Sterling Silver Round Charm

$95. each, plus shipping and handling

Cuff Links
These handsome cuff links prominently display a meticulously hand-crafted Mayo logo. Each cuff link carries a lifetime guarantee against defects.

- 14K Gold $325. each pair
- Sterling Silver $85. each pair

Alumni Lamp
The Alumni lamp is made of solid hardrock maple and measures 27” high. The Mayo Clinic College of Medicine seal is engraved on the base, which features a hand-rubbed cherry finish. Personalization is available for an additional charge.

Alumni lamp, $195. each, plus shipping and handling
Personalization charges:
**Mayo Clinic College of Medicine Ring**

These beautiful 10 Karat gold rings have the Mayo Clinic College of Medicine seal on the top, uniquely identifying the wearer as a graduate of a Mayo Clinic College of Medicine school. The name of the school appears on one shank and the year and up to four initials on the other shank. These rings carry a lifetime warranty against defects. They are hand-crafted and made using the centuries old “lost wax” casting method in order to assure stunning beauty and clarity for long years of wearing pleasure. Please confirm your ring size with a jeweler prior to ordering. Available in whole and half sizes. Please refer to the order blank for information required when ordering a Mayo ring. 14K gold available upon request.

- **Men’s ring,** $604. each
- **Women’s ring,** $455. each

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**Key Ring**

*Sterling Silver, $25. each*

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**Alumni Chairs**

The Alumni captain’s chair, Boston rocker and swivel desk chair are beautifully hand-crafted in the United States from solid hardrock maple. The Mayo Clinic College of Medicine seal is prominently engraved on the crown. Personalization, engraved under seal, is offered as an option for an additional charge.

- **Captain’s chair, (18”D x 23”W x 34”H),** $325. each, plus shipping and handling
- **Boston Rocker, (27”D x 23”W x 40”H),** $325. each, plus shipping and handling
- **Swivel chair, (18”D x 23”W x 34”H),** $465. each, plus shipping and handling


---

**Scarf**

These stylish designs highlight the Mayo Clinic logo. Made of 100 percent silk.

*Scarf, $35. each*

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**Pens**

Each Classic pen offered is a fine writing instrument and features the Mayo logo.

*Above:*

- **Montblanc Fountain** $225. each
- **Montblanc Rollerball** $175. each
- **Waterman Hemisphere Fountain** $95. each
- **Waterman Hemisphere Rollerball** $75. each
- **Waterman Mineral Blue Rollerball** $50. each

*Below:*

- **Crete oriental pearl** $10. each

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**S-1**

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**S-2**

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**S-3**

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**S-4**

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**S-5**
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
<th>Size/Color</th>
<th>Each</th>
<th>Price</th>
<th>Total</th>
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<td>Personalization for chairs and lamp: 1st line – $25, 2nd line – $10, 3rd line – $10</td>
<td></td>
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</tbody>
</table>

**Subtotal**

**Sales tax:** Rochester residents add 7%, Minnesota residents add 6.5%, for all items except ties and scarves.

**Postage:** Add to all U.S. orders, excluding those for lamp and chairs. Please call for foreign delivery postage.

$6.50

**Furniture shipping and handling:**
Add specified amount for each lamp or chair ordered.
- AZ, CA, CO, ID, MT, NV, NM, OR, TX, UT, WA, WY ............................................................ $39.00
- All other states in the continental U.S. .................................................................................. $29.00
- Call for delivery in Alaska, Hawaii and foreign countries. Charges dependent on destination.
- Massachusetts residents add 5% sales tax on orders for lamps and chairs.

**Total amount**
(Enclose payment in U.S. dollars drawn on U.S. bank)

**Chair and lamp personalization** (Optional) One, two or three lines, 30 spaces maximum per line
First line – $25, second line – $10, third line – $10.

1st line

2nd line

3rd line

**Mayo Clinic College of Medicine ring personalization:**
Personalization for ring – $4.10
Year to appear on left shank: ______ Program or initials to appear on left shank (maximum four letters): ______
Name of Mayo School to appear on right shank: ______
Personal initials to appear inside the ring for an extra charge of $4.10: ______

**Payment:**
Name: ___________________________________________ Daytime phone: ___________________________

Please make your check payable to the Mayo Clinic Alumni Association, or charge to:  □ Visa   □ MasterCard
Credit Card #: ___________________________________________________________________________ Expiration date: ______
Cardholder’s name (please print) ____________________________________________________________
Signature: ________________________________________________________________________________
(Signature is required for credit card use)

**Shipping information:** (Please allow 6-8 weeks for delivery.)
**Ship to:**
Name: ___________________________________________
Street: _____________________________________________________________________________
City/State/Zip: ___________________________________________
Phone: ________________________________________
Fax: _________________________________________
E-mail: _______________________________________

**Mail or fax form to:**
Mayo Alumni Memorabilia
Mayo Clinic Alumni Center
Siebens 5
200 First Street Southwest
Rochester, MN 55905
Phone: (507) 284-2317
Fax: (507) 538-7442

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Association

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