

What's Your Moonshine? Podcast Series

The Business of Breakthroughs: Mayo Clinic on Innovation and the Future of Care

[00:00:00] Maneesh Goyal: What Mayo Clinic is trying to do is to say we see 1.2 million patients a year. Can we actually enable better care for billions of patients across the planet? We're not for profit at the end of the day, so this is about impact more than profit.

And we think the knowledge extracted from data is the most transmittable resource across the planet because you can take that and bring it to another academic institution, or you can bring it to a community health worker in parts of the world where people subsist on a dollar a week.

[00:00:36] Narrator: Welcome to A&M Healthcare Industry Group's What's Your Moonshot? Podcast series where leaders seek to solve big problems and transform healthcare. Join us for conversations to hear how their vision and bold moonshots are becoming reality.

[00:00:54] Chris George: Welcome to A&M What's Your Moonshot Podcast series. I'm Chris George, Managing Director and head of the Health System Practice in the healthcare Industry Group. I'm joined by my co-host, Dr. David Shulkin, senior advisor and the Ninth Secretary at the US Department of Veteran Affairs. Today we're speaking with Maneesh Goyal, Chief Operating Officer at Mayo Clinic Platform, a healthcare innovation initiative launched by the Mayo Clinic, which aims to accelerate healthcare advancements through data driven innovation, collaboration and patient centered care. In his role, Mr. Goyal drives the organization growth and financial performance and oversees the platform investments in technology, AI and data analytics. We're excited to discuss recent innovations and advancements at Mayo Clinic Platform and what's to come in the future. Welcome.

[00:01:44] Maneesh Goyal: Oh, thank you. Thanks for having me.

[00:01:46] Dr. David Shulkin: Well, Maneesh, you're the perfect guest for us to have on a podcast is called what's your Moonshot? Because this is about big ideas that are going to change health care. And I can't think of anybody who probably sees more people pitching ideas and more people saying that they have figured out how to make a big difference in health care than you. And so while I'm sure you hate this question, I think our listeners really are going to want to know what is an idea that you've heard that you think is really exciting? And I know you back a number of different ideas. So there are probably lots of things here, but is there anything in particular that you think is worth putting the effort and energy into that's going to make a big difference in healthcare?

[00:02:34] Maneesh Goyal: First of all, thank you for having me on and love what you've done, what you're doing. It's, it's phenomenal work and it's the idea of moonshots would really be called Mars Shots now, right? Yeah, I think moon's too easy. Moon's too easy, yeah. Right.

But, but I think the answer to your question is, you know, over the last five years, when we were starting this thing called neuro clinic platform, the idea of putting 100% of clinical data in the cloud, that could have been considered a moonshot. Five years ago, when we were arguing about BaaS with cloud vendors and the security around cloud on cloud strategies, maybe we've moved on from that.

But I think the thing that's most exciting to me is the entire research field.

If you think about the way the clinical research works, that's data driven.

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It's all hypothesis generated today by organizing all of the data in the cloud, you can actually flip the model and have the data spit out new hypotheses or create digital twins or digital placebos.

That's going to completely change how research is done in drug discovery, in novel solutions, for, from a digital standpoint, overnight. So I think we're just at the tip of the iceberg on this.

[00:03:52] Dr. David Shulkin: Have you seen any examples where this has already begun to have an impact?

[00:03:57] Maneesh Goyal: Yeah, you look at open evidence, you know, three years ago, the idea of taking all of the published data and be able to distill it down to something that's relevant to a clinician kind of seems science fiction. But now it's 40, 50% of the providers are happily using a digital tool which, you know, providers have a hard job and no matter what respect and to have them self select and to be happy with a digital tool that says something. And Open Evidence was one of the companies that actually came out of our, our accelerator.

Wow. Yeah.

[00:04:34] Chris George: So in order to innovate, you have to experiment without fear of failure. What advice can you give to our listeners about taking that first step into an innovative technology that they may not be comfortable with or culturally positioned well for?

[00:04:51] Maneesh Goyal: Yeah. So we've got this notion inside of our team that says you need to be rigid but flexible.

Because the hard part of being an innovator is you have to have a direction. But the reality is when you pick a direction, you're almost always wrong six months into it. And these days it feels like one quarter into it.

So, you have to move with speed and determination, but you have to be willing to adjust.

So, the question is, which voice do you listen to? Our approach? You run for a quarter and then you look around and say, what's changed? And then make a course correction. Most entrepreneurs either are listening to too many things and wildly flailing or they're so determined that they don't actually listen to the market. And so I think that fine balance is really what it takes.

[00:05:45] Dr. David Shulkin: Let's talk a little bit more about the Mayo platform. I think that a lot of people don't understand how unique this is, how there probably is no other academic enterprise that really has the aspirations and the abilities to pull this together the way that you do. So how should people think about what the platform's trying to do, what its mission is, what its intent, what its objectives are?

[00:06:12] Maneesh Goyal: So maybe the best way to start with the current is go back to the past. The Mayo brothers, when they created Mayo Clinic, had this notion that two important strategies, maybe let's say three. One was that we had integrated medicine. So, all of our specialties met with a patient to make a complete diagnosis. That's the core of who Mayo Clinic is.

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So, we see a lot of. Of complex and serious patients because of that, because we have all of the specialties wrapped around the patient. The second thing they did was to have a lot of translational research. And the way we do that is our clinicians are researchers.

So, we find all of our research gets into practice very rapidly because the two are intertwined a lot. Oftentimes, research parts of an organization and the practice part are not so close. In our case, it's completely integrated.

The next is that our... Our clinicians were always encouraged to allocate a percentage of their time to go into the market and learn something, bring that learning back to Mayo Clinic and take Mayo Clinic's novel approaches and, and. And teach the market.

So, platform is nothing more than that scaled.

And what I mean by that is we took 100 years of our clinical history and digitized it. So that consists of about 8 million patients and about 100 petabytes of data. So think about the 8 million patients we've seen are not... They're the sickest of sick patients.

We have 10,000 patients with glioblastoma as a diagnosis and hundreds of thousands of patients with cardiovascular disease.

So if you're trying to understand how diseases manifest themselves in terms of symptoms and then ultimately what leads to a diagnosis, it's a funnel.

So, we can now draw those funnels and say, you're on this, this particular path or what happens after diagnosis? Because the notion of standard of care in the industry is subject to how you are trained and what kind of patient you saw up until that point, where we have an opportunity with all of this organized data to actually rethink that approach. So what Mayo Clinic is trying to do is to say we see 1.2 million patients a year. Can we actually enable better care for billions of patients across the planet? We're not for profit at the end of the day. So this is about impact more than profit.

And we think the knowledge extracted from data is the most transmittable resource across the planet because you can take that and bring it to another academic institution, or you can bring it to a community health worker in parts of the world where people subsist on \$1 a week.

[00:09:02] Dr. David Shulkin: Maneesh, I love the way that you tie it back to the history of the Mayo brothers. I think you can hear your passion for the mission and the commitment to sort of expand knowledge throughout the country in the world.

Does that mean that you don't have financial aspirations for the platform or that it's not meant to be a diversification of revenue into the system, or is it also designed to be a financially profitable part of the organization?

[00:09:35] Maneesh Goyal: So we were given actually four key goals. One, to make our practice even better. Mayo Clinic's had the privacy privilege and honor of being the top healthcare organization for eight years now on care quality, we want to make it that much better.

Second, we want to share our knowledge and I've talked about how we're enabling that.

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Third, it is absolutely about creating value back to the organization because that's to be self sustaining.

But it isn't.

This isn't like creating a completely separate wing of the organization. It's really tied into how we do things. The last, actually the most relevant. We want to show the world that by operating under a platform model, which means you create an ecosystem where when everybody contributes, everybody gets better, that can actually work in healthcare. Because most healthcare organizations are guarded. You know, there's my patients, my data, my contracts. We're trying to say, look, I think those are constructs that only slow innovation. And we're willing to put our crown jewels as our commitment to the platform model.

[00:10:43] Chris George: So we talked earlier just about the platform and you're touching a lot of different health systems in your conversations with them. What do you see as the challenges for them to adopt your platform in their environment?

[00:10:55] Maneesh Goyal: I think the three things that come down to it is culture. So you have to be willing to, to adopt what I just said, which is you have to be willing to share.

So five years ago when we said we're going to organize our data, de identify it and then make it available to the world with no intellectual property ties, this is a bold move.

Most organizations, when you tap into their, their data, not patient data, their Data, they're, they want intellectual property ownership. We said no, we're going to make it available now there's a contract that has to be signed onto. But it's their innovation.

That was a bold move and I think you have to be willing to be that bold in order to do that. So that has to be steeped into the culture of the organization that we want to commit to making everybody better.

The second you have to be willing to fund this.

To your point earlier, Dr. Shulkin, it's. This is not being the pink of heart. This is a 10-year time horizon that we're on. And we're in year five of this journey which is it's going to take that long for us to organize the data, extract value from that data for ourselves, to show people how it's done to change the culture of Mayo and the operating processes of Mayo and then define skilled innovation.

And you have to be willing to be in it in the long run because you can't get quick wins here.

[00:12:21] Dr. David Shulkin: What you know, Mayo has been around for a long time, as you said, and it has demonstrated a unique model of care and certainly has been recognized for its very good outcomes and quality.

But a lot of American medicine hasn't adapted the Mayo model.

And there's something maybe about culture that you've talked about the Midwest culture that allows this.

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So, I wonder whether that interface with culture, whether it's been harder to get American healthcare systems and academic centers to adopt and to buy into what you've talked about, this Mayo model, or whether it's been international audiences that have had an easier time of adapting into it.

[00:13:11] Maneesh Goyal: So I think there's a lot to unpack from that. So what makes Mayo's model from a care delivery unique is that we're 100% employed. Our physicians are 100% employed. Every single person at Mayo is salaried. Everybody gets a stepped increase from a salary every year based on CPI.

So you can't find another system that's modeled that way because a lot of systems you don't have. It's a foundation model or a the VA. Exactly. And so then you, then you say how do you make a change? So adoption of Mayo Clinic platform inside of our practice was easy. We just rolled it out. Now it's available.

You still have to get people to change their behavior, but at least it's no our incentives are completely aligned. And you're right, that is one of the challenges in the US healthcare system that isn't there in other parts of the world.

But I do think it does come down to is this going to be valuable to the clinician and is it going to have an ROI? That's what it comes down to, and that's what we're out to prove. Because if you can improve care quality, if you can get that decision around making an earlier diagnosis, the system's going to benefit and it's going to happen whether we like it or not.

[00:14:28] Chris George: So I have to ask this question around AI. How do you view AI relative to your platform? How are you infusing it? And what, what do you see as some of the bigger use cases for your platform with clients in the next couple of years?

[00:14:42] Maneesh Goyal: Yeah, I'd give you a couple of examples. Everybody goes to AI because you kind of have to these days. You can't go into any meeting or agents right there. Standard words that everybody wants to engage in. I'll give you an example, and I might have shared this in a social setting.

We had a, a clinician start about nine months ago, a neuro oncologist at Mayo Clinic. And one of the reasons she came was because of this, you know, large data set. She readily admitted that it took five years for her to get 5,000 patients with glioblastoma. That data organized and it took five minutes for her within so five years, five minutes.

There's innovation happening before you even get to the two letters of AI.

So what she found was anecdotally, she knew that certain patients did better with glioblastoma as their diagnosis than others. But she couldn't prove because the information was just not at her fingertips. Within her first week, she saw that certain patients who had a particular class of antiepileptic did 2X better from a survival rate.

So it's a horrible disease. At Mayo, it's about 18%. So patients who had this particular antiepileptic had a 32% survival rate.

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The question is, is that interesting correlation? Is there something going on or is it really causation? So great, we're going to run a clinical trial. So seven weeks from her starting, you ran a clinical trial.

I didn't use the letters AI in any of that because. Because all we did was to derive knowledge from information and data that was already there.

But now what can, what else can we do? We actually are starting to say, okay, if we have this data, could we actually extract other insights that she doesn't have? So interesting correlations that the data itself is producing that's going to be more powerful because now, you know, it's basically reverse engineering human biology and the human biological system from all the information we can collect in and around a person. But not just one person, 8 million people in this case, or 55 million as we go to global scale, that's pretty powerful.

If we can diagnose diseases well before they manifest itself, I think in our lifetime, that will happen in many, many disease areas.

[00:17:12] Dr. David Shulkin: An exciting place to wrap up. Getting a lot of hope in future. And we're very grateful for places like Mayo Clinic for leading these areas. And we expect a lot. So we hope you'll come back and join us in the future What's your moonshot? And tell us about some more of these amazing things.

[00:17:30] Maneesh Goyal: Yeah. The question is, what's the next moonshot? Yeah. Well, thank you for having me.

[00:17:34] Dr. David Shulkin: Thank you.

[00:17:34] Chris George: Thank you.

[00:17:43] Narrator: Alvarez and Marsal, Leadership. Action. Results.

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