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**2014-15 Biennial Budget - Mayo Medical School**

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### **Mission:**

Mayo Clinic aspires to provide the highest quality, compassionate patient care at reasonable cost through a physician-led team of diverse people working together in clinical practice, education and research in a unified multi-campus system.

Mayo Clinic aims to conduct its interdependent programs of medical care, research and education in keeping with the highest standards of ethics and quality. Fundamental to this pledge is the need to combine science and art of medicine and technology with personalized care. Excellence in all endeavors with respect for the individual; both patient and employee, is the primary goal.

### **Statewide Outcome(s):**

Mayo Clinic Medical School supports the following statewide outcome(s).

Minnesotans are healthy.

Minnesotans have the education and skills needed to achieve their goals.

### **Context:**

Mayo Clinic operates clinics and hospitals throughout Minnesota with the main facility located in Rochester, Minnesota. In addition, Mayo Clinic has sites in Arizona, Florida, Iowa and Wisconsin. In calendar year 2011, over one million patients were seen across the enterprise. Mayo Clinic actively engages in a competitive, prioritized coordinated research program which enhances the care of the patient and decreases the burden of disease. In addition to patient care and research activities, Mayo Clinic provides education in the medical sciences in a scholarly environment. Mayo Clinic's education of future physicians, medical scientists and allied health staff contribute to the quality of healthcare at Mayo Clinic and communities throughout the state of Minnesota and worldwide. The educational activities of Mayo Clinic staff are a key component of Mayo's continuing excellence. The College of Medicine is comprised of five separate schools; Mayo Medical School, Mayo School of Graduate Medical Education, Mayo Graduate School, Mayo School of Health Science, and Mayo School of Continuous Professional Development. Mayo Clinic's annual expenditures toward the mission of the College of Medicine totaled \$242.9 million in calendar year 2011.

### **Strategies:**

- Mayo Clinic's Family Medicine Residency program recruits and matriculates talented physicians that are committed to serving the needs of rural Minnesota.
- Mayo Clinic's Family Medicine Residency Program will focus on training physicians to improve healthcare quality while reducing costs.
- Mayo Medical School recruits and matriculates high achieving Minnesota undergraduate students who aspire to serve society as physicians by assuming leadership roles in medical practice, education and research.
- Mayo Medical School focuses on containing educational costs for students to mitigate educational debt which allows students to choose a career in primary care.

### **Results:**

Mayo Clinic examines several elements to determine progress and measure success.

- How many Family Medicine residents/physicians choose to practice in Minnesota?
- How many Family Medicine residents/physicians choose to practice in rural Minnesota?
- How many Minnesota residents matriculate to Mayo Medical School?
- What is the median educational debt upon completion of their medical school training?

High quality education drives the successful recruitment of diverse and highly qualified residents and students. The multi-prong budget funding mechanism made up of state capitation, industry revenue, endowment earnings, business revenue, federal funding and practice support provides the necessary support needed for the operation of the outlined educational activities at Mayo Clinic. Mayo Clinic continues to strive to prudently steward these resources to maximize the educational effectiveness and thereby promote the health and welfare of Minnesotans.

Performance Measures	Previous	Current	Trend
1. Percent of Family Med. Graduates practicing in Minnesota	46%	46%	Stable
2. Percent of Family Med. Graduates practicing in rural Minnesota	43%	48%	Improving
3. Percent of Mayo Medical School matriculants from Minnesota	49%	46%	Worsening
4. Percent of MMS educational debt compared to national average	50%	49%	Improving

Performance Measures Notes:

1. Previous Data: FY 2009 / Current Data: FY 2011
2. Previous Data: FY 2009 / Current Data: FY 2011
3. Previous Data: FY 2009 / Current Data: FY 2011
4. Previous Data: FY 2009 / Current Data: FY 2011

**Mayo Clinic Medical School**  
**Mayo Medical School**  
<http://www.mayo.edu/mms>

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**Statewide Outcome(s):**

Mayo Medical School supports the following statewide outcome(s).

Minnesotans are health.

Minnesotans have the education and skills needed to achieve their goals.

**Context:**

The mission of the Mayo Medical School is to use the patient-centered focus and strengths of the Mayo Clinic to educate physicians to serve society by assuming leadership roles in medical practice, education and research. The curriculum is designed to foster the individual strengths and talents of each student and to take full advantage of the unique integrated research, education and practice resources of the Mayo Clinic. The school seeks to provide access to a medical education to all students regardless of socioeconomic background. The school strives to eliminate barriers that may inhibit students from entering the historically lower paying primary care specialties.

Mayo Medical School was founded in 1972. The small class size, 50 students per class, facilitates a personalized course of instruction characterized by extensive clinical interaction and integration of basic and clinical science throughout all segments of the curriculum. A balance is sought to produce physicians interested in medical subspecialties as well as primary care disciplines of general internal medicine, family medicine, pediatrics, and obstetrics/gynecology.

The Medical School's 2011 operating expenses were \$15.5 million which covered the costs associated with educating the medical students. That year, the Mayo Clinic supported 96 percent of the medical school. The state appropriation of \$665,000 supported four percent of the overall expenses.

**Strategies:**

The state capitation funds are used in direct support for the Minnesota residents attending Mayo Medical School. As of July 2012 47 percent of the matriculants to Mayo Medical School were Minnesota residents. In the past five years, 34 percent of Mayo Medical School graduates have chosen careers in primary care.

**Results:**

Mayo Medical School takes active measures to mitigate the educational debt of its graduates. In doing so, Mayo works to mitigate tuition increases and provides significant financial resources in the form of scholarships. In addition, Mayo Medical School offers a variety of educational programs and information on wise borrowing. The efforts have resulted in Mayo Medical School graduates having less than half the national average in total educational debt.

Performance Measures	Previous	Current	Trend
Percent of MMS matriculants who were residents of Minnesota.*	49%	47%	Worsening
Percent of MMS graduates who choose practice in primary care.*	33%	39%	Improving
Percent of debt MMS graduate have compared to the national average.*	50%	49%	Improving

Performance Measures Notes:

\*All Previous Data from FY 2009 / All Current Data from FY 2011.

**Mayo Clinic Medical School**  
**Mayo School of Graduate Medical Education/Family Medicine Residency**  
<http://www.mayo.edu/msgme>

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**Statewide Outcome(s):**

Mayo School of Graduate Medical Education/Family Medicine Residency supports the following statewide outcome(s).

Minnesotans are healthy

Minnesotans have the education and skills needed to achieve their goals.

**Context:**

The Mayo School of Graduate Medical Education Family Medicine Residency program educates and inspires medical school graduates to pursue careers as family physicians. The program emphasizes training in rural primary care, augmented by subspecialty training.

In the past 34 years the program has provided the state of Minnesota with 101 family physicians, with 48 percent of these practicing in rural communities. The program is located at the Mayo Family Clinic – Kasson; a rural community in Dodge County serving a population of approximately 18,000.

The program’s calendar year 2011 operating expenses were \$3.2 million which covered the costs associated with training 25 residents. Mayo Clinic supported 79.2 percent of the program and the state capitation appropriation of \$668,000 supported 20.8 percent of the program cost. The appropriation for the 2011-12 biennium was \$686,000 in 2011 and \$686,000 in 2012.

**Strategies:**

The Family Residency training program prepares the prospective family physician for primary care medicine in all settings, with special emphasis on rural and smaller communities. The residents-in-training spend a major portion of their training providing ambulatory, primary and continuity care to patients. The residents participate fully in the department’s population management initiatives to improve quality and decrease costs of employee/dependent healthcare.

The three-year training program was established in 1978, beginning with four residents. It currently has a maximum of 25 resident training positions. Over time it has grown in size and success, with all training positions filled for the past 34 years. The program has graduated 221 family physicians. The Minnesota capitation appropriation has supported residents’ training stipends since 1978.

**Results:**

Since 1978 the Family Medicine Residency program has trained 221 family medicine practitioners. Of these 221 physicians, 101 (46 percent) of them are practicing in Minnesota. Of those practicing in Minnesota 48 percent are in geographically rural areas. As such, these physicians are serving medically underserved areas of the state.

Performance Measures	Previous	Current	Trend
1. Percent of Family Med. Graduates practicing in Minnesota.	46%	46%	Stable
2. Percent of Family Med. Graduates practicing in rural Minnesota.	43%	48%	Increasing

Performance Measures Notes:

1. Previous Data: FY 2009 / Current Data: FY 2011
2. Previous Data: FY 2009 / Current Data: FY 2011