This Issue

STAR profile

Personalized medicine today

Impact of patient advocacy

DIA-HBA Leadership Project

Advice from Karen Friedman

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Please note: All opinions expressed in this issue are those of the individuals quoted and not of their companies or organizations.
Welcome to the summer 2013 edition of the HBAdvantage.

In this issue, we delve deeper into some of the most compelling topics raised in our 2013 State of the Industry issue to bring you expert insights on how personalized medicine and patient advocacy continue to make an increasingly greater impact on our industry and the patients we serve.

You’ll also find practical advice on how to engage with others in business from best-selling author and business expert Karen Friedman, and will glean inspiration and advice from our 2013 HBA STAR Eve Dryer.

Finally, you’ll find information on the exciting DIA-HBA Leadership Project—an initiative that is helping to accelerate leadership, talent and impact among women in regulatory, medical, legal and compliance roles.

We hope you enjoy this issue as you wind down your summer.

Sincerely,

Carol Meerschaert, editor-in-chief, and
Danielle Thierry, managing editor
Working in healthcare, one often finds a personal connection and passion at the heart of the industry’s most distinguished leaders. Eve Dryer is a prime example. When her mother succumbed to chronic heart disease at age 55, Eve not only mourned the fact that her own children would never know their grandmother, she was also deeply struck by the knowledge that there was so much more they should have known and could have done to prevent her mother’s death from what today is often a manageable disease.

Eve and her daughters experienced another tragic loss when severe depression led to the death of her first husband, which she still feels could have been averted had his doctors been more open to engaging her as a caregiver and shared decision-maker. And just this past year, Eve lost two close friends to cancer, one of whom was dedicated to educating medical students about effectively engaging patients in treatment decisions. These experiences—combined with a belief in the power of using education and communications to make important decisions—have shaped Eve’s career journey as she has sought to help patients become more aware of their options and gain better access to healthcare.

**Translating communications into patient advocacy**

Eve has always had a deep-rooted respect for the power of the written and spoken word, starting out post-university in a journalism career at *The Jerusalem Post*, as well as spending part of her five years in Israel working as an information consultant at the Israeli Foreign Ministry, where she helped create a TV feature news program that was made available to stations across the US.

After a year in London working on several film projects, Eve returned to the states, where she worked in local government in a chief spokesperson position. She then transitioned into healthcare communications as a PR executive at a Philadelphia agency, where her lead client was CIGNA. This experience—along with Eve’s growing reputation in the healthcare industry—resulted in a career-defining job offer and move to Connecticut, where she served for several years as head of communications for Aetna Health Plans.

Eve’s favorite recollection of her time at Aetna is her role in helping to create one of the company’s first patient-facing campaigns, “Better Information, Better Decisions, Better Health,” six meaningful words she feels are still the basic foundation for effective patient outreach.

Nearly 10 years in the payer space gave Eve a unique perspective on how life sciences companies and insurers could be working together as more effective partners. She was given the opportunity to put that perspective to work first as an SVP in MS&L’s global health practice in New York, and then as a partner and owner at Philadelphia-based Vox Medica, where she founded the PR and advocacy practice as well as a managed markets communications offering. After more than 12 years with the agency, Eve sold her partnership last year, and is now working as an independent consultant in patient advocacy and stakeholder engagement. She is also in the process of founding two new businesses, both focused on patient engagement and behavior change.

Eve says it’s her experience in managed care that has always differentiated her from others in the industry. Throughout her work on various healthcare campaigns, she has derived the greatest satisfaction from working with patient advocacy groups in helping people learn how to best access the healthcare they need. “I’ve always been invested in helping people make the right decisions for themselves, and accessing the best information is such an integral part of that,” she says, adding, “I’m especially committed to ensuring that underserved populations get access to the information and care they deserve.”
To that end, Eve is involved in various organizations, including the Sisters Network, the only African American breast cancer awareness organization. She is also currently the chair of the national board of Healthy Women, one of the most valuable and renowned web resources for women’s healthcare content. Eve also just concluded eight years on the board of the Cancer Support Community of Philadelphia, an organization that provides resources of support to cancer patients and their families. After years of active memberships and leadership roles in a variety of organizations, Eve is still passionate about the work she performs every day. “These roles are all still as pleasurable to me as they were the first day I started working on the initiatives,” she says.

Finding a home in the HBA

Eve first discovered the HBA by chance when a friend, then-future WOTY Cathy Sohn, suggested she join her at a meeting. It was there where she found people and an organization so welcoming she knew immediately she wanted to get more involved.

The first HBA program Eve organized focused on building effective partnerships with leading managed care companies. Not long after, she found herself nominated to the HBA Metro chapter board as a co-director of programs and then moved on to serve as co-chair of the HBA Leadership Conference for three years. Eve served two terms on the HBA corporate board in several roles, including director of key stakeholder management, in which capacity she oversaw the annual advisory board meeting for three years running, and broadened its participation to include senior leaders from across the healthcare spectrum. Eve’s extensive committee work includes chairing the Rising Star and ACE (Advancing Commitment Engagement) awards committees and serving on the Woman of the Year (WOTY) committee.

Eve recognizes the impact of the HBA on her professional life, helping her expand her career through public involvement, board roles and connections with the “top thinkers” in the industry. “You want to be in the center, not just on the sidelines,” she says, noting the confidence and courage she’s gained from her work with the organization.

Today, anytime she meets a woman who works in healthcare, she mentions the HBA. “The HBA has been my rock. It’s connected me, inspired me, opened my eyes to my potential impact, expanded my horizons, gotten me through challenging times and led to some wonderful friendships.”

Connecting with industry leaders for mentoring and friendship

According to Eve, the HBAs greatest strength lies in the relationships created between members. The organization has not only helped Eve professionally but personally as well, as she recounts the many friendships and connections she has made around the world.

It’s also enabled her to realize the effect she can make on the healthcare industry. Eve has served as a mentor to new HBA members who are beginning their careers or in a period of transition. “It’s helped me recognize the legacy I’m going to leave and has allowed me to stretch my own vision,” she says. “The HBA has helped me broaden my reach and my impact.”

Two industry leaders in particular whom she’s met through the HBA have had a profound impact on her: Lonnel Coats, CEO of Eisai and the 2007 HBA Honorable Mentor, and Dr. Freda Lewis-Hall, executive vice president and chief medical officer of Pfizer and the 2011 HBA WOTY. The inspiration and mentorship she’s received from her relationships with these distinguished leaders have helped make Eve a stronger healthcare leader and given her the confidence that she, too, will leave her mark on the industry. “You’re never too old to be mentored,” she says. “And you’re never too much of a leader to become a better leader.”

Looking ahead to the future

Eve is committed to the HBA and plans to continue what she has started—a self-proclaimed “idea person,” she is committed to helping the HBA reach 10,000 members (at least) and expanding mentorship opportunities within the organization. Most recently, she was proud to play a key role in the HBA’s first publication initiative—Dr. Freda Lewis-Hall’s Make Your Mark!—and is helping to explore the potential for future HBA publications.

As she looks to the future, one of Eve’s main goals is to see healthcare leaders get more involved in patient advocacy. “I’m passionate about empowering consumers to make the
best healthcare decisions they can,” she says. “I also hope to find a more organized way to ensure that HBA members— and women everywhere—get involved with patient advocacy organizations to make a difference.”

**Making her mark and leaving a legacy**

One can certainly say that Eve is exemplary at building relationships, developing ideas and helping others and the community at-large—whether it’s volunteering with the HBA, working with patient advocacy groups or helping to amplify the voice of the patient. “There is so much impact women healthcare leaders can make beyond the workplace, and all of us have an opportunity to shape a legacy. Mine comes down to two things—raising kids who are making their own unique difference in the world, and the lives I’ve somehow touched through the volunteer roles I’ve played.”

A STAR’s advice to those just starting out in healthcare

Now that Eve is at the pinnacle of her career, what advice would she offer to those just starting out?

**Become an active volunteer.** Obtaining a leadership opportunity with the HBA—or another non-profit organization—can really showcase your talents and jumpstart your career.

**Find a mentor.** Identify a leader in the industry you admire and approach that person, initially asking just for a single opportunity for a candid discussion. If that goes well, you may have found yourself a mentor.

**Be mindful of the “twists and turns” in the field.** Healthcare is constantly changing and evolving. When you’re new to the industry, you need to be flexible about your goals, since you may encounter a tempting detour. Take the chance.

**Set goals that align with your ideals and passions.** To succeed in this challenging industry takes more than brains. Goals are important, but staying true to your ideals and following your passion are going to get you where you want to be—even if it takes you longer or along a different path than expected.
“Personalized medicine is not an emerging trend—it’s already here today,” says Walter Kalmans, president, Lontra Ventures, who defines personalized medicine as treatments developed for a defined segment of the population sharing a certain genetic makeup, biomarker or set of characteristics.

For patients, personalized medicine offers great promise in terms of finding safer, more effective therapies. “Before personalized medicine, we knew a certain medication worked in two thirds of people, but we didn’t know which two thirds until we actually administered it to patients. Now, in some cases, we can test patients before giving them the drug to determine potential efficacy,” Kalmans explains. “A great example is crizotinib, which is indicated only in patients with non-small cell lung cancer with a particular genetic marker. That marker may only affect three to five percent of patients with non-small cell lung cancer, but if you’re in that three to five percent, it may be very important to know.” Kalmans adds that precautionary benefits can exist as well when physicians are able to pre-identify patients more likely to have adverse reactions.

But what does it mean for the companies—and individuals—that make, sell, pay for and prescribe this new class of medicine?

How the move toward personalized medicine is impacting stakeholders

“For pharmaceutical companies, personalized medicine is a big change—and you need to embrace it,” says Kalmans. “For senior executives, this means having an understanding of how personalized medicine impacts the business—from diagnostics to targeted medicines, from drug discovery to reimbursement and access. It also means having an aligned, personalized medicine strategy within your company.” For individuals across organizations, it means being agile and open to the rapid changes coming your way and the new priorities, collaborations and need for constant learning that these changes bring.

Kalmans explains that while many organizations are well aware of the trends of lower-cost genomic sequencing combined with more targeted medicines, most large organizations don’t have an aligned effort around personalized medicine just yet. Typically led out of the oncology business units, efforts and investments going on in R&D, sales & marketing and strategy tend to be disconnected. “As a consultant, the call to action I give my clients is that they need to understand the trend and how it’s going to change the dynamics of their business, gain a working knowledge of what’s going on inside their business units and have a strategy to build new capabilities and partnerships to address gaps.”
Personalized medicine is impacting the entire medication continuum—from discovery and development to commercialization and reimbursement to healthcare provider training and doctor-patient interactions. Here, Kalman and Roslyn F. Schneider, MD, senior director of medical strategy at Pfizer, help you understand the key areas so you can prepare, respond and plan for the future.

**Adding cost and complexity to drug development**

According to Kalman, personalized medicine is changing how researchers and companies develop drugs in a number of key ways, often resulting in greater upfront investment for a drug that can benefit a relatively small number of patients.

For example, clinical trial budgets may need to be increased due to shifting criteria for appropriate participants. “Whereas before, the testing criteria might be a 65-year-old patient with hypertension, now it might be a 65-year-old patient with hypertension coupled with a particular genetic characteristic that’s present in one-third of US patients,” states Kalman.

“And all of the sudden, that increases the time, complexity and cost of accruing patients.” The need for genomic specificity in testing can also lead to the need to develop new animal models with specific genomic mutations and to find partner companies capable of developing and handling the corresponding genomic testing.

Researchers must also be prepared for the many unknowns that will surface as the science and technology continues to scale rapidly. Kalman cites the example of cetuximab, a treatment for colorectal cancer that was approved in 2004 for use as a single agent in the treatment of patients with EGFR-expressing, metastatic colorectal cancer who are intolerant to irinotecan-based chemotherapy. After approval, it was revealed by newly developed testing mechanisms that cetuximab is not effective in a subset of these patients with KRAS mutation-positive colorectal cancer, thereby dramatically reducing the indicated population. Because the science that discovered this contraindication didn’t arrive until after the drug was on the market, the manufacturer of cetuximab had to adjust the drug’s forecast and strategy mid-lifecycle given its smaller target population.

Researchers must now be fully equipped to collect and store trial participants’ genomic information and to continue to conduct back-population studies when new discoveries emerge post-approval. As Dr. Schneider explains, “the need for data collection is so great that it has become an imperative for us to learn how to properly index our data so we can make meaningful analysis for patients. Accumulation of seemingly unimportant data in large amounts can show significant patterns we might not otherwise see.” She notes that personalized medicine may establish more accurate predictive models of patient response to a drug. These models might then be utilized in tailoring effective drug treatments for specific disease populations and individuals.

**Shifting the focus toward preventive care**

Personalized medicine is also beginning to change the focus of drug development and clinical care from reactionary to preventive. According to Kalman, “The coding of the genome will help us achieve a more holistic understanding of physiology and how forces interact with each other to produce disease states and clinical responses, leading to better and more personalized preventive efforts.”

**Evolving regulatory approvals**

The FDA is currently wrestling with the challenge of how to approve and classify drugs in a world where medicines are beginning to depend more on genomic characteristics. A key therapeutic area, says Kalman, is oncology, where much of the push toward personalized medicine is taking place. “Today, the FDA is still classifying cancer treatments based on tumor location. This can create reimbursement and marketing challenges for drugs that may also be effective for tumors in other locations, but currently would have to be used off-label,” he explains. “Tumors in the ovary and breast may have similar characteristics that would enable one drug to treat both, rendering the tumor’s location less important than its genomics. Over time, the FDA will need to consider whether it may make more sense to characterize drugs based on their ability to treat a tumor’s genetic profile versus where the tumor is physically located.”

**The call for more education, training, tools and technologies**

With the growth of personalized medicine, the complexity and time investment needed for the physician to understand which drug to use when and in what sequence greatly increases. As Kalman notes, “the complexity of medicine now is moving far faster than the ability of an individual physician to keep track of it all.” With whole genome sequencing likely to be affordable within the next five years, we will soon see increasingly available genomic data propelling the development of targeted therapies.

With this new complexity comes a need for more education and training of both sales forces and healthcare providers as well as new tools and technologies to support scientific developments. “There will need to be more awareness, training and support from medical and policy colleagues,” says Dr. Schneider. She stresses that while companies...
will likely have fewer patients being treated by particular medicines and the roles within those companies may shift, this does not mean companies will need fewer professionals overall to support the medicine. Instead, they will need to maintain skilled professionals in the current health models while also training individuals on the new treatments and technologies and on how to communicate these new treatments and technologies to healthcare providers and organizations.

A recent article in *Nature Biotechnology* concurs with the call for increased training at all levels: “Physicians need to be educated about new diagnostics and how to integrate them with existing clinical information. This will require better genetics education in medical schools, the development of robust point-of-care devices and data-sharing technology and the establishment of trusted sources (eg, medical association position statements on tests or the National Institutes of Health’s genetic testing registry).” In order to ensure that the right treatments are used for the right patients at the right time, manufacturers will now not only need to educate providers about their drugs, but also educate the provider’s entire team—including nurses and administrators.

Pharmacists will also require more education and specialization as disease qualifications increase. Local pharmacists, due to lack of exposure, may not be able to provide the level of specific care needed for very rare disease populations. That is why we will continue to see an increase in specialty pharmacies that provide uniquely qualified medications and care, helping patients navigate hard-to-manage conditions outside of the hospital setting.

**Increasing focus on cost-benefit analysis for reimbursement**

With personalized medicine, there are potentially better-targeted therapies and results, but these only apply to a cross section of the disease population—what payers will ultimately cover may be based on the direct or indirect comparative results between each targeted therapy and other available options.

According to Dr. Schneider, when it comes to reimbursement, pharmaceutical manufacturers must be increasingly focused on cost and risk-benefit analysis. Tailored medications may have a much higher probability of producing positive outcomes in a specific population, increasing the likelihood of demonstrating efficacy for payers in that group but not in others. This is important, as Dr. Schneider says that “payers are going to want to see evidence supporting the value of any increase in spending.”

Kalmans adds that today, most of the progress in personalized medicine has been in oncology, where reimbursement has mainly involved Medicare, but as it branches into other therapeutic areas, there will be more coverage by private insurers. With that will come great complexity, as each payer, subject to the Affordable Care Act (ACA), has its own processes for determining coverage and reimbursement for diagnostic procedures (eg, whether to reimburse for a genetic test) and treatment.

**Future considerations**

Now that we have access to a plethora of genetic information, we must decide how to ensure appropriate confidentiality, safety and security for patients. Part of this, according to Kalmans, will be medical ethical guidelines to help consumers make informed decisions. Dr. Schneider agrees, and believes that, “it should be the patient’s decision whether or not they want to be informed of their risk for a disease and then their decision, in most circumstances, when it comes to how they want to share that information. If they do have an illness, the patient may want to know if technology can predict a response to therapy.” She adds that “as medicine evolves, a patient must make decisions [about testing and treating] that should reflect, through a trusted patient-physician relationship, a fit with the context of the patient’s life and the goals for their care.” Dr. Schneider also emphasizes that it is crucial “not to take the person out of personalized medicine.”

With the rapid advance of science, protecting the consumer is key. Patients are going to need to take more responsibility for their own health information and not rely on often erroneous physician records that are going to become even more complex as medical data proliferates. The intersection between data storage, technology and genomics is going to be a profound future consideration.

To meet all of these challenges, Kalmans notes that there is going to be a greater and more urgent need for collaboration, partnerships and alignment. Dr. Schneider agrees, highlighting the importance of forming synergistic alliances in order to better allocate limited resources and to diversify risk. “There is a call for prioritization in healthcare and the need to share risk and resources across different functions and stakeholders so that we can effectively balance needs,” she says. But despite the challenges, Kalmans believes above all that “the big winner in this whole thing should be patients and their ability to find the best individual treatments as technology evolves.” By continuing to keep patients at the center of these advances, we can attempt to carve out a safe, effective and ethically sound path for the future of personalized medicine.

Kathy Giusti, CEO of the Multiple Myeloma Research Foundation (MMRF). Marilyn Geller, CEO of the Celiac Disease Foundation (CDF). Wendy S. White, founder and president of Siren Interactive, an advertising agency focused solely on rare disease. What do these women have in common? They are leading organizations that are driving innovation, awareness and research in diseases once relatively unknown or incurable—and they’re all coming at it from a personal connection.

A pioneer of patient advocacy

In 1996, when Kathy Giusti, then a 37-year-old executive director at G.D. Searle (now part of Pfizer), was diagnosed with multiple myeloma and told her cancer had a zero percent cure rate, personalized medicine was not a commonly talked about theme in healthcare and the idea of pharmaceutical companies working directly with patients—or even marketing directly to them—was in its infancy.

But being a savvy business leader and a pharma insider, former HBA Woman of the Year (WOTY) Giusti, along with her twin sister, a corporate attorney, recognized that they could—in fact had to—make a big and rapid impact. They founded the MMRF, formed partnerships with corporations like Searle, Time Inc. and Grey Healthcare, and within 16 months, had raised nearly a million dollars for research.

Fifteen years later, the MMRF has raised $225 million, sequenced the myeloma genome, opened 46 trials of 23 drugs and supported the FDA approval of six new treatments. The result? They’ve helped to more than double the life span of multiple myeloma patients—and match it with longitudinal clinical data—over the next 8-10 years. Ultimately, the data, which will be placed into the public domain for researchers worldwide to access, will help to speed the progression to targeted treatment approaches. The study, which includes an unprecedented collaboration with the US Department of Veterans Affairs, funding by several pharmaceutical companies and participation by more than 50 cancer centers across the country, marks an incredible coming together of a non-profit association with government, corporations and clinical centers to drive innovation.

What’s more is that Giusti, and others like her, have inspired millions of patients with rare or difficult-to-cure diseases to take matters into their own hands—bringing a whole new meaning to the term “personalized medicine.” For them, it’s all personal, and it’s that determination to cure themselves, their parents and siblings, children and friends that drives them to demand awareness, attention and research.

“Today more than ever, patients have the power to play a major role in their treatment and care,” says Giusti. “By donating tissue and sharing their data through MMRF initiatives, patients are directly contributing to the advancement of precision-based medicines from which they themselves will benefit.”

An agency leader dedicated to rare diseases

Wendy White, founder and president of Siren Interactive and board member of the executive committee for the HBA, knows all too well the important role that patient advocacy plays in both rare disease diagnosis and bringing orphan drugs to market. Her daughter, born in 2001 with a rare disorder, was diagnosed as a direct result of White’s becoming an empowered caregiver through access to online information.
White turned her experience and passion into Siren Interactive, where she leads an agency team that works to make a positive difference in the lives of rare disease patients, caregivers and physicians through relationship marketing. She has witnessed first-hand the win-win results that come from the collaboration of industry and non-profit organizations to advance the treatment of patients with rare diseases. “Patient advocacy groups frequently lead the way, driving the science and working with academics getting drugs through clinical trials and sometimes actually funding pharma,” says White, referencing her friend Pat Furlong, founding president and CEO of Parent Project Muscular Dystrophy (PPMD). Furlong lost two sons to Duchenne muscular dystrophy, which is the most common fatal genetic disorder diagnosed in childhood, affecting approximately 1 in every 3,500 live male births (about 20,000 new cases each year). PPMD has funded research conducted by independent researchers as well as major pharmaceutical companies to help develop much needed therapies for Duchenne.

“In the rare disease space, advocacy and industry work collaboratively and differently than in the traditional model and this is probably going to happen more in the future as people are forced into taking healthcare into their own hands,” says White, noting the MMRF’s CoMMpass study as a key example. She also explains that another model often seen in rare disease, where there may be a more fractured advocacy landscape, is when a drug therapy or brand can actually serve as a consolidator to bring multiple advocacy groups for a given disease together. “Regardless of the model, it is really all about the common denominator—patient outcomes,” she says.

A mother raising awareness of a serious disease

In addition to research and treatment, patient advocates and their philanthropic organizations are also driving awareness and understanding of previously overlooked diseases.

Marilyn Geller’s journey to becoming CEO of the CDF began when her son Henry was finally diagnosed with celiac disease after suffering from chronic sinusitis and severe stomachaches for the first 14 years of his life. After being seen by a variety of specialists, it was recommended that Henry have sinus surgery to address the post-nasal drip that was presumably causing his terrible stomachaches. Uncertain about the surgery, Geller asked for every possible test to be done first. It was a simple $29 blood test that led to a celiac disease diagnosis—a test that should have been ordered years before.

Like any good parent, Geller went on to educate herself about the disease, eventually leading to her involvement in the CDF, where she now works to educate others. “Raising awareness is critical,” she notes, as an estimated 2.5 million of the 3 million Americans with celiac disease remain undiagnosed.

In addition to education and outreach, the CDF is pushing for legislation requiring accurate labeling of all food and medications to give people the information they need to avoid gluten. The organization also actively raises funds to support research and advocates for continued federal funding to further the understanding of celiac disease. According to Geller, relationships with pharmaceutical and biotechnology companies help the CDF execute its myriad programs. For example, partnerships with ALBA Therapeutics, Alvine Pharmaceuticals, Bioline Rx and ImmusanT helped to make the 2013 National Education Conference and Gluten-free EXPO—the nation’s leading patient education and support conference for celiac disease and gluten sensitivity—a reality.

Taking matters into your own hands

We hope these women have inspired you to make medicine personal. White offers this advice for getting involved in a partnership to drive awareness, research and innovation in medicine: Have an idea, start a dialog and don’t be afraid to follow your passion. The possibilities are greater than ever before as the borders between advocacy and industry continue to become more fluid. “If you want to make a difference, the opportunities are there for you to follow your passion,” says White. “The concrete steps are to be brave and lean in and make a suggestion about what may be best for patient outcomes and think about it more broadly than your own job description.”

Tell us how your organization works with non-profits to further healthcare causes

Share your experiences partnering with patient advocacy or philanthropic organizations to further healthcare causes. Send an email to cmeerschaert@hbanet.org or visit our blog at http://hbanet.wordpress.com/.
The DIA-HBA Leadership Project—a collaboration between the HBA and the Drug Information Association (DIA)—has announced a call to action for women in regulatory, legal, compliance and medical roles to proactively master skills critical to accelerating career advancement into executive positions and driving business growth.

“These four functional areas enhance innovation, reputation and marketing excellence, which in turn drive the growth that companies need to meet the medical needs of the patients they serve,” according to Ilyssa Levins, DIA-HBA Leadership Project co-chair. “By honing the key skills that drive executive success, women in regulatory, legal, compliance and medical roles can ensure that more companies benefit from their contributions, today and in the future.” Levins, who is president of the Center for Communication Compliance (CCC), is a long time HBA Corporate Board member.

The DIA-HBA Leadership Project’s call to action is based on findings from its groundbreaking survey, conducted at the DIA-HBA Leadership Project launch event in June 2012, which benchmarks the specific leadership skills that women working in these functional areas believe they need most to succeed. The findings of this research are summarized below.

**Background**

In June 2012, the HBA and DIA launched a collaborative effort to advance the careers of women in regulatory, legal, compliance and medical roles. The DIA-HBA Leadership Project is guided by a steering committee of executive women representing drug and device companies from around the world.

The DIA-HBA collaboration makes strategic sense given the complementary natures of the two organizations: the HBA is the premier catalyst for the leadership development of women in healthcare worldwide while the DIA is the leading global scientific membership association for professionals involved in the discovery, development and lifecycle management of medical products. Their membership includes many representatives from regulatory, legal, compliance and medical sectors.

**Survey quantifies leadership skill-building needs**

The DIA-HBA Leadership Project survey included women in regulatory, legal, compliance and medical roles. The majority of respondents (78%) work in pharmaceutical/biotech areas, with the remaining 22% divided among clinical research services, devices and government. The survey findings are particularly relevant because nearly 70% of the women have been working in the industry for over 10 years.

In a broad stroke, survey responses were grouped into five main categories: leadership, communications, team management, developing others and innovative thinking. Not surprisingly, women felt most confident about their communication skills and their ability to manage teams, with the notable exception of delegating—a skill at which male executive leaders tend to excel.
Respondents were asked to identify areas of greatest concern to them. These included the need for skills related to executive presence (54%), innovative thinking (50%), strategic acumen (43%), coaching (43%) and delegating (33%). A further breakdown of the responses can be found in the chart on the previous page.

**Leadership is attainable: follow the roadmap**

With focused instruction and guidance, women in these roles can master key leadership skills. For example, to move from tactical to strategic thinking, women must understand the value of intimately knowing their company’s mission and business goals, so they can be engaged business partners. In this way, they can demonstrate why their functional acumen supports the company’s strategic goals, solves business problems and enhances product differentiation. Strategic thinking also requires networking outside of departments for a broader perspective.

Executive presence can be learned by applying tools and techniques that engender trust in people, through confidence, consistency and calm in chaos. This presence will inspire people so that they are loyal, engaged and willing to give discretionary effort above and beyond the job description.

Another strategy for mastering leadership skills is to find a mentor. Mentorship is a tested, real-world approach to the transfer of corporate culture and intellectual property necessary to develop leaders. Being a mentor also teaches coaching skills.

**A business case for women**

“The HBA’s E.D.G.E. in Leadership Study and other industry research confirm that healthcare companies would benefit from accelerating the advancement of women into leadership and executive positions for maximum business impact,” says Laurie Cooke, CEO of the HBA. “Women can speed that acceleration by demonstrating leadership skills that showcase their strengths. These skills will not only advance the careers of the women themselves, but will also help their companies become more competitive and successful.”

That is one of the key reasons that the DIA-HBA Leadership Project developed this survey identifying the leadership skills that women want: with the right tools, women can truly drive their own success and that of their companies.

Research shows that companies with the most female leaders, on average, generate a 35% higher return on equity and a 34% higher return for shareholders than companies with the fewest female leaders. These findings were highlighted in an article published by the HBA, referencing a Catalyst study entitled, “The Bottom Line: Connecting Corporate Performance and Gender Diversity.”

The management consultancy group McKinsey & Company has also published a number of studies linking women in executive positions to business results. In “A Business Case for Women,” data from more than 230 companies and 113,000 employees suggest that companies with higher numbers of women at senior levels are also companies with better organizational and financial performance.

The business schools of Columbia University and the University of Maryland further support this point. Using data from 1,500 US companies, researchers demonstrated the “strong positive association between...return on assets and return on equity on the one hand and the [female top-management] participation rate on the other.” The authors add that they found “at least indicative evidence that greater female representation in senior-management positions leads to—and is not merely a result of—better firm quality and performance.”

**Next steps**

The DIA-HBA Leadership Project has already pioneered several ‘firsts’ to provide a leadership skill-building roadmap. These include the first-ever, custom-fit, leadership skill-building workshop of its kind—providing actionable tools that arm women in regulatory, legal, medical and compliance roles with the practical knowledge they need to accelerate their careers and achieve leadership positions. The project has also launched the first-ever Business Acumen Tool to further guide these functions as they think strategically.

It will also integrate insights about the unique needs of these four functions into existing organizational women’s leadership initiatives, the most successful of which are honored by the HBA’s ACE Award program.

“THE DIA-HBA Leadership Project’s call to action is a catalyst for continued support of the ever-growing community of women in regulatory, legal, compliance and medical roles,” says Susan Cantrell, director, DIA North America. “We are guided by a steering committee of women in senior positions in government and industry to nurture and inspire leadership and effectively address our ever-changing business and regulatory environments.”

To learn more, visit: www.hbanet.org/dia-hba-leadership-project and www.diahome.org/HBA.

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His name is Steve. He’s retired now, but before spending mornings at the local coffee shop, he spent 40 years in sales, owned his own company and boasted a resume of successes.

For a good 10 years now, I’ve enjoyed a morning cup of joe with Steve and a small group of loyal Manhattan Bagel regulars in my neighborhood. Sometimes, it’s a quick “buy and bye.” Other times, we sit and chat. We’ve sipped through elections and wars, simmered over political differences and added extra sweetener to sugarcoat a disappointing Philadelphia Eagles loss. We’ve come to value each other’s opinions even if—like a steaming cup of coffee—our differences sometimes bubble over.

So on this fall morning, I asked Steve to share his secret of sales success. Without hesitation, he answered, “Ask for the order” and then added “let me tell you a story.” Without realizing the full impact of those six words—let me tell you a story—Steve shared the secret ingredient of his years of sales success. He’s a naturally engaging storyteller. From heroic saves on the tennis court to his grandchildren’s antics at holiday dinners, he has a knack for using quick stories to create an emotional connection that makes ‘the ask’ relevant to the listener’s life.

Consider this. At a recent communications training program for pharmaceutical sales representatives, repeated role playing revealed that these seasoned pros knew everything there was to know about their product, its related disease and the challenges faced by both healthcare providers and patients. But, because their real-life face time with prospects and customers is so limited, they said they felt pressured to quickly rattle off information in monologue style without pausing to question the listener in order to involve them, understand what they care about and then share examples to address their concerns. They were thinking about what they wanted instead of making the listener part of the solution by empowering them to help solve the patient’s problem. They said they didn’t have time to tell stories.

In the pharmaceutical industry alone, recent surveys show that the number of medical offices refusing to see sales representatives has increased by 20% in the past three years. A sluggish economy sent tens of thousands of sales people to the sidelines while others scramble to make ends meet with no immediate relief in sight.

Peter Guber, the Oscar-winning producer and business author, reminds us that “hits are made in the heart, not in the head.” Stories can be short quips or quick examples that help listeners understand why they should care. When we use stories to illustrate points, we increase attention and retention because we invite listeners to become active participants.

As I was writing this article, I received an email from one of the reps who had attended that communications training. She said that after seeing the difference in how her peers perceived her during role playing, she decided to practice her new found skills on a sales call. Not only did a heartfelt story about a patient strike a chord with her client, but he told her he now considers her and her company a valuable resource. He trusts them.
The next time you try to make a sale, think of the story you want people to hear. How would you tell it over a quick cup of coffee? In our coaching programs, we challenge people to answer the ‘so what’ by coming up with prove-it examples that have solved customers’ problems.

For example, in a financial services brainstorming session, an executive told a story about a customer who was declined a loan after 45 years with the same local bank. He explained how his company was able to quickly and easily secure a loan for the man, which ultimately resulted in significant business growth. Instead of sounding promotional or conceited, the prove-it example answered the ‘so what’ and offered the customer concrete reasons to understand why his company was a good fit.

Perhaps no one in our day is a better personal communicator than iconic late Apple Co-founder Steve Jobs. He explained things clearly and simply, helping listeners understand exactly how they would benefit from and experience his creations. He used analogies, stories and touchable examples to bring software to life and show people how Apple products could solve their problems and improve their lives. Today, it’s estimated that at least a quarter of all Americans own an Apple product.

One of the biggest mistakes we observe when working with sales or other spokespeople is the following misperception: my listener understands what I’m talking about. Just because your listener is part of your world doesn’t mean they understand your business or product or know what you know. It is your job to answer the ‘so what’ and tell them what you want them to know, do, think and feel. If you assume your customers understand the problem and they don’t, you’ve lost a huge opportunity to influence them and make the sale.

As I swallowed the last of my coffee and readied to leave my table with Steve, the man behind the bagel counter yelled over, “Would you like any bagels today?” to which I replied, “No thanks, Elliot.” “Okay,” he countered, “but they’re hot, right out of the oven.” “Come to think of it,” I answered, “I’ll take two. One for Steve and one for me. And by the way, thanks for asking.”

Karen Friedman is the best-selling author of *Shut Up and Say Something: Business Communication Strategies to Overcome Challenges and Influence Listeners* and a columnist for the *Philadelphia Business Journal*. As chief improvement officer at Karen Friedman Enterprises, her techniques to help business professionals become more powerful persuasive communicators have been applied on four continents. She is also adjunct faculty for Smith College’s prestigious Executive Education for Women programs and winner of the Enterprising Woman of the Year award, which recognizes female entrepreneurs across North America for their achievements. Friedman is a former award-winning major market television news reporter and a professional speaker who once ran for a highly contested seat in the Pennsylvania state house.

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