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Podcast Transcription

Implementing Lean Marketing Systems

Innovation at the Mayo Clinic

Guest was Barbara Spurrier

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Transcription of the Podcast

Joe: *Welcome, everyone. This is Joe Dager, the host of the Business901 podcast. With me today is Barbara Spurrier. She is the founding and current administrative director of the Mayo Clinic Center for Innovation. She has advised senior leaders in the health care industry for over two decades, serving as a champion for innovation in large, complex environments. She recently co-authored the book, "Think Big, Start Small, Move Fast". Barbara, I would like to welcome you – how did you decide to write a book?*

Barbara: Well, thank you, Joe. It is nice to be with you. We have been working to build out this innovation center at Mayo Clinic, and just really thought we had a story to share with the world – not just for those in health and health care, but for other industries. So, we have had a number of experiences that we thought others might benefit from, and wanted to go ahead and share the story.

Joe: *Well, the book is laid out in three parts, and since there were three authors, did you each do a section or was it a collaboration on the entire book together?*

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Barbara: In very much the way we work at Mayo Clinic, everything is a collaboration. My two coauthors and I collaborated through the entire project. It is very much about approaching innovation and so much collaboration.

Joe: *There's a lot of books being written about innovation these days. What makes your different?*

Barbara: For Mayo Clinic, you know, we got started – we were celebrating our sesquicentennial this year, so 150 years of history. We got started a long time ago with innovation but really stepped up our commitment to innovation six years ago, with the launch of the Center for Innovation. What we have been building here is something that we have been called out as pioneers, at least in health and the health care industry. Very much about – how do we try to understand customer needs, user needs – and as we understand those needs, how do we build our products and services to meet those needs. What we found in health care is – so much of what we have been building is really around – how do we understand patients – how do we express that with doctors in teams – but not really understanding what are the needs of the people we are trying to serve. We have been bringing a number of new methodologies into health care delivery, and taking a page from the world of design and design thinking to incorporate new approaches to how we do things.

Joe: *One of the things I found interesting in the book is – of course, you are putting the patient and the user experience upfront and first and everything – but very early in the process, you talk about a discovery process of yourself, and "who are we?" Can you explain*

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why you want to dig in about your team and understand "you", when you are innovating for others?

Barbara: Absolutely. We think it's so important that we really think about the team members, the roles, the responsibilities and how we can all come together around our core mission, which is to transform the experience in delivery of health and health care. As we tried to understand and learn from other industries about innovation, we started to learn a lot about the need of thinking differently – if we just keep approaching things the way we always have in health care, we are going to keep generating the results that, we believe, are not optimal as we imagine in transformed health and health care system. So, we started to tease apart what are the kinds of skill sets and team members that will need to move innovation forward. We also wanted to understand – of course, we need our physicians, our scientists, our nurses and our care team members – but we needed to bring in some new methodologies, not just about the model that has been so prevalent in the health care industry, which is the scientific model, where it's so much about proving and disproving a hypothesis.

What we're finding in design and design thinking is – how do we open things up to understand the perspective of patients and people and customer needs. That really requires bringing in some new skill sets and ways of thinking. So, we started to see that the intersection of things, and the intersection of people, is really where the innovation will come from, and committed to building a very multi-disciplinary team of designers, engineers, physicians, scientists and technologists. We really all come together around this commitment to innovation.

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Joe: *So, is this more getting away from – you know, I'm a "lean" guy, so I have to think of plan-do-check-act or plan-do-study-act. Is this really saying that, you know, maybe it's not so much about planning, but checking first, and observing customers, and doing that sort of thing upfront.*

Barbara: That's absolutely right, Joe. It is this idea that – so many times we get started with problem-solving before we understand the problem. So, how do we open up our minds to really understand the problem from the perspective of the customer. So, it is this idea of integrating design thinking into problem-finding before problem-solving. We think that the approaches around "lean" and all kinds of things with quality improvement have a role to play on the innovation journey. We're trying to have a much better understanding of customer needs in the beginning – will help us develop the solutions that we need to have innovation with impact and improve their lives.

Joe: *There are a couple of acronyms in your book that I thought were unique. One of them is – what is SPARK?*

Barbara: In the early days, we got started with something called SPARK, which stands for seek-plan-act-refine-communicate, and it was really the beginning of the methodology that morphed into our center for innovation. So, SPARK was a small program in our largest clinical department here at Mayo Clinic – the Department of Medicine – and sometimes it's – how do you start calling out an identity and start building momentum around innovation. So, that was an early acronym to describe what's really become the heart of the core

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methodology. It is very much centered on human needs. We collaborated with an outside group called IDEO. IDEO is an amazing company. It is based in Palo Alto, California with offices around the world. We brought them in to start thinking about – how do we start building an experimental and prototyping kind of culture to support this idea of experimentation and understanding user needs, and trying to move innovation out into the world.

Joe: *In the next chapter, you went into Fusion Innovation model. Is that different than design thinking, or is it a combination? Is it separate in itself?*

Barbara: The Fusion Model is really – how do we bring the scientific model, you know, that's really been part of our academic medical centers for more than a century, with design thinking and then this commitment to project management. How we think about innovation and our definition of innovation, is discovering and implementing new ways to deliver better health. So, it's this idea that we can have a discovery, the ideation and the creative process, but it needs to be coupled with execution and implementation in getting the value out to the customers we are trying to serve. Many times, those customers are our patients that increasingly, it's trying to help people before the disease is even present. So, what we see along that journey is the need for opening up again as problem-finding – the creative process with design and design thinking, coupled with the need for more of a scientific model, where we bring in data and hypotheses, altogether with project management, so we're trying to execute and get the products and services out to the world to help people, so a "Fusion Model" that we have been building in our methodologies.

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Joe: *You talk about moving innovation into practice – that has to be really difficult in a health care facility. Can you shed some light on that?*

Barbara: Yes, it's the most difficult part, for sure. What we try to do is – we try to anticipate the operational owners. So, who will be receiving the innovations and having the responsibility with the implementation and the operational oversight. If we can anticipate that in the organization, we bring them on very early in the process, because we all know how it feels that – if we go about developing some sort of new service or product, and then we hand it over to a group that is responsible for implementation, it doesn't feel very good. So, this opportunity, being involved in the very beginning – and learning a little about innovation and creative processes is part of that – works fast. But, sometimes, we can't anticipate the operational owner of a new idea or product, because we're doing something that might not be new to the world, but might be new to our organization. Sometimes we have to be building on a parallel track a new kind of operation that will support the innovation, as we move it through experimentation and prototyping, and finding something that's going to stick. We have a number of examples of where we needed to build new infrastructure to support new innovations, to move them out into our practice.

Joe: *Center for Innovation reminds a little bit of Bell Labs, where it's kind of a separate skunkworks facility – is it structured that way, or can you explain how the center works?*

Barbara: That's a great question. Actually, we are not a separate function at all, and a lot of it is trying to think about how innovation should be positioned in the organization for its success. For an organization like Mayo Clinic, it's really all about integration. It's all

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about our core value that the needs of the patient come first. It's so much about relationships and how we work together to live that core value every day. I'm sitting right now in our Center for Innovation, on the 16th floor of our Gando building, which is in the heart of our Mayo clinical practice. Our space and environments are open to anyone in Mayo Clinic. We have an onstage, a front stage, and a backstage to our facility, here. We invite anybody from care teams to come and join us in conversations about innovation. We have laboratories where we do experimentation and prototyping with real patients, real family members, doctors and care team members.

What we are trying to do in addition to transforming the delivery of health and health care and the experience of that – we are also trying to build competency of innovation across the organization. We really believe that the way to make that happen is this idea of applied learning. You know, you can read about innovation, you can see the different stories of what we have been able to accomplish, but to really join us and experience what this prototyping, experimentation, ideation really look like and feel like, it's much better to have the experience. We're not off in some unmarked building. We are very much in the heart and the vibe of the organization.

Joe: *You are constantly at the point of work, let's say, trying and observing things all the time?*

Barbara: That's right. The observation and the experimentation are occurring in a lot of different settings, not just here in the walls of the clinic, in the hospital. It's also going on with patients and people where they live. We need to really get out to the customer to

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understand their needs. Increasingly, as we're trying to shift, again, this idea of not just health care centered around the physician's office in the hospital, but really connecting with people where they live in their communities – increasingly right to them in their homes. It's important that our observation occurs at the point of living. So, we move our work to where it's needed to understand customers.

Joe: *I think that's a great comment. So many people keep it in their own facility, and that's not really customer-centric that's – "customer-centric" is out at their place.*

Barbara: Right, exactly. I think it was Henry Ford who said, "If I were to ask a customer what they wanted, they would have said 'a faster horse." So, it's this idea that sometimes people can't necessarily articulate what they are looking for, but it's through the observation of, perhaps, difficulties with current systems and processes that you uncover things that you can only learn through observation and connecting with them in their daily lives.

Joe: *What was the biggest obstacle in creating the Center for Innovation and getting it going? What did you face?*

Barbara: Oh, my goodness. Back in the beginning, the whole idea of a Center for Innovation was a bit of an experiment. We were learning so much from other industries that we were trying bring to an academic medical center and a health care organization that had been quite successful. I think that one of the most significant challenges was bringing in new ways of thinking and new skillsets, and trying to integrate that into the

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organization. The idea of bringing designers where we've had designers – we have undergrad and graduate degrees in design in universities and schools around the world.

This is something that has been in place in so many industries – but again, we have been called out as pioneers in bringing design thinking into health care delivery. So, just how we try to bring in new ways of working, new way of thinking, new kinds of skillsets – and how we would try to integrate that in with more of a scientific model, and start to build this very diverse team – was definitely one of the most significant challenges. The other, I would indicate, is trying to always bring it back to – what were the pain points of the organization and how were we using innovation to try to address some of our most significant challenges. This need for alignment with our strategic plan at Mayo Clinic has been very important, and trying to go ahead and demonstrate, and develop new products and services that move our organization forward. The alignment at the highest levels of the organization – starting to build up innovation and making those connections with the most senior level leaders – and then building these new kinds of methodologies – ways of working – and starting to recruit new skillsets in the diverse team, I would indicate as the most significant challenges.

Joe: *Is that something that you would recommend for someone that wants to start innovation in their health care facility, or really any facility? Do you think that the same obstacles you faced will be very similar to what they may face?*

Barbara: I think so, and I think that this whole idea – there was this study that was done by IBM on issues, there are CEO studies every year, where they interview about 1500

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Barbara: Transform got started six years ago when we got started, and the idea of Transform is that – core to our mission of transforming the experience and the delivery of health and health care – we recognized, if we're going to transform anything, we cannot have an insular approach. Mayo Clinic does not have all the answers, so, how do we invite people in. We started to recognize, as we were learning a lot about innovation from other industries, that having this kind of partnering and open collaboration, open innovation approach, is really important.

Six years ago, we opened the doors we said – we want to invite people in – we called it Transform. It was a summit. It was a meeting. It was a symposium. It was the beginning of an idea. In that first year, we only had a few people show up, and it has evolved over the years to a gathering of 700 to 800 people. Just last year, they came from 15 countries. It's a very eclectic gathering. It includes, of course, physician leaders of large health care systems, CEOs and it includes designers. It's a really interesting group of people who are really committed to transformation of health and health care.

We want Transform to be a movement, not just an annual meeting, so we're doing lots of things to connect Transform more broadly to people around the world. In terms of connecting with Center for Innovation, we have our website, so being able to access the Center for Innovation, just checking on that with Mayo Clinic gets you right to our site. We have done a lot of things – we just developed a virtual tour of the Center for Innovation, so that's a good place to start to learn more about how we work. We are trying to be very transparent in the platforms and the projects and portfolios, and share our work and what

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we're learning, and invite people into the conversation. We're trying a number of strategies through our website and through social media. We are quite active on Facebook, Twitter, all kinds of things, to really make these connections with the world and partner together around transforming health and health care.

Joe: *Well, I'd like to thank you very much, Barbara. Your book is excellent, "Think Big, Start Small, Move Fast". I recommend it to everyone who is involved in innovation, not just health care people. So, thank you very much and wish you the best luck with the book.*

Barbara: Thank you so much, Joe. I appreciate the time. Thank you.

Joe: *This podcast will be available on Business901 iTunes store and the Business901 Blogsite. Thank you, everyone.*

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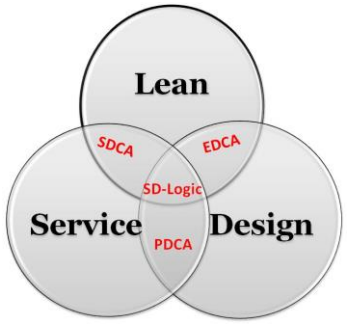

Joseph T. Dager
Business901
Phone: 260-918-0438
Skype: Biz901
Fax: 260-818-2022
Email: jtdager@business901.com
Website: http://www.business901.com
Twitter: @business901

Joe Dager is president of Business901, a firm specializing in bringing the continuous improvement process to the sales and marketing arena. He takes his process thinking of over thirty years in marketing within a wide variety of industries and applies it through Lean Marketing and Lean Service Design.

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