Women of the Year

HBA 2014

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Healthcare’s Widening Horizons

For the first time in its 35-year history, the Healthcare Businesswomen’s Association recognizes three female leaders in healthcare—each of whom uniquely mirrors the structural diversity of tomorrow’s networked pharma landscape.  By Joanna Breitstein

A fter decades of cautious equivocation, there is now a clear business rationale for female leadership in the “c suites” of big Pharma. An industry that has embraced the goal of being “customer-centric” knows that in every healthcare system around the world, the majority of customers are women. That stereotypical “engaged patient” is more often than not a woman too, one who also serves as an influential provider in emerging professions with the power to dispense, from the pharmacist to the community health practitioner. The data is compelling: three-quarters of the US healthcare labor force is female, while the latest work from the New York-based Center for Talent Innovation provides statistical evidence to show just how much women control the “power of the purse” in treatment decisions.

Future industry profits depend on riding this cresting wave of diversity. Expanding sales geographies and better access to information have combined to bind big Pharma’s reputation more closely to societal expectations. And if you want to be seen as “customer facing,” it is simply good business to see something familiar when that mirror of perception shines back on your markets.

Nevertheless, the facts say that big Pharma still isn’t ready for its close-up. Of the 13 drug companies listed on the 2013 “Fortune 500” list, only one—the generic powerhouse Mylan
Labs, ranked at 374—has a female CEO. The irony is that while the leading consumers of health care are women, the management that oversees development of the products and services to serve those needs remains almost exclusively male.

Yet business does not align with a vacuum; precedent reveals that those who push for change, fill unmet needs and channel it in profitable directions, will eventually assume the mantle of leadership. In an industry in the midst of so much transformation, leaders are emerging that reflect the demographics of big Pharma’s polyglot, increasingly globalized business model. For the past 25 years, the Healthcare Businesswomen’s Association (HBA) presents an annual Woman of the Year (WOTY) award to a female leader who exemplifies the managerial talent, cultural tone and community perspective required to advance not only our own industry, but the state of healthcare overall. Each of the past 24 WOTY winners has been profiled in the pages of Pharm Exec (see box, page 22).

However, for this 2014 silver anniversary, the WOTY award has been expanded to include three leaders across the broad continuum of healthcare. The distinctively unique backgrounds of these women reflect the structural diversity of tomorrow’s healthcare—where the successful pharmaceutical company functions as but one element in an interconnected, networked health system, that considers drugs as both an information asset and a platform for services “beyond the pill.”

The 2014 WOTY awardees are:

» Patricia Maryland, President of Healthcare Operations and Chief Operating Officer of Ascension Health, the largest non-profit provider of hospital and related health services in the United States, and the first African-American woman to hold that position. Ascension is the nation’s largest Catholic health ministry, which operates more than 100 hospitals and has over $17 billion in annual operating revenue.

» Shideh Sedgh Bina, co-founder of Insigniam, a boutique consulting firm that has served all of the world’s largest pharmaceutical companies. An immigrant from Iran, she is an expert on innovation strategy and leading large-scale organizational and culture change initiatives.

» Annalisa Jenkins, Executive Vice-President and Head of Global Research and Development for Merck Serono Biopharmaceuticals. A physician and scientist from the United Kingdom, she is the only female head of R&D among the big Pharma companies and was recently named Chair of the Board of Directors of Transcereate BioPharma, which is coordinating novel industry approaches to the management of clinical trials.

As HBA President Jeanne Zucker commented to Pharm Exec, “these three top-flight women underscore what HBA believes is the crucial leadership skill in healthcare today: fostering system-wide collaboration—in drug development, care delivery and service management.” In the following profile sketches, Pharm Exec examines the path of these three leaders to professional success along with the personal experiences and values that keep them rooted to what many insiders, regardless of gender, still see as a business motivated by the strong will to do good works.

**Patricia Maryland: Finding opportunity in crisis**

In 2007, Patricia Maryland received what she could only describe as a calling. She was tapped for a new two-pronged position at Ascension Health, as Market Leader for Michigan and President and CEO of St. John Providence Health System (SJPHS). SJPHS is a member of Ascension Health, accounting for 25% of its patients across five hospitals and more than 125 medical facilities in southeast Michigan. It spends significant resources caring for people living in poverty.

Maryland knew it would be a difficult road ahead. Detroit was facing the most economically challenging time in its history since the Great Depression. By 2009, Michigan had the highest unemployment rate in the country; GM and Chrysler had declared bankruptcy, with nearly one million jobs lost across the state. The idea that workers’ insurance could pay the healthcare tab for SJPHS was no longer viable.

Great leaders can do more with less, and it was up to Maryland to ensure the health system survived and could continue to meet the needs of the community. This was not a job for the faint of heart. She had to act quickly to slash $70 million in operating expenses while maintaining the mission to serve people in need.

“There was no way to make the cuts and preserve the current operating structure,” says Maryland. “We had to do something new for Detroit and for the future...In Detroit, you can get stifled because of the challenges, but instead we looked it as a bold way to extend our creativity. We blossomed in the face of adversity.”

Amidst one of the worst economic crises in US history, Maryland, who has a doctorate in public health administration, proceeded to execute a broad vision based on a preventative, patient-centric approach to care. Patricia believed there was a chance to scale up healthcare services so that patients would have a better outcome while saving the system money—all by distributing health care services differently. It centered on providing
an earlier, more interventionist and more holistic approach to care—as Maryland explains, “Our job is to connect the dots and coordinate other services so patients are treated earlier and correctly and thus able to have a better outcome.”

It’s the type of healthcare Maryland had wished for while growing up, as she watched her mother struggle with diabetes. “My mother had all the complications that follow with diabetes—problems with eyes, nerves, congestive heart failure, and then renal failure, which she died from,” she remembers. “We were frustrated when we used the health system; it was always focused on what we needed to do today. We took on each health problem as it surfaced. Care was provided in a silo way. What my mother really needed was a team of physicians to sit with us and review all the things we needed to be thinking about when it comes to diabetes.”

Wellness and preventive care attract significant attention, but because it calls on distracted service providers to invest today to obtain results tomorrow, few organizations want to risk leadership in this area for the possible negative short-term impact on budgets. But Maryland knew it was an important element to reducing the overall cost of care. She also saw it as an important shift away from the current unsustainable business model, which is based on a disjointed fee-for-service reimbursement system, which incentivizes physicians and hospitals to treat sick patients rather than performing services designed to keep them well.

The fruits of Maryland’s labor is a program called Partners in Care involving St. John’s Providence and the Physician Alliance, a network of more than 2,300 physicians in southeast Michigan. Working together, the two groups cut the overall cost of care by shifting treatments away from the hospital emergency room to primary care physicians, who could intervene early on and thus avoid admissions to acute care facilities. The hallmark of the new model is the “medical home”—which is a designated primary physician who meets the patient regularly and focuses on wellness and understanding the needs of the entire family to connect them to the right care.

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It was through this hospital-physician organization that SJPMS secured the first commitment on an outcome-based hospital payment model from the large insurer, Blue Cross Blue Shield of Michigan. Under the agreement, St. John’s Providence receives higher reimbursement for successful patient outcomes. The agreement sets a new standard of pay-for-performance by encouraging high quality of care rather than high volumes of services, measured by the successful treatment of patients.

Maryland was part of the decision to roll out this model and sell it to Ascension’s employees. Over the past five years, her team has proved its mettle with metrics that show the overall cost of healthcare for the Ascension workforce has dropped significantly. The company has now taken the model national with some 150,000 associates now enrolled—
all based on a risky pilot launched in a Detroit on the ropes during the worst recession since the Great Depression.

The lesson for fellow women in the management hot seat? Hard times are often the best time—to think big.

**Shideh Sedgh Bina: Culture, interrupted**

Shideh Sedgh Bina says the biggest influence on her life was her grandmother. Born in Iran, her world was one where all women were required to wear a veil—a chador as a sign of modesty and morality. But to Shideh’s grandmother, the chador symbolized much more.

Bina’s grandmother dreamed of being a doctor. Those dreams were put on hold when at age 13, she was removed from school to help care for her brother. By age 16, she was married.

In 1936, in an attempt to “modernize” the country, Iran became the first Muslim country to ban the veil. But in the community where Bina’s grandmother’s lived, the women were hesitant to take off their chadors. Who would be the first?

Shideh’s grandmother felt moved to take action. She was young, in her 20s, married with two daughters, pregnant, and absolutely terrified of retribution and violence in the small city in which she lived. Still, with her husband’s blessing, she volunteered. Scared for her life, security came to escort her to a town meeting. It was there that she stood in front of the community and removed her veil. As she talked about why she was removing the chador, other women began to follow suit. Her reason? Decades later she said it was so her daughter, wouldn’t have to put away her dreams like she had.

Shideh was born two generations later and emigrated with her family from Iran to the United States. In 1981, she graduated from the Wharton School at the University of Pennsylvania where she earned a BS in multinational marketing. Wharton would eventually recognize her as one of the top 40 prominent business leaders under 40 in the Philadelphia tri-state area.

Following graduation, Shideh quickly became a successful entrepreneur. She went on to lead the New England region for an international training and organizational development firm. In 1990, Shideh co-founded High Performance Consulting, which merged with the Rosenberg Group in 2005 to co-found Insigniam.

Today, the consultancy has offices in Philadelphia, Los Angeles, Paris, and Hong Kong, and has worked on projects involving all of the 15 top pharma companies. Bina helps large companies create a stronger internal dynamic that generates breakthroughs in management results—whether that’s top line growth, strategy implementation, profitability, or culture change. Her record includes working with management to rethink approaches to speeding new medicines and devices to market innovations along the continuum of care and millions of dollars in savings through efficiencies in back channel service operations.

These corporate transformations are Bina’s work, but the first and most important transformation was her own. In the early days of the consultancy, she was charged with, among other responsibilities, business development. But would male clients take her seriously? Shideh was scared of taking on the assignment and possibly hurting the bottom line. It was then one of her partners told her something she would never forget: “He said, ‘We are in the business of breakthroughs, thinking outside of what is traditional, separating old beliefs and assumptions,’” says Shideh. “You have to make a choice: You are either going to become the culture or interrupt the culture. This bit of wisdom became my mantra.”

Bina’s grandmother took off her chador with the goal of a better future. Given all the challenges in healthcare today, Shideh says, executives have the same opportunity to scrap the veil imposed by conventional wisdom, to envision a better future—and act.

“There’s no question on anybody’s part that the healthcare industry is in a state of total disruption, which is always an incredible opportunity for transformation.”

Precisely this is what Bina says is so exciting about being in healthcare right now—there is an opportunity to change society and build a new platform for healthcare. So what distinguishes the executives that are willing to shape the future versus those that are just reacting to it?

“With all of them, there is fear—fear that emerges from risk is inherent in disruptions,” says Bina. “Except
there is a certain group of people who are willing to give themselves permission to envision something bold and inspiring. For people, being proactive actually reduces the risk.”

It is statements like those that show how deftly Bina is able to channel emotion. Shideh says it wasn’t until she was married with children, in her 40s, that she was really able to tap into that compassion. People who know Bina say she is not afraid to wear her heart on her sleeve. She shares herself and is not afraid to be vulnerable in the work environment.

“What is in your heart?” asks Shideh. “Trusting that it doesn’t make you soft, it makes you more effective.”

Dr. Annalisa Jenkins came of age during the 1980s in the United Kingdom. It was a time when the two most powerful people in the world were women – Prime Minister Margaret Thatcher and Queen Elizabeth II. Looking back, Jenkins attributes her ambition to the social context of her upbringing.

“Growing up where the most visible and prominent leaders of my country were women showed me the power of role models,” says Jenkins. “I think women gain their ambition largely through role models so seeing successful women is important for young girls.”

Jenkins came from a military family. She wanted to be a doctor, and saw the British Royal Navy as an opportunity to help pay for school. She graduated in Medicine from St. Bartholomew’s Hospital London and upon graduating earned her medical degree from the University of London. She trained in Cardiovascular Medicine in the UK National Health Service, at the front lines of universal public health care.

In 1991, following family tradition, Jenkins entered the Royal Navy. She was only the third woman to serve as a medic, the only female in her intake class that year, and would be the first female to serve on the front lines of combat. Jenkins would rise to the rank of Surgeon Lieutenant Commander.

“During my naval career I was constantly in an environment that I was the only woman on the team or one of very few,” says Jenkins. “I was constantly adapting to my environment and working out to how to conduct myself in order to be accepted and respected, and therefore be able to contribute and make a difference.”

The most unforgettable moments in the Navy were during the Gulf War. Jenkins was serving with the Minesweeper Squadron, working with the unit to advance into the northern part of the Persian Gulf, clearing mines so that the American aircrafts could follow. At night, the Iraqis would launch missiles at them, and Jenkins didn’t know if she would make it out alive. It was there that she learned some of her most important lessons of leadership.

“The role of the leader is to engage and energize—to make others want to follow you,” says Jenkins. “Being in the military is about building high performance teams, and leveraging leadership that can allow people to overcome what others thought was impossible.”

Annalisa was married and became a mother to two children. She had intended to make her career in the Navy, but when she was handed an 18-month oversees deployment, she couldn’t bear the thought of taking it with young children in tow. Instead, she decided in 1997 to join Bristol-Myers Squibb as a Cardiovascular Medical Advisor, based in the UK.

Jenkins was immediately identified for rapid advancement. Over the course of her 14 years at BMS, she took on a new responsibility every 2-3 years, often in a different part of the world. She had a leadership role and accountability for nearly 60 countries. In 2008, she was promoted to Senior Vice President, Global Medical, where she oversaw the company’s Medical Division worldwide.

In 2011, Annalisa took a career jump, leaving the familiar BMS and her string of proven successes to join Merck Serono, a division of Merck KGaA, based in Darmstadt, Germany. Recruited by Dr. Stefan Oschmann, then-president of the company, by 2013 she was promoted to Executive Vice-President and head of Global Development & Medical.

Jenkins was hired, in no uncertain terms, to lead the transformation of Merck Serono’s R&D. There was a crisis in productivity following the 2007 acquisition of the Swiss-Italian, family-owned Serono by Merck KGaA. She calls it the “Sleeping Beauty syndrome.” Ten or 15 years ago, the company had fallen asleep in a pretty good place, she explains. But with the slumber induced by good times, the industry had changed. Now, Merck Serono had several costly and high profile late-stage failures and regulatory setbacks.
“Women are consistently rated as better leaders, and the industry is in need of these leaders to reshape it.”

For Annalisa, the answer lied in enabling efficient innovation. This meant re-organizing and rationalizing the global footprint of the company, which had not been done following the merger. There were a staggering bureaucracy complex of 66 regions, each of which had been operating separately. She worked to connect all the functions, in the midst of a broad restructuring. Serono’s headquarters in Geneva, Switzerland was closed, a painful step; meanwhile, new hubs of innovation were established in Boston, Darmstadt, Beijing, and Tokyo.

“It was a remarkable journey,” says Jenkins. “I knew we could do it because I’d come from a company that had done it. I know what it feels like to be in an organization that has challenges and that is questioning the sustainability of the R&D model. But fast forward, it feels great to go through a transformation and come out as a winning team.”

Now, with a more united, global organization on a stronger footing, Annalisa is envisioning a key role in the next phase for Merck Serono. It includes a focus on emerging markets and capturing future growth opportunities, she says. Indeed, with 30 percent of its prescription medicine sales in emerging markets, today the company’s derives a higher percentage of its sales from emerging markets than any other US or European-based pharmaceutical company. That in itself has called for a radical departure from the old ways of interpreting key market drivers.

At a time when Jenkins is spending more of her time envisioning the next stage of Merck Serono, she still remains studious about the past. “In times of true transformation, senior leaders recognize you have to stretch and go into a different direction. Diversity was clearly high on the agenda when the company’s direction changed course,” says Jenkins. The company’s decision to hire her, and also another female, Dr. Belén Garizo, who recently succeeded Stefan Oschmann as President and CEO, transformed what had previously been an all-male management team. “It is this diversity that provides an expanded platform for sustainable innovation.”

Three women, three ways forward
Annalisa Jenkins recently published an editorial in The Economist where she wrote, “Who is leading R&D throughout the world today? The short answer is ‘men, basically.’ Men in life sciences senior management outnumber women about 6-to-1. And who’s leading R&D in the biopharma industry, specifically? This time the answer is ‘men, almost exclusively.’ Among the world’s top 20 biopharma companies by revenue, just one has chosen a woman to head its R&D efforts…As that one woman, I can say unequivocally that the members of my gender are vastly under-represented at leadership levels in biopharma and, for that matter, in life sciences R&D organizations generally.”

Finding out why women tend to start out equally with men in the labs of pharma but gradually fade in the transition to the upper ranks of the corporate R&D hierarchy is a topic that has attracted the scrutiny of think tanks like the Center for Talent Innovation, among others. Expect more to come on that.

Shideh Bina believes the big issue facing women’s progress is culture and mindset. While forward-thinking executives are eager for gender and ethnic diversity, there is still a disconnect. “My experience today is that there is very little in the way of countermoves against women—people no longer say women don’t belong in the C-suite,” says Bina. “But we are socialized to think and act that inadvertently make the opening smaller for women and minorities to advance. We need to adopt employment practices so we don’t hire peers in a way that creates a self-fulfilling cycle in the workforce. It behooves us to pay a lot of attention to this so we get to a place where we don’t need to pay attention.”

Bina notes the list of other challenges preventing women from reaching the highest leadership positions are all too familiar, including the difficulties associated with having a successful career and raising a family. “Still, it’s important to solve the problem. Women are consistently rated as better leaders, and the industry is in need of these leaders to reshape it.”

For Patricia Maryland, the path to women’s progress is best forged through active sponsorship and mentoring—each of the three say this was a critical factor in their own success. As such, being among the few women at the top, all eyes are upon them. Says Maryland, “As an African American woman, I am aware of the need to set the tone for accountability and achievement. I feel an absolute level of responsibility. The tone is always set by those that count.”

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The Healthcare Businesswomen’s Association: connecting the bench to the boardroom and everywhere in between

The HBA will help you form strong connections to women involved in all aspects of healthcare. We believe that the collective strength of women can affect positive change—advancing your career and the healthcare industry overall.

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