



Bringing Light

through hope and healing

MAYO CLINIC 2009 ANNUAL REPORT

Table of Contents

p.4

**Bringing Light
Through Hope and Healing**

p.12

**Illuminating New
Ways to Connect**

p.18

**Blazing the Trail for the
Future of Medicine**

p.26

Financial Report

Facing page: Christopher Lopez-Kohler, R.N., Deborah Lightner, M.D., and Frederick Douglas, R.N., are three of more than 55,000 employees dedicated to patient care at Mayo Clinic. We honor all of our staff for their outstanding dedication and performance in 2009. Mayo employees were responsible for keeping Mayo Clinic stable and thriving during a particularly challenging year.

Thanks to our patients, students and all Mayo Clinic staff who appear in this annual report for contributing their time and stories.

Our Mission

Mayo Clinic will provide
the best care to every patient every day
through integrated clinical practice,
education and research.



Shining Through

“A beacon of hope and healing” is how many patients describe Mayo Clinic. We know that sentiment is a reflection of the trust they place in Mayo’s high-quality health care. We take that trust very seriously. Even amid challenging times such as these, Mayo Clinic continually strives to remain worthy of our patients’ trust and loyalty, keeping our focus on providing the best care to every patient every day.

We accomplish this in many ways. We take time to listen and thoroughly understand each patient’s concerns. We don’t stop looking for answers until we find them. We invest in research and education to enable us to continually advance medical science and improve patient care. We develop innovative technologies to provide state-of-the-art tools and facilities to care for complicated and serious illnesses. We work as a team to bring the appropriate expertise to bear on each patient’s unique needs.

The collective expertise and unwavering commitment of our employees, who work tirelessly for our patients, are two of the key things that make Mayo unique. The skills, creativity, teamwork and dedication of our diverse team spark hope and healing for many.

Throughout the year, our staff worked harder to ensure that we continue to provide outstanding care that is affordable for our patients. Their brilliant efforts included:

- Finding new ways to extend care to more patients in more places than ever before
- Improving quality of our care and ensuring value in our operations and services, while reducing costs and improving efficiency
- Managing expenses and streamlining operations so that we remain affordable and accessible
- Maintaining robust research and education efforts to advance medicine for all

Our commitment to patients reaches beyond just those who seek care at Mayo Clinic. As the national

health care debate took center stage, Mayo stepped forward as a strong advocate for patients. One of our strengths as a health care organization is bringing together different medical experts to find the best solution to a patient’s problem. We took a similar approach to national health care concerns, bringing together people from many viewpoints with an interest in health policy to find common ground and advocate for patient-focused reform. We will continue to push for health care that is patient-centered, value-driven, affordable and accessible for all.


To help keep our beacon of hope bright for future generations, we are privileged to have many benefactors join us in sustaining our mission. As a not-for-profit organization, Mayo Clinic relies on benefactor support to help fund practice innovation, research and education activities that are essential to advancing patient care. In 2009, we reached a significant milestone as our benefactors helped us surpass the goal of raising \$1.25 billion in private funds over five years through The Campaign for Mayo Clinic. These funds will accelerate innovations in clinical practice, education and research that have the potential to revolutionize medicine in the 21st century.

I feel privileged to be part of this amazing institution, truly a national treasure. As we look forward, I know we are well positioned to respond to the serious challenges that lie before us. Our staff members are among the very best in their fields and dedicate themselves daily to our mission. Our strategy and our commitment will always revolve around a single focus: the needs of our patients. The stories in this annual report reflect that focus in its broader spectrum, just as they reflect the individual spirit of caring that is the most enduring force in medicine.



JOHN H. NOSEWORTHY, M.D.
PRESIDENT AND CEO
MAYO CLINIC

Our staff’s dedication shone through in 2009 as Mayo Clinic confronted serious challenges in the face of a worldwide economic crisis and a deteriorating health care environment, which was reflected in the national debate on health care reform.



John H. Noseworthy, M.D.
President and CEO
Mayo Clinic

Bringing Light Through Hope and Healing

As the first and largest integrated, multidisciplinary group practice in the world, Mayo Clinic serves as a pioneer and innovator in medicine. Patients from throughout the world and all walks of life look to Mayo Clinic as a beacon of hope and healing.

Mayo's unique style of care brings teams of experts together to provide high-quality, affordable and compassionate care to each patient.

Mayo Clinic Patients

528,000

Total clinic patients*

124,000

Hospital admissions

567,000

Hospital days of patient care

*Arizona, Florida and Rochester only
All other Mayo Clinic patient and personnel numbers reflect operations at all Mayo locations including Mayo Health System, a network of clinics, hospitals and health care facilities serving more than 70 communities in Minnesota, Iowa and Wisconsin.

Mayo Clinic Personnel

3,700

Staff physicians, medical scientists and clinical and research associates

3,200

Residents, fellows, students and other temporary professionals

49,000

Administrative and allied health personnel

55,900 Total



The Village at Mayo Clinic

The construction of The Village at Mayo Clinic expanded Mayo's commitment to provide a home away from home for visiting transplant patients. The Village is a collaboration among Mayo Clinic, the Arizona Transplant House and the American Cancer Society—Hope Lodge. It is located on Mayo's Arizona campus and can house up to 18 patients and their caregivers in private rooms. Mayo also announced plans to construct a 30-bedroom hospitality house, called Gabriel House of Care, on its Florida campus. The project, a partnership with St. Andrew's Lighthouse, is expected to be completed in early 2011. Gifts from Mayo benefactors are helping to make these expansions possible.

Mayo Clinic was named to *Fortune* magazine's "100 Best Companies to Work For" for the sixth consecutive year. The rankings are based on employee surveys and an analysis of company culture, including demographics, pay and benefits, philosophy and communication.

The Mayo Clinic Cancer Center received an additional five years of National Cancer Institute (NCI) funding and re-designation as a comprehensive cancer center, a nod to the institution's scientific excellence and focus on cancer prevention, diagnosis and treatment. Mayo has the only NCI-designated comprehensive cancer center conducting research at three distinct locations across the United States.

Kenyon Clinic, formerly part of Mayo Clinic Rochester Family Medicine, became part of Cannon Valley Clinic-Mayo Health System. The change enhanced medical services to the community of Kenyon by increasing physician coverage and office hours.

Mayo Clinic Hospital was the only hospital in Arizona to be named a "Top Hospital" by The Leapfrog Group, a national initiative led by organizations that purchase health care and that are working toward improvements in health care safety, quality and affordability. The group's Top Hospitals are selected based on key attributes such as mortality rates for common procedures, infection rates, safety and efficiency.





With transplant programs in three states (Arizona, Florida and Minnesota), Mayo is the largest provider of solid organ transplants in the United States. The transplant programs celebrated many milestones in 2009. In Arizona, all four solid organ transplant programs were reviewed and approved for Medicare coverage by the Centers for Medicare & Medicaid Services, the highest quality indicator for a transplant program. The certification provides access to Medicare patients in need of heart, kidney, liver and pancreas transplants. Arizona's program completed its 100th allogeneic stem cell transplant and 1,000th kidney transplant. Florida's program completed its 2,000th liver transplant since the program began in 1998. Over the last five years, the program has been the highest-volume liver transplant center in the Southeast, and one of the top five highest-volume programs in the country. The program has also reported some of the highest-volume, lowest-median wait times, and highest survival rates in the country.

Mayo Clinic researchers found that a pre-procedure team briefing, in which each member of the surgical team discusses the procedure, his or her role, and any concerns about the patient, improves communication and reduces costly surgical errors. "The goal of the briefings was to get everyone used to talking when there wasn't a problem, so they would be more likely to speak up to prevent surgical problems from occurring," says Thoralf Sundt III, M.D., Mayo Clinic cardiac surgeon who volunteered his team for the original study. The study suggests that adopting pre-procedure briefings, which are standard in other high-risk industries such as aviation and the military, could have a significant impact on patient safety. Based on this study, which was published in the *Journal of the American College of Surgeons*, all Mayo Clinic surgical teams now complete briefings prior to procedures. Mayo Clinic also made surgery safer for patients by instituting a pre-surgical safety checklist that teams in the OR complete prior to all surgical procedures. Studies have shown that following checklists can significantly reduce errors.

For critically ill or injured patients, reaching appropriate medical care quickly can mean the difference between life and death. Mayo Clinic operates a fleet of emergency vehicles, including Gold Cross ambulance, Mayo One and Mayo MedAir air ambulances that rapidly transport patients across town or around the world. These services transport more than 2,000 patients by helicopter and jet, and more than 46,000 by ground each year. Mayo One, Mayo Clinic's emergency medical helicopter fleet, added a new aircraft that is among the most advanced medical care and transport helicopters in the country. Mayo Clinic helped design the patient care cabin inside the aircraft, which includes mounts for a medical ventilator; an infusion pump for delivering critical medicine to the circulatory system; a balloon pump, which helps the heart pump blood through the body; and a defibrillator. These and other state-of-the-art features help Mayo One helicopters safely transport thousands of patients each year.

Mayo Clinic and Microsoft Corp. launched Mayo Clinic Health Manager, a free online application that provides a place to store medical information and receive real-time, individualized health guidance and recommendations based on the clinical expertise of Mayo Clinic. The application enables users to organize their health information — as well as that of their family members. Users can store copies of health records and upload information from home health devices such as blood glucose monitors and digital scales. Based on this information, users receive health reminders and recommendations specific to each family member's stage of life and health status.

Ischemic stroke is a leading cause of disability, striking more than 650,000 Americans each year. Immediate treatment can significantly improve outcomes for stroke patients — presenting a challenge for stroke patients in rural areas who may be hours away from a stroke center and its specialists. To address this gap in care, Mayo Clinic physicians developed a telemedicine program called Stroke Telemedicine for Arizona Rural Residents, or S.T.A.R.R. The program puts Mayo Clinic stroke specialists at the patient's bedside — virtually. When a stroke patient enters one of four community hospitals in Arizona, local staff will contact an on-call vascular neurologist at Mayo Clinic. The Mayo specialist, community hospital staff and the patient communicate through an audio-video consultation program designed especially for stroke care.



A Promise Kept

Stefani Pentiuk was lying in a bed at Saint Marys Hospital, waiting to be taken to an operating room where she would receive a heart transplant. The 8-year-old looked into the eyes of the man sitting next to her. Though they'd known each other just a week, Stefani and Michael Ackerman, M.D., Ph.D., already shared a special bond.

Dr. Ackerman had a son close to Stefani's age. He took time to tell her funny bedtime stories. She trusted him.

"Dr. Mike, am I going to die?" she asked Dr. Ackerman before her surgery. Dr. Ackerman assured her that she wasn't going to die. And then he made Stefani a promise.

"In fact, someday, I'm going to dance with you at your prom," he said.

Out of the Blue

For many teens and their parents, prom is a milestone event. In September 1999, it seemed a milestone Stefani Pentiuk might never experience.

The Pentiuks' nightmare had begun just a couple of months earlier, when Stefani began complaining of a persistent stomachache. In July, the Pentiuks learned the cause was dilated cardiomyopathy, an enlargement of the heart.

"We were shocked," says Stefani's dad, Perry. "We'd been the picture of a healthy family."

That summer, the Pentiuks watched helplessly as Stefani's health failed.

A Lifeline

On a day that felt especially hopeless, the Pentiuks received a life-changing phone call. Martha Grogan, M.D., a cardiologist at Mayo Clinic, was vacationing in the family's hometown of Leland, Mich., and had heard about Stefani through a mutual acquaintance. Dr. Grogan offered to evaluate Stefani at her vacation home. Afterward, Dr. Grogan encouraged the family to have Stefani's medical records sent to her so she could better advise the family about Stefani's condition and treatment.

A few weeks later, Stefani's condition deteriorated. Stefani's mother, Heidi Pentiuk, called Dr. Grogan, who encouraged the Pentiuks to bring Stefani to Mayo as soon as possible. They arrived in Rochester on Sept. 8, 1999.

Three days later, Stefani's care team met with her parents and told them their daughter's organs were failing.



Michael Ackerman, M.D., Ph.D., is committed to his patients, and his promises.

Without a heart transplant, Stefani was unlikely to live much longer.

The family held out hope that she would survive long enough for a donor heart to become available.

Three days later, a boy named Oliver passed away in Missouri. Stefani received his heart, which she lovingly refers to as "Oliver" as a way to honor and remember the gift.

A Promise Kept

In the years that followed Stefani's heart transplant, the Pentiuk family would often reminisce about the emotional week that preceded it. Dr. Ackerman's promise was always part of the story.

"I'd tell my parents that at least I had a for-sure date for the prom," says Stefani. "But I never actually thought he would come."

A few months before Stefani's senior prom, her mother decided to contact Dr. Ackerman at Mayo Clinic. Was he still interested in that dance?

He was, but needed to reschedule his two planned lectures at separate medical conferences in order to keep his promise on that weekend.

At the prom on April 25, 2009, Dr. Ackerman surprised Stefani on the dance floor.

"I was completely, totally shocked to see him," says Stefani. "I was shaking and crying

and overwhelmed with happiness. Him coming all that way just for me was pretty amazing. I felt so blessed."

Dr. Ackerman felt blessed as well.

"Getting to share that moment with Stefani was one of the most rewarding, satisfying moments not just of my career, but of my life," he says. "But what happened between Stefani and me is like many, many stories we see every day at Mayo Clinic. It's a story about caring for patients in need. It's a story that captures the essence of what and who we are, practicing medicine and life in the culture and tradition of the Mayo brothers, the Mayo Clinic way." ●

Teamwork at its Finest

A young father survives a cardiac arrest thanks to fast action, flawless teamwork and a new treatment at Mayo Clinic

Thirty-four-year-old Matt Giesler was running on a treadmill at a gym in Owatonna, Minn., when his heart started pounding. *Hard.*

“I knew something was wrong and tried to stop the treadmill but couldn’t,” says Giesler. “The last thing I remember is feeling thrown to the ground.”

Giesler had experienced a sudden cardiac arrest. Nationwide, survival rates after cardiac arrest average just 5 to 8 percent.

Fortunately, Giesler had a few things in his favor: quick-thinking witnesses; a well-prepared, perfectly coordinated response from emergency teams; and access to a new treatment — therapeutic hypothermia — offered to a select group of cardiac arrest patients at Mayo Clinic.

First Response

As soon as Giesler hit the floor, other gym members sprang into action. Someone called 911. Another started CPR. And within minutes, members of the Owatonna Police Department arrived with a lifesaving tool, an automated external defibrillator (AED) to help restore a normal heart rhythm.

“Defibrillation within minutes of a cardiac arrest is critical to survival,” says Roger White, M.D., an anesthesiologist at Mayo Clinic and a world-renowned expert in pre-hospital cardiac arrest intervention.

Minutes after that first shock, two ambulance teams from Gold Cross, part of Mayo Clinic Medical Transport, arrived and paramedics began treating Giesler.

Right Care at the Right Time

The paramedics were able to restore Giesler’s heart rhythm with a second shock from an AED. But their patient did not regain consciousness, so the team sedated and medically paralyzed him to insert a breathing tube. Giesler was then taken to Owatonna Hospital and monitored until a Mayo One helicopter arrived to transport him to Saint Marys Hospital in Rochester, Minn., 40 miles away.

On the way to Owatonna Hospital, the paramedics called Dr. White, also the medical director of Gold Cross, to determine whether Giesler was a candidate for therapeutic hypothermia treatment. The treatment involves cooling the body to 91.4 degrees Fahrenheit for 24 hours, which protects the organs, including the brain, from damage.

“Previously, approximately 30 to 32 percent of our patients who survived cardiac arrest with ventricular fibrillation as the initial heart rhythm went home without brain damage,” says Dr. White. “Since we began offering therapeutic hypothermia treatment, that number has jumped to 67 percent.”

Because his heart was in rhythm, but he had not regained consciousness, Giesler was a perfect candidate for the treatment. The Gold Cross team began the cooling process by placing bags of ice under Giesler’s arms.

Approximately 90 minutes after his arrest, Giesler was in the air on his way to Rochester. The Mayo One medical team continued cooling his body with fresh ice packs and an iced saline infusion. At Saint Marys Hospital, staff in the Coronary Care Unit wrapped Giesler in water-filled



Members of the Mayo One team, Barry Rokusek, Jason Mohr, and Mark Weiberg, with patient Matt Giesler.

gel pads attached to an electronic system programmed to maintain his lower temperature.

Then, the wait began to determine the effects of treatment.

For Giesler’s wife, Sasha, the wait was agonizing. She thought of their life together, of their sons Dillon and Brennen, of the new baby they’d been hoping for, and had tried for two years to conceive. “I could not imagine going on without him,” she says.

Back to Life

Fortunately, she didn’t have to. After 24 hours, Giesler’s body was slowly warmed and he was weaned from sedation. Unable to talk because of the breathing tube, Giesler scribbled a note: *When can I go home?* Sasha Giesler knew that her husband had returned to her.

Several days later, Giesler got his wish and went home. He likes to say he’s 110 percent recovered.

“I know how close I came to not being here,” he says. “Things could have gone very differently. This was a wake-up call. I really know what’s important now.”

Topping that list is his family, including Kaya, the “miracle baby” born 11 months after her father nearly died. “She is the light of his life,” says her mom.

The couple sent Kaya’s birth announcement to members of Giesler’s care team. “We wanted to show the people at Mayo the difference they made,” he says.

The couple is expecting a fourth child — another daughter — later this spring.

Illuminating New Ways to Connect

Mayo Clinic is dedicated to providing the best care to every patient, every day. By continuously seeking new ways to connect — with patients and all who are interested in advancing health care — Mayo can best ensure that all people benefit from its unique medical expertise.

The advent and boom of social media and other electronic communications tools expand Mayo's ability to connect. Through technology, Mayo Clinic is bringing leading-edge care to patients in remote locations. Mayo also reaches out by advocating for patient-centered, high-quality and affordable health care for all in evolving national policy conversations.

35,700+

Facebook fans and
Twitter followers

1.5 million+

Mayo Clinic YouTube visits

1,300+

eConsults

1,400+

People interviewed to share their
concerns and ideas on health care

1,200+

Thought leaders in health care
from across the nation brought
together over several forums to
make recommendations

Social networking has been described as the 21st century's word of mouth. On blogs and sites like Facebook, YouTube and Twitter, people are sharing stories with wider audiences than ever before. How wide?

Consider the story of Frances and Marlow Cowan. A YouTube video of the “octogenarian idols” playing a rousing piano duet in the atrium of the Gonda Building at Mayo Clinic in Rochester, Minn., has been viewed more than 5 million times. It also landed the couple on ABC's “Good Morning America.”

Such large numbers are significant and demonstrate Mayo Clinic's success in reaching patients in new ways. But the singular stories behind those numbers truly reveal the power of social media.

“It's the diversity of specialization and the collegial way Mayo's put together. At Mayo there's a sense of connecting.”

Bruce Clinton,
Mayo benefactor

Hayley Lairmore's is one of those stories. In March 2009, 14-year-old Hayley began experiencing extreme abdominal pain. She vomited daily, sometimes as many as a dozen times. The pain was so unbearable that she could not sleep and had to stop attending school.

Over the course of six months, her parents, Christine and Robert, took Hayley to several specialists at medical centers near the family's Southern California home. None of the physicians was able to determine the cause of Hayley's symptoms. Most told her parents that the pain was psychological and that Hayley needed psychiatric, not medical, help.

One sleepless night, as Christine Lairmore scoured the Internet for an answer for her daughter, she stumbled on a YouTube video of a teenager describing her experience with symptoms like Hayley's. The girl had been diagnosed with postural orthostatic tachycardia syndrome, or POTS. She was a patient of Philip Fischer, M.D., medical director of Mayo Clinic's children's hospital in Rochester and a POTS specialist.

The next day, Hayley's mom called Mayo Clinic where, after five days of exams and testing, her daughter was diagnosed with POTS. Hayley has since been following a regimen of medication, diet and exercise prescribed by Dr. Fischer and his colleagues. Her daughter's recovery is “nothing short of miraculous,” according to Christine Lairmore.

She says finding the video “was like winning the lottery.” The Lairmores are sharing their Mayo Clinic story, hoping that it may help others.

Connect with Mayo Clinic on these
social media channels:

www.mayoclinic.org/blogs
www.facebook.com/mayoclinic
twitter.com/mayoclinic
www.youtube.com/mayoclinic

Standing Up for the Needs of Patients

Mayo Clinic's Health Policy Center keeps patients in the spotlight of health care reform

As the country has struggled to heal its ailing health care system, Mayo Clinic is frequently mentioned as an example of a health care system that works. The national press, members of the Obama administration, and even President Obama, have singled out Mayo as a model to guide reform.

"Look at what Mayo Clinic is able to do. It's got the best quality and the lowest cost of just about any system in the country," President Obama told an audience at a health reform rally in September 2009. "We want to help the whole country learn from what Mayo is doing."

Recognizing a need to provide expertise in reforming the health care system, Mayo Clinic established the Mayo Clinic Health Policy Center in 2006. As with any of its activities, Mayo's primary value — the needs of the patient come first — has guided the organization's efforts to shape the future of health care in America.

"As we listened to the health care reform conversation heat up, it became clear that no one was speaking for patients with regard to better care, safer care, better service and at lower overall spending," says Denis Cortese, M.D., then president and CEO of Mayo Clinic.

To bring patients into the debate, the Health Policy Center sponsored focus groups, an online opinion survey and a nine-city listening tour designed to gather input from a cross section of Americans. More than 1,400 people shared their thoughts to some core questions, such as: *What could be done to improve health care? What was working? What wasn't?*

A Convener

In addition to engaging patients, the Health Policy Center also brought a diverse group of stakeholders



The needs of patients, such as Savet San and her son, are at the focus of Mayo's Health Policy Center efforts.

Sharing the Message

In 2009, the Health Policy Center shifted focus and took its message on the road. Center leaders, including Dr. Cortese and Jeffrey Korsmo, executive director of the Mayo Clinic Health Policy Center, began sharing the four cornerstones with the public and policy makers.

These efforts raised awareness of the Health Policy Center's positions, and awareness translated into real change. As the House and Senate bills came together, elements of each of the center's cornerstones could be seen in the legislation.

Many have praised Mayo for its role in bringing the important issue of payment reform to the forefront of the discussion.

"The Mayo Clinic Health Policy Center has been the leader in promoting value-based reimbursement approaches to health reform," says John Rother, the executive vice president of policy and

strategy at AARP. "Without Mayo's leadership, the idea that Medicare and other insurers should pay for results, not for volume, would not have gained such acceptance and support among policy makers."

Moving Forward

The Health Policy Center continues to meet with policy leaders in an effort to help shape legislation. "Now that legislation has passed, we plan to collaborate with other key groups on implementing elements of reform," says Korsmo. "We will also continue to convene stakeholders to work on unresolved issues related to reform, including individual responsibility for health, education reform and tort reform."

The Mayo Clinic Health Policy Center remains committed to advocating for changes that will lead to a health care system that gives patients what they want and deserve: high-quality, affordable health care for everyone.

together to discuss reform, including representatives from health care organizations, businesses, insurance companies, government, media, academia, and medical device and pharmaceutical companies.

These discussions resulted in recommendations for four cornerstones for reform:

Create Value Improve patient health outcomes and satisfaction with U.S. health care. Decrease medical errors, costs and waste.

Coordinate Care Coordinate patient care services across people, functions, activities, locations and time.

Reform the Payment System Change the way providers are paid in order to improve health and minimize waste.

Provide Health Insurance for All Provide guaranteed, portable health insurance for all individuals, giving them choice, control and peace of mind.

www.mayoclinic.org/healthpolicycenter/

The Doctor Will e-See You Now

Helping patients get the answers they need in more convenient ways

Innovation has always been a driving force at Mayo Clinic. Mayo Clinic founders, Drs. Will and Charlie Mayo, created the first group practice of medicine to provide diverse perspectives and expertise for patient care. Henry Plummer, M.D., one of the first partners hired by the Mayo brothers, developed the unified medical record that is the standard in patient record keeping practice throughout the world today.

Mayo Clinic continues to seek innovative ways to improve patient care. One of its newest concepts is the eConsult — an electronic consultation between two providers designed to give patients the care they need, while sparing them unnecessary doctor's appointments.

"Many of the patients we refer to specialists don't actually need to be examined by a specialist to have their concerns addressed," says Rajeev Chaudhry, M.B.B.S., a primary care physician who helped develop the

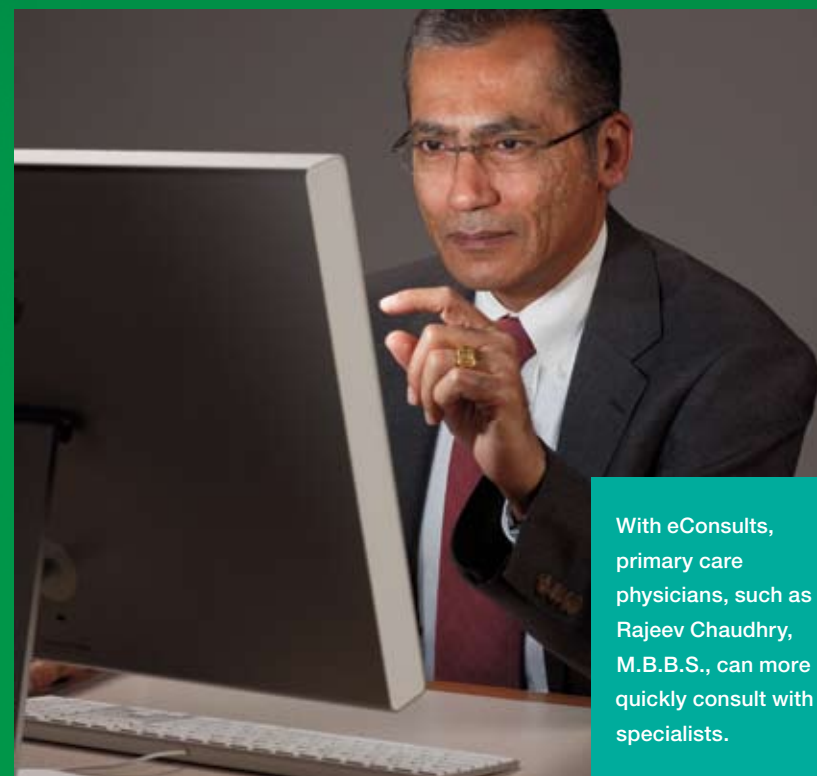
concept with support from the Mayo Clinic Center for Innovation. "These patients need answers to questions, but many times those questions can be answered simply by reviewing their medical records. We believe this is true of approximately 20 percent of our referrals."

How it Works

The provider who initiates an eConsult formulates a specific clinical question for a specialist. The specialist receives the question electronically, along with the patient's medical record, including test results and imaging studies. After reviewing the information, the specialist answers the question and sends his or her recommendation back to the original provider, who shares the information with the patient.

Mayo Clinic piloted the eConsult concept in its Employee Community Health area. Feedback from patients, referring providers and specialists was positive.

"The most important thing to me about my eConsult was the time-saving factor and the peace of mind it gave me," says Kathy Philo, a Mayo employee. "I'm really busy, and not having to do anything more than wait for my results after my primary care visit really was nice. The feedback from the specialist made me feel like I have nothing more to worry about."



With eConsults, primary care physicians, such as Rajeev Chaudhry, M.B.B.S., can more quickly consult with specialists.

That's a typical patient response to the experience, says David Herman, M.D., medical director of Employee Community Health.

"Patients like that they don't have to schedule additional appointments to get their questions answered," says Dr. Herman.

Making Time by Saving Time

Specialists who provide answers to eConsult questions have time blocked on their schedules to consider and respond to questions.

"From a scheduling standpoint, we designed eConsult appointments to look as much like traditional appointments as possible," says Dr. Chaudhry. "Specialists have dedicated time in their day for these appointments, just as they do for face-to-face visits. eConsults are not add-ons, or something our physicians squeeze in after-hours."

eConsult also allows more than one specialist to "see" a patient at the same time. Since the patient's electronic medical record can be reviewed simultaneously by more

than one person, the patient can essentially have two — or more — appointments at once.

The efficiencies gained by eConsults have opened more appointment times on specialists' calendars, improving access for patients who require face-to-face visits.

Patients can always choose a face-to-face visit rather than an eConsult. And, if after reviewing a patient's medical record, a specialist thinks a face-to-face visit is necessary, an appointment is scheduled.

Expanding the Model

Based on its initial success, the eConsult pilot was expanded to include all of Mayo Clinic's primary care areas. Mayo Clinic also piloted external eConsults in a partnership with SuperiorHealth Clinic in Duluth, Minn. By the end of 2009, more than 1,200 internal eConsults and 100 external eConsults had been recorded. In 2010, eConsults will continue to expand.

"This is another example of teamwork at Mayo," says Dr. Herman. "Doctors here are called consultants to emphasize the importance of conferring with each other on our patients' care. eConsults are a natural evolution of the way we pool our knowledge for our patients. I think the Mayo brothers would be very pleased by the way we're continuing to improve the process of care delivery." ●

Blazing the Trail for the Future of Medicine

Research and education activities at Mayo Clinic are essential to advancing patient care. Mayo Clinic's multidisciplinary research teams translate new discoveries rapidly to improve the prevention and treatment of disease. Mayo educational programs span the continuum of health care professions, and ensure that the legacy of Mayo's unique style of patient care continues.

Research Personnel

377

Mayo Clinic physicians and medical scientists

572

Students

2,267

Allied health personnel

3,216 Total

Research Activity

2,500

New protocols reviewed by Institutional Review Board

7,725

Active human research studies

4,640

Research publications and review articles in peer-reviewed journals

College of Medicine, Mayo Clinic

Mayo School of Health Sciences

96 programs representing more than 57 health science careers

Enrollment 1,479

Graduates 942

Mayo Graduate School

Doctoral and master's programs focusing on seven biomedical subspecialties. Visiting predoctoral and summer undergraduate research students.

Enrollment 271

Ph.D. graduates 27

M.S. graduates 21

Mayo School of Graduate Medical Education

248 medical residency and fellowship programs representing virtually all medical specialties

Enrollment 1,469

Graduates 593

Mayo School of Continuous Professional Development

269 continuing education activities to medical professionals from throughout the world

Physician participants 77,108

Nonphysician participants 42,894

Mayo Medical School

Doctor of medicine degrees and joint M.D.-professional degrees, visiting medical student clerkship programs and summer minority medical student programs

Enrollment 169

Graduates 38



Mayo Clinic investigators demonstrated that induced pluripotent stem (iPS) cells — stem cells converted from adult cells — can be used to treat heart disease. The researchers reprogrammed ordinary fibroblasts, cells that contribute to scars such as those resulting from a heart attack, converting them into stem cells that fix heart damage caused by a heart attack. This is the first application of iPS-based technology for heart disease therapy. The ultimate goal is to use iPS cells derived from patients to repair injury. Using a person's own cells in the process eliminates the risk of rejection and the need for anti-rejection drugs.

The nation's three largest physician certifying boards — the American Board of Family Medicine, the American Board of Internal Medicine, and the American Board of Pediatrics — approved Mayo Clinic as a Portfolio Sponsor of Maintenance of Certification activities. Each certifying board requires physicians to look at their practice and make improvements. Mayo Clinic's rigorous attention to detail and the structure of its physician quality improvement programs were recognized for inclusion in the program. While each of the boards has individually recognized other organizations' quality improvement activities for Maintenance of Certification credit in the past, Mayo Clinic is the first organization to be recognized jointly by all three boards. This new model is a beta test for a national accreditation model.

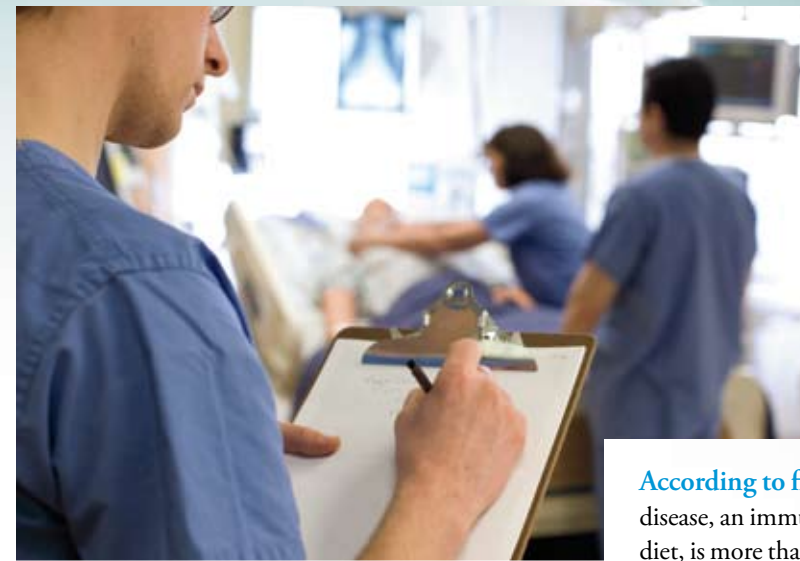


Mayo Clinic gastroenterologists found that ablation, a procedure in which heat treatment is used to destroy abnormal cells, appears to be a safe, effective intervention for Barrett's esophagus dysplasia. Barrett's esophagus is a precancerous condition of the lining of the esophagus. Dysplasia signals a possible progression to cancer. Low-grade dysplasia includes smaller, precancerous changes in cells. High-grade dysplasia includes advanced precancerous changes. For the study, 63 patients with dysplasia were treated with radiofrequency ablation. Results showed a complete response for dysplasia in 95 percent of patients with low-grade dysplasia and 79 percent with high-grade dysplasia.

A study led by Mayo Clinic researchers found that a new treatment option for recently diagnosed multiple myeloma patients resulted in better short-term overall survival and lower toxicity than a therapy that had been a mainstay in the treatment of this disease. The study compared the standard treatment — the medications lenalidomide plus high-dose dexamethasone — to a new treatment option — lenalidomide plus low-dose dexamethasone. The overall survival at one year was significantly better and complications lower with low-dose than with high-dose dexamethasone. This finding prompted early closure of the study, with all study participants then switched to low-dose dexamethasone.

Nearly 200 national leaders in medical and health care education gathered in April 2009 at **Mayo Clinic's National Symposium on Medical and Health Care Education Reform**. Leaders discussed improving the education system to support comprehensive, patient-centered health care reform. Teamwork and interdisciplinary training among medical, nursing and allied health students emerged from the event as unifying themes. Creating transparency of educational costs across health care professions, compressing and consolidating the curriculum for medical school and other health professions, and introducing team-based and reality-based standards and training were identified as top priorities. Key recommendations included changing how students are selected and assessed; working in teams early in the education process; developing support for team-based and point-of-care learning; and creating incentives for lifelong learning.

Mayo Clinic cardiology researchers identified a peptide that helps preserve and improve kidney function during heart failure, without affecting blood pressure. Earlier variations of this peptide caused blood pressure to drop, limiting the potential benefits to the kidneys. Benefits of this new peptide include increasing kidney filtration rate, suppressing harmful protein production, and keeping water and salt flowing from the body.



Mayo Clinic researchers demonstrated that stool DNA testing, a noninvasive screening test, can detect not only colorectal cancer but also common gastrointestinal cancers above the colon. In addition to colon cancer, the study looked at throat, esophagus, stomach, pancreatic, bile duct, gallbladder and small bowel cancers to determine if gene mutations could be detected in stool samples. Using a stool test developed at Mayo Clinic, researchers targeted DNA from cells that are shed continuously from the surface of these cancers. Stool DNA testing detected cancers at each organ site, including 65 percent of esophageal cancers, 62 percent of pancreatic cancers, and 75 percent of bile duct and gallbladder cancers. In this series, 100 percent of both stomach and colorectal cancers were detected. Importantly, results did not differ by cancer stage; early-stage cancers were just as likely to be detected as late-stage cancers.

Mayo Clinic launched the Mayo Quality Fellows program to provide physicians, nurses and allied health staff with advanced tools to improve quality, safety and service to patients. Participants develop and apply new knowledge for continuous quality improvement through research, education and scholarly activity.

According to findings of a Mayo Clinic study, celiac disease, an immune system reaction to gluten in a person's diet, is more than four times more common today than it was 50 years ago. Researchers also found that people in the study who did not know they had celiac disease were nearly four times more likely than those who were celiac-free to have died during the 45 years of follow-up. The study findings highlight the need for increased awareness of celiac disease. Some research suggests that for every person who has been diagnosed with celiac disease, there are likely 30 who have the disease but aren't aware of it.



Experts at the Ready

An innovative online system connects Mayo care providers to the information and knowledge they need to best serve patients

When Sharon Brown, a breast-cancer survivor, went to see nurse practitioner Dee Smith in Mayo Clinic's Department of Oncology for a routine follow-up appointment, heart health wasn't on her mind. But when Brown's heart rate seemed abnormally low, Smith sent her for an electrocardiogram (EKG). This test records the heart's electrical signals and allows health care providers to analyze heartbeats and rhythms. Soon after, Brown's heart health took center stage.

"An hour and a half after I had seen Sharon, my computer message system alerted me there was a test result I needed to look at quickly," says Smith. "Not only was Sharon's EKG abnormal, it also detected another abnormality that hadn't been present on a previous EKG. That change put her at risk for sudden death from a lethal heart rhythm."

MayoExpertAdvisor, the online tool that warned Smith about Brown's potential heart problem, is part of MayoExpert, a Mayo-designed software system that facilitates learning, optimizes patient care and ensures the highest levels of quality and safety throughout Mayo Clinic.

Guiding Care

When she saw the alert, Smith called Brown immediately. "When the call came, I was driving home. Dee told me I needed to turn around," says Brown. "It was quite a surprise. Until that day, I thought my heart was fine."

As Brown drove back to Mayo Clinic, Smith used MayoExpertAdvisor to help determine the right course of action.

"I used the system to guide me through potential causes for the EKG abnormality and additional tests and consultations Sharon would need," says Smith. "I was able to get her in the same day for cardiac testing. The following day, she was seen in Cardiology."

Brown was diagnosed with long QT syndrome, a heart rhythm disorder that can lead to sudden death. Following the diagnosis, Brown had a defibrillator implanted to regulate her heart rhythm. Because long QT syndrome is a genetic disorder, her sons were tested as well. The family learned that one of the teenagers also has long QT.

"I can attest to how wonderful the MayoExpert technology is, because with Dee's help, it saved my life,"



Dee Smith, R.N., C.N.P., was alerted to an abnormal EKG, and a lifesaving diagnosis for her patient.

says Brown. "It led to my son discovering that he has long QT, too. That knowledge is so important for him. The trickle-down effect has been amazing."

Connecting Colleagues

That powerful impact on patient care is just what MayoExpert developers had in mind. MayoExpertAdvisor works by analyzing data from a patient's electronic medical record and alerting providers about test results that require immediate action.

The alert links to another segment of the system called AskMayoExpert. It includes important medical information, which is vetted by Mayo medical experts, about the patient's disorder. The system also offers instant access to discussions with Mayo Clinic colleagues who can provide expert advice.

"MayoExpertAdvisor is a proactive notification," says Steve Ommen, M.D., AskMayoExpert medical editor. "Most electronic medical records can flag abnormal test results, but they require the provider to go looking for them. MayoExpertAdvisor, on the other hand, finds a dangerous situation and sends notification to the ordering provider that there's a significant problem requiring attention."

Securing Quality

"This multipronged system doesn't replace physician-to-physician conversation," says Dr. Ommen. "It complements it in a way that makes the communication more efficient, through a method that secures quality care for our patients."

Brown believes her story is a testament to that. "I had a wonderful team working for me that had immediate information they could share with each other," she says. "To me, that's very valuable. It gave me my life, really. I have a defibrillator because of the discovery of long QT. With it, I feel much more confident that I'll be around for my grandkids, that I won't suddenly die and leave my family. Finding out about my condition when I did means the world to me." ●

Discovering A Better Way

Mayo Clinic
researchers pioneer
a minimally invasive
treatment for
esophageal cancer

When Lee Porter received the news that he had a form of early-stage esophageal cancer, adenocarcinoma, he was very concerned — and so was his doctor.

“My local doctor said I had to get something done right away,” says Porter. “It didn’t sound good at all. He seemed really worried.”

The concern was well-founded. When not effectively treated quickly, esophageal cancer often spreads. But the traditional treatment, removal of the esophagus, is a high-risk surgery that can involve long-term side effects.

Thanks to an innovative approach to treating early-stage esophageal cancer pioneered by Mayo Clinic researchers, Porter didn’t need that complex surgery. Instead, he went to Mayo Clinic’s campus in Jacksonville, Fla., where he was successfully treated using a minimally invasive procedure that removed the cancerous cells and reduced his risk of developing esophageal cancer in the future.

Conducting Comprehensive Research

Porter knew he was at risk for esophageal cancer because he had previously been diagnosed with Barrett’s esophagus, a condition in which the cells lining the esophagus change. Barrett’s esophagus is usually a result of repeated exposure to stomach acid and is often diagnosed in people who have long-term gastroesophageal reflux disease. The frequency of esophageal cancer arising from Barrett’s esophagus is increasing faster than any other cancer in the United States.

Until recently, the only option for people who developed esophageal cancer, even if it was detected early, was esophagectomy — surgery to remove the esophagus. But in a study published in September 2009, Mayo Clinic researchers found that early-stage esophageal cancers can be treated as effectively by less-invasive, organ-sparing endoscopic therapy. The large clinical trial involved

researchers and patients at all three Mayo Clinic locations in Florida, Arizona and Minnesota.

“Our team compared surgery to the use of endoscopic therapy, where a scope is inserted in the esophagus and the cancer cells are shaved off,” says Ganapathy Prasad, M.D., gastroenterologist and lead author on the study. “Our results showed the less-invasive therapy was just as effective as surgery for early-stage cancers.”

Positive Results

Michael Wallace, M.D., a Mayo Clinic gastroenterologist, performed Porter’s endoscopic mucosal resection in December 2008. In addition, the entire area affected by Barrett’s esophagus was treated with radiofrequency ablation, a procedure that destroys the superficial layer of esophageal tissue where the cancer is present. Since then, Porter has undergone follow-up procedures to ensure that he is cancer free, and hasn’t experienced any other problems.

“We follow patients who’ve had mucosal resection very closely,” says Dr. Wallace. “If they have a recurrence of Barrett’s esophagus, we re-treat it with the minimally invasive procedure. Fortunately in Mr. Porter’s case, there has been no recurrence of any precancerous tissue.”

The long-term side effects of esophagectomy can include difficulty swallowing and frequent nausea, vomiting and heartburn. The surgery carries a risk of serious complications, such as infection,



Thanks to esophageal research and treatment at Mayo Clinic, Lee Porter is now cancer free and can continue to enjoy his meals.

bleeding, leakage and even death (although this is rare). In contrast, the complications and side effects of endoscopic mucosal resection are relatively minor.

“After the procedure I couldn’t eat fast or take large bites of food,” says Porter. “I have to cut my food smaller, chew it more and eat slower. But that’s probably healthier for me anyway. I can’t praise my doctors at Mayo Clinic enough. They did a superb job of taking out that cancer.”

Moving Forward

Esophageal cancer research continues at Mayo Clinic. Several large clinical trials are examining new imaging techniques that may be able to identify precancerous areas of Barrett’s esophagus without the need for multiple biopsies.

“Typically, repeat biopsies are needed to identify at-risk areas of the esophagus,” says Dr. Wallace. “The virtual biopsies we’re studying would allow us to target those areas more precisely. Because a virtual biopsy is done in real time, if we see a problem, we would be able to immediately treat it. The possibilities of this research represent another step forward in the detection and early treatment of esophageal cancer.” ●

Financial Report

Mayo Clinic is driven by its mission of providing the best care to every patient every day through integrated clinical practice, education and research. As a not-for-profit institution, Mayo invests all of its net operating income back into programs that support this mission.

2009 was a solid financial year for Mayo Clinic, despite continuing difficulties in the U.S. economy. In 2008, the nation's economic slowdown affected Mayo's financial performance. In 2009, thanks in large measure to staff efforts to improve the practice and reduce costs, Mayo Clinic's operating performance was at its highest level since 2004.

Mayo's financial turnaround was mainly the result of tremendous effort from all staff across all Mayo Clinic campuses. Expense management was made a high priority; administrative costs were decreased; staffing expenses were reduced by filling only essential new and vacant positions; capital spending was constrained; business processes were streamlined to increase efficiency including better access for patients; and pension/post-retirement plans were restructured to ensure affordability into the future.

Mayo Clinic ended the year with income from current activities of \$333 million, including practice, research, education, and diversification activities that support these operations. Mayo's expenses remained flat in 2009 as compared to 2008, while revenues grew by 5 percent. Expenses were \$312 million favorable to plan, more than offsetting an unfavorable variance in planned revenue levels. Income from practice was \$474 million, an increase of \$270 million from 2008.

Looking ahead, sustaining 2009's stable financial performance is critical to ensuring that Mayo Clinic can continue to offer high-quality, affordable health care while meeting the significant financial challenges that still lie before us. Those challenges include a continued weak U.S. economy, a growing number of Medicare patients, and uncertainty regarding the scope and impact of national health care reform.

Mayo Clinic staff will rise to those challenges by continuing to explore ways to transform our practice of medicine to best meet the needs of today's patients, as well as create the medical practice of the future for tomorrow.

Mayo Clinic staff did everything in their power to keep Mayo on solid financial footing while maintaining focus on Mayo's primary value — the needs of the patient come first.

OPERATING PERFORMANCE (in Millions)

	2009	2008	CHANGE
Total Revenue	7,582.1	7,221.8	5.0%
Total Expenses	7,248.9	7,221.8	0.4%
Income from current activities	333.2	0.0	
Percent of Revenue	4.4%	0.0%	4.4p

PRACTICE OPERATING PERFORMANCE (in Millions)

	2009	2008	CHANGE
Total Revenue	6,296.7	6,023.8	4.5%
Total Expenses	5,822.9	5,820.3	0.0%
Income from practice	473.8	203.5	
Operating Margin	7.5%	3.4%	4.1p

Income from Practice

Mayo Clinic staff cared for 528,000 individual patients in 2009. Mayo Clinic hospitals admitted 124,000 patients during the year. Income from practice was \$474 million in 2009, compared to \$204 million in 2008. The margin from practice was 7.5 percent, a level that is essential for adequate re-investment and advancement of Mayo's practice, research and education mission.

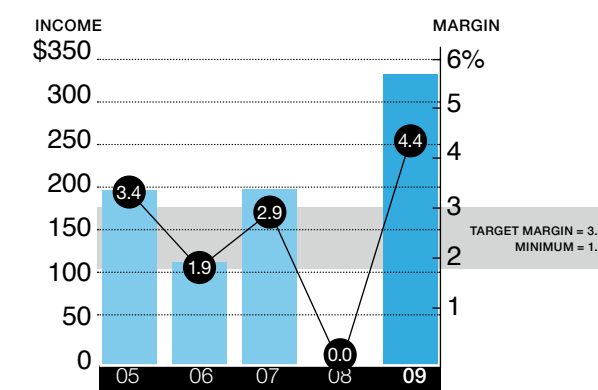
Investing in Research and Education

Mayo Clinic's net operating income is invested to advance the science of medicine and to teach the next generation of health care professionals. However, Mayo can't rely on excess funds from operations alone to completely fund education and research.

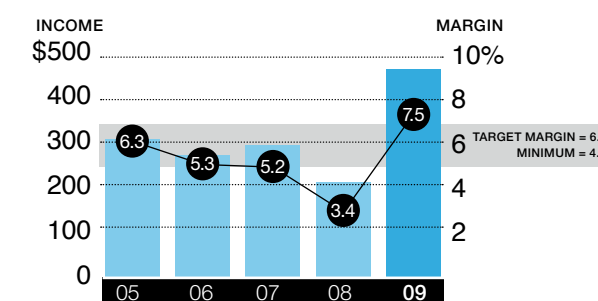
Overall funding for Mayo research and education programs was \$769 million in 2009, an increase of \$6 million over 2008. Government, foundations and industry sources provided \$369 million of the total amount. Mayo Clinic invested \$400 million in research and education in 2009, an increase of \$9 million. This includes Mayo funds and benefactor gifts.

Mayo will continue to partner with foundations, benefactors, government and industry with mutual aims to support education programs that train the next generation of medical professionals and research programs that identify tomorrow's medical breakthroughs.

INCOME FROM CURRENT ACTIVITIES (in Millions and % of revenue)

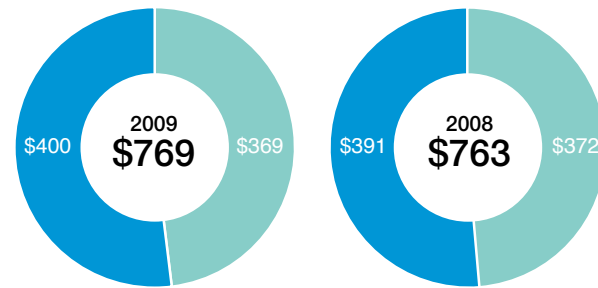


INCOME FROM PRACTICE (in Millions and % of revenue)



RESEARCH AND EDUCATION FUNDING (in Millions)

- Mayo Clinic Funds + Benefactor Gifts
- Extramural Funds



Support From Benefactors

Gifts from benefactors totaled \$236 million in 2009 to support Mayo programs. The five-year Campaign for Mayo Clinic was completed on Dec. 31, 2009, exceeding its \$1.25 billion goal by \$102 million. Support from grateful patients, foundations, corporations and other organizations is essential to Mayo Clinic's ability to carry out its mission in practice, education and research, and to provide outstanding facilities and technology.

Endowment

Mayo Clinic's endowment of \$1.6 billion helps provide a stable funding source for Mayo Clinic research and education programs. Mayo's goal is to continue to increase the endowment in coming years. Mayo Clinic's endowment is a critical element in providing a long-term funding base for these programs.

Diversified Activities

Mayo Clinic's diversified activities include health information publishing, clinical laboratory reference services, technology commercialization, and other services and products that use Mayo Clinic's medical and scientific knowledge base. These diversified activities generated \$57 million of income in 2009, which is reinvested in Mayo Clinic programs in medical research and education.

Investment Performance

Mayo's investments in the financial markets made significant gains, returning 12.4 percent. Each year, a portion of the investment return is used to fund research and education programs. However, because there is significant variability of results from year to year, Mayo can't rely on strong stock market performance as a source of funding for the long term.

Mayo's pension fund improved from \$1.2 billion underfunded in 2008 to \$274 million underfunded in 2009. This improvement included changes made to the pension plan, additional contributions to its pension fund from current activities, and favorable investment returns. Mayo Clinic is committed to funding the pension plan.

Investment Performance (Annualized Return)

	ONE-YEAR	THREE-YEAR	FIVE-YEAR
General Fund	12.4%	2.0%	7.4%
Benchmark	15.1%	-0.5%	4.8%

Capital Projects

In 2009, Mayo Clinic continued to make investments in facilities and infrastructure. Capital expenditures totaled \$361 million, a decrease of \$115 million compared to 2008, due to Mayo's focus on expense reduction and liquidity management. The organization continued a number of essential major projects during 2009, including enhanced electronic medical records in Arizona, Florida and Mayo Health System, a new laboratory information system, and a hospital expansion project in the Mayo Health System. These major projects, along with additional technology, medical equipment, major renovations and projects, are fundamental in providing advanced, quality care to our patients.

CONSOLIDATED STATEMENTS OF ACTIVITIES

Years Ended Dec. 31, 2009 & 2008 (In Millions)

	2009	2008
Revenue, gains, and other support:		
Net medical service revenue	\$6,473.7	\$6,143.5
Grants and contracts	324.9	328.7
Investment return allocated to current activities	101.2	117.2
Contributions available for current activities	106.0	114.3
Premium revenue	105.9	92.8
Other	470.4	425.3
Total revenue, gains, and other support	7,582.1	7,221.8
Expenses:		
Salaries and benefits	4,796.7	4,627.7
Supplies and services	1,677.4	1,783.3
Facilities	574.8	590.6
Provision for uncollectible accounts	161.1	160.5
Finance and investment	38.9	59.7
Total expenses	7,248.9	7,221.8
Income from current activities	333.2	—
Non-current and other items:		
Contributions not available for current activities, net	78.3	34.5
Unallocated investment return, net	315.4	(744.9)
Change in net deferred tax asset	(4.0)	37.6
Other	(5.2)	(3.8)
Total non-current and other items	384.5	(676.6)
Increase (decrease) in net assets before other changes in net assets	717.7	(676.6)
Pension and other postretirement benefit adjustments	1,227.6	(1,235.3)
Increase (decrease) in net assets before effect of adoption of the Compensation-Retirement Benefits topic of FASB ASC	1,945.3	(1,911.9)
Effect of adoption of provisions of the Compensation-Retirement Benefits topic of FASB ASC	—	(74.8)
Increase (decrease) in net assets	1,945.3	(1,986.7)
Net assets at beginning of year	2,325.7	4,312.4
Net assets at end of year	\$4,271.0	\$2,325.7

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

Years Ended Dec. 31, 2009 & 2008 (In Millions)

Assets	2009	2008	CHANGE
Cash and cash equivalents	\$ 41.0	\$ 42.3	\$ (1.3)
Accounts receivable for medical services – net	1,106.8	1,116.7	(9.9)
Investments – at market	3,428.8	2,737.6	691.2
Other assets	900.0	882.7	17.3
Property, plant, and equipment – net	3,511.9	3,553.6	(41.7)
Total assets	\$8,988.5	\$8,332.9	\$ 655.6
Liabilities and Net Assets			
Accounts payable and current liabilities	\$ 1,542.3	\$ 1,392.3	\$ 150.0
Long-term debt	1,244.4	1,359.9	(115.5)
Other long-term liabilities	1,930.8	3,255.0	(1,324.2)
Net assets	4,271.0	2,325.7	1,945.3
Total liabilities and net assets	\$8,988.5	\$8,332.9	\$ 655.6

Mayo Clinic Services and People	2009
Measures of Service	
Total clinic patients*	528,000
Hospital admissions	124,000
Hospital days of patient care	567,000
Number of Personnel (including temporary and supplemental employees)	
Staff physicians and medical scientist	3,700
Allied health	49,000
Residents, fellows and students	3,200
Total	55,900

* Includes Rochester, Florida and Arizona locations only

This summary is intended to present a brief review of Mayo Clinic's financial condition and activities for 2009 compared with 2008. The Consolidated Financial Statements of Mayo Clinic for the years ended Dec. 31, 2009 and 2008 were examined by *McGladrey & Pullen, LLP*.

A copy of their report and Mayo Clinic's financial statement can be obtained by writing to:

Treasurer, Mayo Clinic
Rochester, MN 55905

COMMUNITY BENEFIT SUMMARY: Benefits to those in need and the Broader Community*

Year Ended Dec. 31, 2009 (estimated In Millions)

Cost of Benefit Provided to those in need	2009
Charity care	\$58.0
Unpaid portions of Medicaid and other indigent care programs	229.7
Total quantifiable benefit to those in need	\$287.7
Cost of Benefit Provided to the Broader Community	
Non-billed services and cash and in-kind donations	\$2.5
Education and Research**	400.3
Total quantifiable benefit to the broader community	\$402.8
Total estimated cost of quantifiable community benefit	\$690.5
Unpaid portions of Medicare	\$773.4

* The estimated cost of benefits to those in need and the broader community was calculated in accordance with the guidelines set forth by CHA/VHA.

** The estimated cost of education and research excludes externally sponsored funding that totaled \$368.8 in 2009.

Commitment to Community

Mayo Clinic engages in many wide-ranging efforts to enhance the health and vibrancy of the communities in which it operates, and to improve the well-being of all individuals through medical advancement.

In 2009, Mayo Clinic provided \$58 million in charity care to individuals from throughout the United States and world. Mayo's charity care program supports patients with demonstrated financial need and who have medical conditions for which Mayo Clinic is uniquely qualified to provide care.

Mayo Clinic revenues support medical research and the education of future health care professionals through the College of Medicine, Mayo Clinic. These activities directly and indirectly benefit local communities, as well as all members of society.

Mayo Clinic also partners with numerous public, private, and nonprofit organizations to strengthen the quality of life, health and well-being in the communities and nearby regions of Scottsdale, Ariz.; Jacksonville, Fla.; and Rochester, Minn.; as well as the communities of Mayo Health System, a network of clinics and hospitals serving more than 70 areas in Minnesota, Iowa and Wisconsin.

Mayo Clinic provides in-kind and monetary support, as well as health-related education, outreach programs, and leadership on community task forces and community boards. Mayo Clinic employees are also generous volunteers of their time and skills to local community efforts and nonprofit organizations.

www.mayoclinic.org/community/

Mayo Clinic 2009 Board of Trustees

The Mayo Clinic Board of Trustees is a 33-member group of public representatives and Mayo physicians and administrators. It has overall responsibility for the charitable, clinical practice, scientific, and educational mission and purposes of Mayo Clinic as set forth in its Articles of Incorporation and Bylaws.

Public Trustees

BRADBURY H. (BRAD) ANDERSON Vice Chairman Best Buy Co., Inc. Richfield, Minn.	LOUIS L. GONDA President Lexington Commercial Holdings Beverly Hills, Calif.	AULANA L. PETERS Retired Partner Gibson, Dunn & Crutcher, LLP Los Angeles, Calif.
JAMES L. BARKSDALE Chair Barksdale Management Corporation Ridgeland, Miss.	ROY A. HERBERGER, PH.D. President Emeritus Thunderbird School of Global Management Phoenix, Ariz.	HUGH B. PRICE John L. Weinberg/Goldman Sachs Visiting Professor Princeton University Princeton, N.J.
THOMAS J. (TOM) BROKAW Special Correspondent NBC News New York, N.Y.	PATRICIA E. MITCHELL President and CEO The Paley Center for Media New York, N.Y.	LEE R. RAYMOND, PH.D. Retired Chair of the Board ExxonMobil Corporation Irving, Texas
FRANCE CÓRDOVA, PH.D. President Purdue University West Lafayette, Ind.	MARILYN CARLSON NELSON Chairman Carlson Minneapolis, Minn.	ANNE M. TATLOCK Retired Chair and CEO Fiduciary Trust Company International New York, N.Y.
A. DANO DAVIS Former Chair, Board of Directors Winn-Dixie Stores, Inc. Jacksonville, Fla.	RONALD L. OLSON Partner Munger, Tolles & Olson, LLP Los Angeles, Calif.	ELIAS A. ZERHOUNI, M.D. Senior Advisor Johns Hopkins Medicine Former Director, US National Institutes of Health Pasadena, Md.

Emeritus Public Trustees

Lilyan H. Affinito	George C. Dillon	Philip R. Lee, M.D.	Luis G. Nogales
Robert E. Allen	Frances D. Fergusson, Ph.D.	Whitney MacMillan	Frederick W. Smith
H. Brewster Atwater Jr.	Bert A. Getz	Ambassador Charles T. Manatt	Edson W. Spencer
Ambassador Howard H. Baker Jr.	Hanna H. Gray, Ph.D.	Joan D. Manley	Dr. Donald M. Stewart, D.P.A.
Barbara P. Bush	Robert A. Hanson	J. Willard Marriott Jr.	Paul A. Volcker
Catherine B. Cleary	W. Thomas Johnson Jr.	Ambassador Donald F. McHenry	Rawleigh Warner Jr.
Allan R. DeBoer	Sister June Kaiser	Newton N. Minow	Robert C. Winters
John H. Dasburg	Richard L. Knowlton	Honorable Walter F. Mondale	

Internal Trustees

DENIS A. CORTESE, M.D.* Emeritus President and CEO Mayo Clinic	JOHN H. NOSEWORTHY, M.D. President and CEO Mayo Clinic	JEFFREY W. BOLTON Chief Financial Officer Chair, Department of Finance Mayo Clinic
RICHARD L. EHMAN, M.D. Consultant, MRI Research Mayo Clinic	KERRY D. OLSEN, M.D. Consultant, Otolaryngology Mayo Clinic	JAMES P. LYDDY, PH.D. Chair, Department of Development Mayo Clinic
R. SCOTT GORMAN, M.D. Consultant, Internal Medicine Mayo Clinic in Arizona	WILLIAM C. RUPP, M.D. Vice President and CEO Mayo Clinic in Florida	MICHAEL CAMILLERI, M.D. Medical Director for Development Mayo Clinic
JEFFREY O. KORSMO Executive Director Mayo Clinic Health Policy Center Mayo Clinic	NINA M. SCHWENK, M.D. Vice President Consultant, General Internal Medicine Mayo Clinic	JONATHAN J. OVIATT, J.D. Secretary Chair, Legal Department Mayo Clinic
JACK P. LEVENTHAL, M.D. Consultant, Pulmonary Medicine Mayo Clinic in Florida	CRAIG A. SMOLDT Chair, Department of Facilities Support Services Mayo Clinic	
DAWN S. MILLINER, M.D. Consultant, Nephrology Mayo Clinic	VICTOR F. TRASTEK, M.D. Vice President and CEO Mayo Clinic in Arizona	
ROBERT E. NESSE, M.D. President and CEO Franciscan Skemp Healthcare Mayo Health System	SHIRLEY A. WEIS Vice President and CAO Mayo Clinic	

Additional Officers

“We commend Dr. Cortese for his leadership in helping us more clearly focus on the needs of our patients as we strive to provide an unparalleled patient experience. He moved us to work more closely as one enterprise and helped frame the national dialogue toward patient-centered reform.”

James L. Barksdale,
Chair, Mayo Clinic Board of Trustees



*In November of 2009 Dr. Cortese retired after 32 years of service at Mayo Clinic as a physician, researcher, educator and leader.

We strive to tread lightly to preserve our environment. This Mayo Clinic Annual Report uses paper made with 10% postconsumer recycled fiber and fiber sourced from well-managed forests. It is independently certified by SmartWood to meet Forest Stewardship Council (FSC) standards. This has been handled in an environmentally friendly manner in each manufacturing step, from raw forest material to the final printed piece you're holding.

We welcome your
feedback on this report:
annualreportcomments@mayo.edu



4500 San Pablo Road
Jacksonville, FL 32224

200 First Street SW
Rochester, MN 55905

13400 East Shea Boulevard
Scottsdale, AZ 85259

MC0710-2009

www.mayoclinic.org

©2010 Mayo Foundation for Medical Education and Research (MFMER).
All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo
are trademarks and service marks of MFMER.