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Recognize the exceptional

It’s time to nominate an individual who has provided exceptional leadership, made significant contributions to research, promoted the art and science of medicine through education, or provided exceptional service through volunteerism.

Distinguished Alumni Awards  |  Nominations due March 1, 2013
For exceptional contributions to the field of medicine
www.mayo.edu/mayo-clinic-alumni-association/awards/mayo-clinic-distinguished-alumni-award

Professional Achievement Award  |  Nominations due March 1, 2013
For significant contributions to practice, education and research
www.mayo.edu/mayo-edu-docs/alumni-documents/mc4409-03.pdf

Humanitarian Award  |  Nominations due March 1, 2013
For significant contributions to the welfare of a community, country or humanity beyond volunteer service to Mayo
www.mayo.edu/mayo-edu-docs/alumni-documents/mc4409-04.pdf

Mayo Clinic Alumni Association  |  507-284-2317
A Letter from the Secretary-Treasurer

We have just returned from the Mayo Clinic Alumni Association International CME program in Jerusalem, where alumni and friends gathered for outstanding scientific and social programs. Jerusalem is a city of religious, cultural and historical diversity that spans more than 5,000 years of inhabitation. It has been the site of great controversy and conflict but remains a shining example of how people can and must get along. Alumni took advantage of the time together to discuss many issues, including past experiences at Mayo Clinic, the present strains and stresses of medical practice, and future opportunities for medicine and Mayo Clinic. More details from the international meeting will be forthcoming in the next issue of Mayo Alumni.

Our alumni are some of Mayo Clinic’s strongest supporters and represent a vital strategic group to assist Mayo in fulfilling its vision. The importance of our alumni has been recognized by our leadership. How fitting it was to have Dr. Patricia Simmons announce the reorganization of the Mayo Clinic Alumni Center as part of a newly formed office of the President at this meeting. The reorganization will facilitate appropriate support and alignment for the Mayo Clinic Alumni Association and its operational arm — the Mayo Clinic Alumni Center.

My final thought for this issue is to extend a heartfelt thank you and good luck to Karen Herman. As many of you know, Karen has been with the Alumni Association since 1997 and retired at the end of October. Her leadership with the Alumni Center and Alumni Association has been exemplary, and we will miss her dearly.

Eric Edell, M.D.
Secretary-Treasurer
Mayo Clinic Alumni Association

COMING IN THE NEXT ISSUE

Coverage of the Mayo Clinic Alumni Association International Scientific Education Program in Jerusalem

SAVE THE DATE!

Mayo Clinic Alumni Association 68th Meeting


This meeting will inaugurate the Mayo Clinic Sesquicentennial, honoring 150 years since William Worrall Mayo, M.D., settled his family in Rochester and started the practice that evolved into Mayo Clinic.
On April 29, 2012, Bryan Taylor, Ph.D. (CV ’13), looked at his colleagues and said, “We did it.” They had completed their first full day of testing at a Mount Everest base camp in Lukla, Nepal, at 17,500 feet elevation. The Mayo Clinic team was part of a group that included climbers from The North Face and National Geographic, sponsors of the expedition. Mayo Clinic researchers are endeavoring to learn more about human physiology at high altitude to help patients with heart and lung conditions and other ailments related to a low-oxygen or hypoxic state.
The Mayo Clinic Mount Everest team included (from left) physician-researcher Doug Summerfield, M.D., Division of Critical Care Medicine; research assistant Alex Kasak, Cardiovascular Research; scientist Bryan Taylor, Ph.D., Cardiopulmonary Research Laboratory and Extreme Environmental Physiology Laboratory; physiologist Bruce Johnson, Ph.D., Cardiovascular Health Clinic; and scientist Amine Issa, Ph.D., Cardiopulmonary Research Laboratory and Extreme Environmental Physiology Laboratory.
behind for a day until he and others felt well enough to climb to base camp.

“I thought I was going to die,” says Dr. Issa, a post-doctoral research fellow in the Cardiopulmonary Research Laboratory and Extreme Environmental Physiology Laboratory, Division of Cardiovascular Diseases, Mayo Clinic in Rochester. “I had vomiting, fever and diarrhea. My body was not acclimatizing at all. Those of us who were ill stayed at a tea house with a capacity of about 30 people. But there were 50 people — all sick — and from post-climb testing in Rochester, was used to establish baseline and incremental measures and compared to unique data from the summit.

Altitude sickness hits team

Among the challenges Dr. Taylor references is the unplanned division of the team. On April 27, when the group was due to leave Lobuche, Nepal, to begin the ascent to base camp, two of the Mayo Clinic team members were too ill from altitude sickness and had to be temporarily left behind. Dr. Taylor says he hated splitting up the group.

“They’re not just my colleagues — they’re my friends,” he says. “We’d done everything as a group up to that point. Watching them suffer was hard.”

Amine Issa, Ph.D. (BME ’10, PHYS ’11, CV ’14), was one of those left behind for a day until he and others felt well enough to climb to base camp.

“I thought I was going to die,” says Dr. Issa, a post-doctoral research fellow in the Cardiopulmonary Research Laboratory and Extreme Environmental Physiology Laboratory, Division of Cardiovascular Diseases, Mayo Clinic in Rochester. “I had vomiting, fever and diarrhea. My body was not acclimatizing at all. Those of us who were ill stayed at a tea house with a capacity of about 30 people. But there were 50 people — all sick — and

“I couldn’t believe we had pulled it off, given the challenges we’d faced.” – Bryan Taylor, Ph.D.
Mayo Clinic established an ad hoc research lab at Mount Everest base camp.

Climbers from the group scale the Khumbu Icefall.

“I thought I was going to die. My body was not acclimatizing at all.” – Amine Issa, Ph.D.

Real-life applications
Why some people get sick and others do not despite following the same acclimatization protocol is precisely what Mayo Clinic hopes to learn from the considerable data the team collected during the expedition.

“We hope to find connections in the data that signify who is at risk for hypoxia-related illness and build predictive algorithms,” says Dr. Taylor. “Our primary hypothesis is that the degree of nighttime hypoxia or the reduction in REM sleep (or both) at altitude will result in sympathetic activation which will correlate with the amount of muscle loss. A second hypothesis is that there will be greater evidence of lung fluid
Mayo Clinic scientist Bryan Taylor, Ph.D., undergoes testing at base camp.

Bryan Taylor, Ph.D. (right), performs a pulmonary function test on research assistant Alex Kasak in Mayo Clinic’s research tent at base camp.

Mayo Clinic scientist Amine Issa, Ph.D., undergoes testing at base camp.

Climbers from The North Face and Mayo Clinic posed at the Khumbu Icefall. The group included (from left) Alex Kasak, Mayo Clinic; Derek Campbell, The North Face; Hilarie O’Neill, The North Face; Bruce Johnson, Ph.D., Mayo Clinic; Bryan Taylor, Ph.D., Mayo Clinic; Amine Issa, Ph.D., Mayo Clinic; Conrad Anker, lead climber with The North Face; and a sherpa.

Mayo Clinic research assistant Alex Kasak prepares urine samples in Pheriche in the Khumbu region of Nepal.
accumulation in individuals who have the greatest nighttime hypoxia. The altitude-related knowledge we gain may have applications for the military, pilots and aerospace.”

Synergies exist between heart failure patients and healthy humans exposed to severe hypobaric hypoxia from high altitude, and the parallels have allowed mechanisms learned from high-altitude studies to be transferred to work in the heart failure population, and vice versa.

The Mayo Clinic team plans to publish studies on sleep physiology and muscle loss, the effect of expedition equipment on sleep physiology, and the effect of sleep physiology on lung fluid regulation.

“If we can better understand the similarities between hypoxia and heart failure as well as the physiological changes that come with degradation of heart rate, oxygen saturation and cognitive function, we may be able to identify trends in heart failure patients and set up warning systems to prevent hospitalization,” says Dr. Issa.

“We’re beginning to make sense of the data now,” he says. “There’s a lot of it. One of our engineers looked at data from one device that each climber wore for continuous monitoring. One hour’s worth of monitoring for one subject produced 1.5 million data points. The data we collected can be mined for years.”

Personal reflections
In addition to the unique professional experience the expedition provided, Drs. Taylor and Issa say they learned valuable personal lessons.

“It was the biggest disconnect from real life I’ve ever had,” says Dr. Taylor. “Most of the time, we had no cellphone or e-mail access. The days consisted of waking, working, eating, talking to friends and going to sleep. I realize how simple life can be. My perspective has changed a lot. Now, if I go into the lab and something doesn’t work, I think back to base camp when our generator failed. We had to figure things out ourselves. Ph.D. training encourages self-sufficiency. The Everest trip made me understand true self-sufficiency.”

Dr. Issa says he learned to be in the moment and not think too far ahead. “I enjoy challenging myself,” he says. “I had to motivate myself to work even when I felt horrible. I dug down deep and relied on mental fortitude.”

The trip was his first-ever camping experience. “It was eye-opening,” he says. “You learn patience when you can’t shower for two and a half weeks. It was a serene atmosphere, and I would do it again. But I’d rather be on a beach.”
A truly integrated medical practice provides a common patient experience and common outcomes regardless of where a patient is treated. For that reason, Mayo Clinic has formed Specialty Councils, or groups within specialty practice areas focused on moving the organization toward building:

- A single high-value, patient-centric, integrated practice
- Mayo Clinic’s ability to generate, integrate and diffuse knowledge and innovative care delivery models

“Specialty Councils are necessary to fulfill the key organizational requirement of integration of our practice,” says C. Michel Harper Jr., M.D. (I ’83, N ’86), Mayo Clinic executive dean for Practice and chair of the Clinical Practice Committee. “We need to get past unnecessary variation in systems, processes and equipment and standardize wherever possible. Then, we can focus on those areas where we don’t have evidence-based information driving change. By holding the variables constant and studying that which is different, we can focus on true innovation.

“Patients expect Mayo to be the most integrated health care experience on the planet. But we need to have integration of specialties within campuses and within the broader specialty, or else patients will not find Mayo to be different from anywhere else. If we’re not providing health care efficiently and effectively, there’s no differentiating reason to come to Mayo Clinic. Patients travel great distances and across town to find the answers to their medical problems through the integrated care we provide. We can and must move toward greater integration. The Specialty Councils are the tool that will drive us to a single high-value practice.”
What are Specialty Councils?

The Specialty Councils — expected to number 50 by the end of the 2012 — are charged with driving practice convergence. By studying the evidence that drives practice at each Mayo Clinic site, the councils will “converge” to one conclusion with much greater confidence than the individual sources could achieve on their own. Working through the councils in a mutually supportive manner, the sites will develop appropriate standardization of clinical and administrative data, processes, systems and care delivery models across campuses as a means to enhance outcomes, safety and service, and increase efficiency of care delivery.

Specific areas of focus include:

- Standardizing the approach to diagnosis, follow up and treatment for patient evaluation where appropriate at all campuses
- Standardizing quality definitions and metrics and cost of care
- Developing a departmental convergence plan for data, processes and systems
- Assessing and modifying outcomes associated with decision-support systems built off of AskMayoExpert content
- Creating care process models and other specialty-focused knowledge to be indexed, stored, updated and maintained in the AskMayoExpert database
- Improving the value of procedural practice by demonstrating reduced cost with improvement or maintenance of high quality
- Establishing a shared service model for clinical services related to contracting, marketing, billing, Medicare strategies, quality and compliance, and response to regulatory issues

When convergence of practice is complete within a specialty, the benefits to the organization will be substantial, according to Dr. Harper.

“When the Transplant practice convergence is complete, for example, we’ll be able to look at it as a single practice instead of three separate practices,” says Dr. Harper. “Alone, the practices may only be moderate in size. Together, they represent the largest in the United States — and maybe in the world in some organ systems. There is power in greater size. We tell a more convincing story about quality with experience involving large numbers. It also gives us a uniform negotiating position with payers and vendors.”

Earlier this year, Richard Helmers, M.D. (right) (THORD ’90), vice dean for Practice from Mayo Clinic in Arizona, joined C. Michel Harper Jr., M.D. (left), Mayo Clinic executive dean for Practice and chair of the Mayo Clinic Clinical Practice Committee, in administering the Specialty Councils.
Why are Specialty Councils necessary?

Dr. Harper says Specialty Councils aren’t an entirely new concept. “Some departments and divisions have been performing the function of Specialty Councils for many years, and have proactively established the relationships and trust with colleagues within their specialties across Arizona, Florida, Rochester and Mayo Clinic Health System.”

Dr. Harper says Mayo Clinic’s growth in size and geography in the last 20 years has worked against integration. “When I came to Mayo Clinic 26 years ago, we had one location with 800 physicians,” says Dr. Harper. “It was small enough to have interpersonal relationships, networks and contacts in other specialties. Two changes occurred. First, we grew tremendously in size and geography. Second, the amount of information to keep track of in medicine has grown hugely and created more specialization. I may know a lot about a small area but become uncomfortable when I get outside of that area. We’ve developed ways, including technology and systems, to build integration that was done with human-to-human interaction.

“By organizing around specialties, we’re delegating to them to determine standards. We’ll incorporate these standards into our IT systems with order sets, rules and workflows. The system will help our physicians practice the best in the specialty. Where it adds value, we’ll still have variation.”

Workflows will be populated with more information, and physicians will have more uniform answers to questions such as, What is Mayo’s best practice for this condition?

“You won’t get a different answer depending on who you call,” says Dr. Harper. “Physicians who refer patients to us, including our alumni and Mayo Clinic Care Network members, will see standardized answers to our best ideas for handling problems their patients face. This can only increase confidence in Mayo Clinic’s expertise. By institutionalizing the 100 years of data we have, we can share it within and outside the organization and make it available to our partners so they know what Mayo knows.”

The nitty gritty work of Specialty Councils

Transplant

The Transplant Specialty Council is headed by Thomas Gonwa, M.D. (HYT ’01), chair of the Department of Transplantation and a consultant in the Division of Nephrology and Hypertension at Mayo Clinic in Florida. The group began working in early 2010 to converge the Transplant practice at all three campuses in order to sustain excellent transplant care and increase volumes by:

- Sharing common protocols derived from best practices
- Improving the visibility of the Transplant program through research and publication
- Making the practice more attractive to payers, with excellent results at reasonable prices
- Growing into the largest and best Transplant practice in the world

Groups representing each solid organ and bone marrow meet monthly by teleconference and three times a year in face-to-face sessions.

“The lion’s share of work gets done at the in-person meetings,” says Michelle Lummus, administrator of the Transplant Specialty Group. “These meetings are integral for going through policies and procedures one by one and agreeing on standards. Everyone doesn’t always agree on everything, but we keep coming back to those areas until we get them right. Everyone respects their colleagues, so the discourse remains professional.”

“By holding the variables constant and studying that which is different, we can focus on true innovation.”

— C. Michel Harper Jr., M.D.
The group’s focus is on:

- Establishing a database for all three campuses to support data and reporting needs for internal requirements, external regulations and quality projects
  “Transplant is heavily regulated,” says Dr. Gonwa. “Each campus has had its own way of gathering data. We’re working toward a common reporting approach. This project began with Mayo Clinic in Arizona, with rollout in November, and with the other campuses by mid-2014. This is a multi-million dollar undertaking that includes exporting all of our existing data and linking it to medical records and UNOS (United Network for Organ Sharing). The database will improve capabilities for our researchers, providing access to all campuses’ data.”
- Converging policies and procedures for each organ group
  “We want to be one Mayo with three doors,” says Dr. Gonwa. “Regardless which campus you go to for a transplant, the policies and procedures for testing, post-transplant care and continued evaluation, immunosuppression, and substance and nicotine abuse will be the same.”

The group is working toward an end of 2013 deadline for common protocols that are accessible to staff on a website. A physician or nurse could determine immediately the preoperative admission policies and procedures for heart transplant, for example.

A major benefit of this convergence is that patients will be able to be listed for transplant at multiple Mayo Clinic campuses.
- A standardized quality and compliance program, with a standard scorecard for all campuses
- Establishing a paired-donor exchange program at all three campuses and participating in a national program

“Agreeing on standards isn’t always easy, but we do it because we know it will result in the best patient care possible,” says Dr. Gonwa.

**Radiology**

The Radiology Specialty Council has been working toward practice convergence for years, especially on uniting radiology practices throughout Mayo Clinic Health System. Today, all Mayo Clinic Health System locations, except for one, have a common PACS (picture archiving and communication system). All Mayo Clinic campuses also have this same PACS.

Radiology is the first specialty to achieve exam name convergence. “We developed a nomenclature framework for the life cycle of an exam, which allows us to be consistent in what we call things,” says Hugh Williams, M.D. (R-D ’82), head of the Radiology Specialty Council and a consultant in the Department of Radiology at Mayo Clinic in Florida.

By the end of 2013, the council also will have developed common clinical protocols in about a dozen subspecialties across all campuses.

Currently, the council is consolidating radiology financial systems. Priorities in 2013 include coordinating capital budgets for equipment and supplies, which will facilitate
group purchasing; and continuing systems convergence of viewing tools and archiving and scheduling systems, which will facilitate work sharing.

“Work sharing in Radiology is a high priority and will allow us to cover for each other in times of need and provide more sub-specialization in imaging interpretations,” says Dr. Williams. “Of the 2.1 million exams read by our radiologists each year, 15 to 20 percent may be read from another campus. This coverage improves patient care and is particularly beneficial for Mayo Clinic Health System patients.

“The work of the Radiology Specialty Council involves leveraging what we know and maximizing it to create greater value.”

Surgical

The Mayo Clinic Surgical and Procedural Committee is a type of super Specialty Council. That is, the committee looks at global issues that span all the surgical specialty councils and affect any surgical patient at any campus.

Priorities for this group, led by Richard Fowl, M.D. (VASS ’85), a consultant in the Division of Vascular Surgery at Mayo Clinic in Arizona, include:

- Standardizing operating room fittings in surgical suites across Mayo campuses for new construction, renovation and replacement.
  
  To date, operating room lights, power equipment, robotics and surgical microscopes have been standardized. Next up are surgical inventory management systems and service agreements. Costs savings or avoidance so far totals at least $1.35 million

- Converging count policy and sponge count safety system across all campuses

- Exploring optimization and perioperative glycemic control to reduce surgical site infection

- Participating in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), the first nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care across specialties in the private sector; named “Best in the Nation” by the Institute of Medicine

Highlights from other Specialty Councils

- **Orthopedics:** Standardized the approach to joint replacement and reduced the cost of certain hip and knee operations by 20 percent

- **Infectious Diseases:** Defined the best practice to reduce hospital-acquired infection rates; dramatically reduced infection using a simple environmental services process — a practice that has been diffused across Mayo Clinic campuses and has continued to reduce infection rates

- **Critical Care:** Changed how central lines are inserted and managed, and reduced complications to be among the lowest in the United States
Social media: reaching people everywhere
Physicians use social media to reach people beyond Mayo Clinic’s walls

Sreenivas Koka, D.D.S., Ph.D., does it. David Farley, M.D., does it. Sharonne Hayes, M.D., Hartzell Schaff, M.D., and Ruben Mesa, M.D., do it. They are among the increasing number of Mayo Clinic physicians who use social media to promote their practices and educate patients or trainees.

“Social media can help us reach people everywhere without limits of geography or time zones,” says Farris Timimi, M.D. (CV ’97), medical director of the Mayo Clinic Center for Social Media and a consultant in the Division of Cardiovascular Diseases. “Relationships between patients and providers have changed and are more of a shared process now. It is incumbent upon us to put good content in the hands of people who need it and to engage with patients beyond the traditional boundaries of the exam room.”
Dr. Timimi encourages providers to take advantage of opportunities to connect via social media, despite apprehension about the risks. “We trust physicians with scalpels and patients’ lives. We can trust you with Facebook and Twitter,” he says. Through its Center for Social Media, Mayo Clinic provides guidance for its physicians interested in using social media.

Making introductions before the first visit

Dr. Koka (ODON ’04), chair of the Department of Dental Specialties at Mayo Clinic in Rochester, worked with the Center for Social Media to develop an introductory video about his prosthodontics practice. New patients receive an e-mail link to the YouTube video before their first appointments. The video features Dr. Koka and his dental assistant, Dot Weisheipl, talking about themselves and their practice.

“At the first appointment, the patient now knows something about me and my philosophy, and it helps us focus on the reason for the appointment and the patient’s goals,” says Dr. Koka.

“I think the video helps patients feel more comfortable and reduces anxiety,” he says. “Often, patients didn’t know before they saw me if I was male or female. They wondered where I was from and what my background was and would ask those questions of my assistant. In the video, I mention that my parents are from India, I grew up in England, and I trained in Michigan and Nebraska before coming to Mayo Clinic.”

Dr. Koka says he notices a difference in patients who have viewed the video from those who haven’t. “We have more of an immediate rapport when they have seen the video,” he says. “In the video, I ask new patients to come to their appointment and let me know if their priority is appearance, function or comfort. The video helps us be more efficient and hit the ground running at the first appointment.”

Dr. Koka is working with the Center for Social Media to evaluate the video’s role in decreasing anxiety and meeting patients’ expectations.

Social Media can help us reach people everywhere.

Farris Timimi, M.D.

Sreenivas Koka, D.D.S., Ph.D.
“I wanted the video to show that we care about patients’ needs and wants and that they are at the center of everything we do,” says Dr. Koka. “Social media allows us to extend ourselves to meet patients in their comfort zone. Especially for dentists, the more we can relax patients and engage them, the better. The video helps us make sure their first experience is a good one.”

Enhancing resident training

Dr. Farley (S ’94), a consultant in the Division of Gastroenterologic and General Surgery at Mayo Clinic in Rochester, uses Twitter to communicate about interesting surgical cases or pearls of wisdom related to surgery. Most of his Twitter followers are medical students or surgical residents.

“The whole world is online and involved in social media, and I want to be part of this powerful phenomenon,” says Dr. Farley, who was director of the General Surgery Residency Program for 15 years. “We spend so much time training individuals. I realized that training can be shared with others. In the era of restricted duty hours, residents do not have as much training time to learn their craft. When I was a trainee, I would have loved the additional learning available through social media. You can have immediate access to what other surgeons are doing — training that is not available in a textbook.”

Dr. Farley has created 18 video modules on general surgery topics for educating Mayo Clinic residents and medical students. Topics range from inguinal hernia repair to lymph node biopsy. Interested trainees take pretests and post-tests to gauge their learning from the modules, which include Dr. Farley at a whiteboard discussing the procedure, and video from surgical procedures.

“Residents say the videos are helpful and they like having 24/7 access to very specific information about procedures they are going to help perform,” says Dr. Farley.

When I was a trainee, I would have loved the additional learning available through the social media.

David Farley, M.D.
Patients who have uncommon conditions often find each other through their efforts to get information and support.

Studying patients connected by social media

At a leadership conference for women with heart disease held at Mayo Clinic, Dr. Hayes (I ’86, CV ’87, CV ’90), a consultant in the Division of Cardiovascular Diseases at Mayo Clinic in Rochester, was approached by a woman representing a group of patients who had found each other on the Women Heart’s online community, www.womenheart.org. More than 70 women in the group had experienced spontaneous coronary artery dissection (SCAD), a rare condition. They had developed a research agenda and were seeking researchers to study their condition.

“The group was eager for answers to this largely unstudied condition and volunteered itself for research,” says Dr. Hayes. “This presented an exciting opportunity because, at that time, the largest reported series of cases of SCAD was 42. We implemented a pilot of 12 patients from around the world to see if we could successfully access participants’ relevant medical records and diagnostic images and develop a registry. The pilot was successful, so we opened up the study first to 200 patients. Due to better than expected recruitment, we are seeking 400 patients for a disease registry and DNA biobank from which we hope to gain understanding of the causes, optimal treatment and prognosis of SCAD.”

Dr. Hayes says this study offers an opportunity to explore the role of social media in research recruitment.

“Patients who have uncommon conditions often find each other through their efforts to get information and support,” she says. “Accessing these patients to study their conditions is a new frontier in helping researchers assemble sufficient participants more quickly and inexpensively than traditional methods. Several SCAD patients have formed a Facebook support group. Along with their support, they inform new members about Mayo’s research. This truly was patient-initiated research, and it will be gratifying to see the application of this research model to the study of SCAD and other conditions.”

YouTube videos help patients find valuable information and get out the word about new treatments.

Sharonne Hayes, M.D.

Hartzell Schaff, M.D.
Informing worldwide audiences about specialty programs

Cardiovascular Surgery

Several years ago, Dr. Schaff (TS ’80), a consultant in the Division of Cardiovascular Surgery at Mayo Clinic in Rochester, made a YouTube video explaining surgical options for hypertrophic cardiomyopathy. At the time, he saw social media as a novelty but since then has concluded otherwise.

“I’ve had more inquiries and comments from patients related to the YouTube video than any paper I have ever written,” says Dr. Schaff. “Mayo Clinic is conservative in many ways, especially in marketing, but in this area we are light years ahead of other medical centers. We recognize that social media has an important place in communicating with patients and people around the world. The way Mayo has approached social media — with quality control and oversight — has resulted in maintaining our image and reflects well on the clinic.”

Dr. Schaff says patients who have seen the video before meeting with him seem reassured that he is the same in person as on YouTube, and act as if they already are acquainted with him. “It’s an intimate way for people to get to see the physician at a time that’s convenient and in a format that is comfortable for them,” he says. “I am continually amazed at how many patients I see who have watched it. The video also allows me to reach many people at the same time, with minimal effort on my part. I’ve become a big believer in this type of asynchronous communication.”

The Division of Cardiovascular Surgery plans to create multiple new videos for Mayo Clinic’s YouTube channel in the next year to highlight specialty practice areas. “Our group believes strongly that this helps patients find valuable information and gets out the word about new treatments we offer,” says Dr. Schaff.

Hematology/Oncology

In 2009, Dr. Mesa (MMS ’95, I ’98, HEMO ’02), chair of the Division of Hematology at Mayo Clinic in Arizona, posted a YouTube video about myelofibrosis. The video has received almost 13,000 views and resulted in more than 50 out-of-state patients scheduling appointments at Mayo Clinic in Arizona. He also posted a video about essential thrombocythemia that has a comparable number of views.

In the last few years, he has developed an additional 24 videos for Mayo Clinic’s YouTube channel, including two in Spanish, about various diseases, their treatments, research and living with the conditions. He even has one entitled “The Value of YouTube Videos for Cancer Patients.” Dr. Mesa’s 26 videos have a collective running time of 177 minutes and have had approximately 90,000 total views, with more than 22,000 for a single polycythemia vera video.

“Social media complements the world-class resources we have at Mayo Clinic,” says Dr. Mesa. “I have found that the YouTube videos are a sign to prospective patients that we care and have significant experience in their disease, serve as a resource for patients when they return home after visits, and are a service to patients who are not able to come to Mayo Clinic but are grateful for our efforts.”

Ruben Mesa, M.D.
Through a new relationship, Mayo Clinic has exposure to 300,000 employers and their employees and dependents. The relationship is with Benefitfocus, the largest benefits technology provider in the United States. The two organizations entered into an agreement in March.

Benefitfocus has incorporated into its member platform Mayo Clinic health information content and EmbodyHealth, the online personal health assessment and management tool. Benefitfocus is selling additional Mayo Clinic products and services to its customers, including Ask Mayo Clinic nurse triage telephone and online service, customized versions of EmbodyHealth, the quarterly EmbodyHealth newsletter and Mayo Clinic books.

“This is a continuation of our strategy to develop ways for people to connect with Mayo Clinic in their homes and communities, wherever they are,” says Paul Limburg, M.D. (MMS ’91, I ’94, GI ’97), medical director, Mayo Clinic Global Business Solutions. “Reaching more people in meaningful ways requires Mayo to build relationships and interact with people beyond the walls of Mayo’s hospitals and clinics. The relationship with Benefitfocus extends our reach to millions of people without hiring a large sales force to call on employers. Working with partners such as Benefitfocus and drawing upon their expertise is a key part of our culture.”

More than 16 million consumers along with 300,000 employers and 60,000 brokers use the Benefitfocus cloud-based platform to shop, enroll, manage and exchange their benefits in one place.

“Our corporate clients tell us that our products and services, such as the ones Benefitfocus is offering, help them change their organizational cultures to be healthier and more productive,” says Dr. Limburg. “From these organizations come stories about people who credit Mayo Clinic resources with helping them lose weight, reduce stress, eat healthier, commit to fitness and quit smoking. We envision similar successes for the customers of Benefitfocus, as their employees access health assessments, instructional videos, treatment decision guides, behavioral change programs and a comprehensive health reference library via the Benefitfocus platform.”
The Mayo Clinic Board of Trustees established the Mayo Clinic Distinguished Alumni Award in 1981 to acknowledge and show appreciation for the exceptional contributions of Mayo alumni to the field of medicine, including medical practice, research, education and administration. Individuals who have received the award have been recognized nationally and often internationally in their fields.

The 2012 Mayo Clinic Distinguished Alumni Awards were presented on Oct. 8, 2012.

The 2012 Distinguished Alumni Award recipients are (from left) Thomas Lüscher, M.D., Cornelia Weyand, M.D., Ph.D., Robert Siekert, M.D., and Eugene DiMagno, M.D.
Eugene DiMagno, M.D.  
Emeritus Professor, Internal Medicine, College of Medicine, Mayo Clinic

Eugene DiMagno, M.D. (I’68, GI’70), is an international leader in pancreatology and upper gastrointestinal physiology. His achievements in the pathophysiology and clinical aspects of the pancreas include pancreatic secretion and enzyme function, digesting and pancreatitis. He was president of the American Pancreatic Association and International Association of Pancreatology, and chair of Pancreatic Disorders Section of the American Gastroenterology Association (AGA). Dr. DiMagno’s leadership has led to many awards and honors, including the Joseph B. Kirsner Award for Distinguished Achievement of Clinical Research in Gastroenterology at the AGA. He is credited with inspiring and training a new generation of physician-researchers, and has mentored more than 60 research fellows from the United States and 16 other countries.

Native of: Hershey, Pa.

Thomas Lüscher, M.D.  
Professor and Chairman of Cardiology, University Hospital Zurich, Switzerland

Thomas Lüscher, M.D. (PHYS’84), is one of the most prominent cardiologists in Switzerland and the international scientific and clinical communities. He is a distinguished clinician-investigator who has established himself as a pioneer in vascular biology, with research ranging from deciphering basic mechanisms to conducting large clinical trials. He is one of Europe’s outstanding educators and has mentored an extensive group of physicians and scientists who have successfully pursued independent academic careers in Europe and the United States. Dr. Lüscher has founded three companies involved in the development of blood pressure devices, clinical research and clinical management of patients.

Native of: Switzerland
Cornelia Weyand, M.D., Ph.D.

Cornelia Weyand, M.D., Ph.D. (RHEUM ‘91), has achieved national and international peer recognition for her extensive contributions to the understanding of rheumatologic disease, especially the biology and immunology of rheumatoid arthritis and vasculitis. Her investigative work has been characterized by remarkable innovation, ingenuity and careful application, providing important insights to several distinct rheumatologic diseases. She is recognized internationally for her work in aging and autoimmunity, and has contributed to the understanding of how premature aging of the immune system predisposes toward autoimmune diseases. Dr. Weyand has mentored numerous post-doctoral students, residents and trainees and has made significant contributions to developing and promoting future research leaders in the field of autoimmunity.

Robert Siekert, M.D.

Robert Siekert, M.D. (N ’50), is known worldwide for his pioneering work in the recognition, evaluation and treatment of transient ischemic attacks and stroke. He provided leadership to scientific programs that advanced the education of national and international subspecialists in stroke. He co-founded the Central Society for Neurological Research. He was a leader in stroke care and research in the American Heart Association and was chair of the AHA's Stroke Council Executive Council. The AHA awarded Dr. Siekert with its Distinguished Achievement Award and, in his honor, established the annual Robert G. Siekert Young Investigator Award.

World-renowned analyst in aging and autoimmunity

International pioneer in cerebrovascular disease

Mayo Clinic, 1954–1991, consultant, Department of Neurology, Professor of Neurology
Fellowship: Mayo Clinic Rochester
Residency: Hospital of the University of Pennsylvania, Philadelphia
Medical school: Feinberg School of Medicine, Northwestern University, Evanston, Ill.
Graduate (M.S.): Northwestern University
Undergraduate: University of Wisconsin–Milwaukee; Northwestern University
Native of: Milwaukee

Mayo Clinic, 1990–2004, Professor of Medicine and Immunology
Fellowship: Institute for Immunology and Genetics, Heidelberg University, Germany
Residency: Hannover Medical School, Hanover, Germany
Medical school: School of Medicine, University of Bonn, Germany
Graduate (Ph.D.): Heidelberg University
Native of: Idar-Oberstein, Germany
Board of Trustees news

At its quarterly meeting in August, the Mayo Clinic Board of Trustees honored newly named professors.

David Ahlquist, M.D. (MMS ’77, I ’80, GI ’83)
Division of Gastroenterology and Hepatology
Department of Internal Medicine
Mayo Clinic Rochester
Carol M. Gatton Professor of Digestive Diseases Research Honoring Peter Carryer, M.D.

Stephen Hammill, M.D. (CV ’82)
Division of Cardiovascular Diseases
Department of Internal Medicine
Mayo Clinic Rochester
William S. and Ann Atherton Professor of Cardiology Honoring Robert Frye, M.D.

Vanda Lennon, M.D., Ph.D. (N ’79, IMM ’89)
Department of Laboratory Medicine and Pathology
Department of Neurology
Mayo Clinic Rochester
Dorothy A. Adair Professor

For more information about these named professors, visit www.mayoclinic.org/news2012-rst/7030.html.

Obituaries

Edward Benz Sr., M.D. (PATH ’53),

J. Max Busard, M.D. (S ’49),

R. Jean Campbell, M.D. (PATH ’71, PATH ’77),
died Sept. 23, 2012.

Muzaffer Cicek, Ph.D. (ENDO ’05),
died June 24, 2012.

Robert Fisher, M.D. (NS ’49),

Jean-Mario Giroux, M.D. (I ’62, DERM ’65),
died Oct. 9, 2012.

John Hunt Jr., M.D. (CM ’93),
died June 25, 2012.

Rene Joyeuse, M.D. (S ’61),
died June 12, 2012.

Patrick Joseph Kelly, M.D. (OR ’56),
died June 29, 2012.

David Kispert, M.D. (MMS ’76, R-D ’80),
died Aug. 29, 2012.

Manly Levin, M.D. (S ’57, TS ’59),

Ronald Linscheid, M.D. (OR ’62),
died June 10, 2012.

Vernon Maino, M.D. (S ’50),

John Mayne, M.D. (I ’53),

Ignacio Olive, M.D. (NS ’56),

Daniel Pesch, M.D. (MMS ’85, FM ’88),

Lowell Peterson, M.D. (OR ’58),
died May 28, 2012.

Joseph Simpson, M.D. (S ’54, I ’55),
died Nov. 29, 2011.

Reginald Smith, M.D. (OBG ’52),
died Aug. 5, 2012.

Welby Tauxe, M.D. (PATH ’58),

Richard Winkelmann, M.D. (DERM ’55),
died Aug. 16, 2012.

Complete obituaries and the Update section, with alumni and staff news, are available on the Mayo Clinic Alumni Association website, alumniconnections.com/olc/pub/MAYO/.

Education news

Mark Warner, M.D. (ANES ’80),
a consultant in the Department of Anesthesiology, has been named the new Juanita Kious Waugh Executive Dean for Education at Mayo Clinic, succeeding Terrence Cascino, M.D. (N ’80), who served as the executive dean for education since 2005. Previously, Dr. Warner was dean of the Mayo School of Graduate Medical Education.

Steven Rose, M.D. (ANES ’89),
a consultant in the Department of Anesthesiology, has been named dean of Mayo School of Graduate Medical Education at Mayo Clinic, succeeding Mark Warner, M.D. Previously, Dr. Rose was vice dean of Mayo School of Graduate Medical Education.

Sherine Gabriel, M.D. (I ’86, RHEUM ’88),
a consultant in the Division of Rheumatology, Department of Health Sciences Research and Division of Epidemiology, has been named dean of Mayo Medical School. She succeeds Terrence Cascino, M.D.
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Mayo Clinic is committed to creating and sustaining an environment that respects and supports diversity in staff and patient populations.
New patient app enhances connectedness wherever patients are

With the new Mayo Clinic Patient app for iPhone and iPad, patients can check lab test results and appointment details, get directions to locations around campus, and learn about local restaurants and activities. The free app provides secure access to a patient’s medical record, and health information and management tips from Mayo’s website and online publications, a listing of clinical trials at Mayo Clinic, and appointment request links.

“This mobile health application sets a new standard for health care apps and is based on what our patients said they would find useful to enhance the way they connect with us,” says Sidna Tulledge-Scheitel, M.D. (I ’91, PREV ’93), vice dean of eHealth at Mayo Clinic. “Mayo Clinic is now an in-your-pocket resource for people around the world, extending beyond our walls.”

The Mayo Clinic Patient app is available in the Apple iTunes store:

www.mayoclinic.org/mayo-apps/