Is That New Career Path a Risk...or an Opportunity?

Wendy J. Meyeroff
President, WM Medical Communications

The HBA's December 4th meeting drew a very large crowd, one that was excited but perhaps also a little more tense than usual.

The topic, “Balancing Opportunity and Risk,” addressed a number of the fears confronting many HBA members as an increasing number of companies merge and/or downsize. The meeting site? The Peapack, NJ, headquarters of Pharmacia Corporation which, of course, is in the midst of merging with Pfizer.

Fortunately, the panel selected for this meeting did an excellent job of addressing the issues of how to face corporate downsizing and mergers. After a welcome by HBA’s outgoing President, Mary Cobb, CEO/President, PACE, Inc. (Parsippany, NJ) and Carol-Ann Krupka of Pharmacia’s Ophthalmology Division, moderator Shellie Caplan, Chair of the HBA's Executive Women’s Breakfast Committee and President, Caplan Associates, Inc. (East Hampton, NY) stepped forward. As the head of an executive search firm, Caplan is quite familiar with job shifting and employee anxiety. She neatly summarized the evening’s focus:

“Many transitions take place in a career,” she noted, “some by our choice...and some by our company’s.” When it's our choice we see it as an opportunity, but when it’s not we tend to look at the new option more negatively. So, “we’re here to learn how to turn risks into successes,” she said. To start, Caplan reviewed the “SWOT” exercise: an assessment of “Strength vs. Weaknesses” and then “Opportunities vs. Threats” (i.e., risks).

Caplan then turned to the first panelist, Arlene Rosenberg, Principal, The Rosenberg Group (New York, NY), which provides execs with various coaching and consulting services. Rosenberg noted one main thing about her career: “It’s been full of risk.” And that, she said, is a good thing. Indeed, she urged the audience to see change as simply “leaving what you were comfortable with.” Change gives us a great opportunity, she pointed out, allowing us “to look at what will make you happy. What are your wants and needs?”

Yes, change is frightening. Rosenberg acknowledged, “I’ve had situations where I was literally shaking in my boots,” but you have to walk through those fears. To do that, she recommends “assembling a cheering gallery.”

Christine Wallner picked up on that thread. Wallner has

Welcome to the HBA’s 2003 Board of Directors

The HBA has launched into 2003 with the election of another stellar Board of Directors. These women represent some of the best and the brightest talents in industry today. Most importantly, they are dedicated to serving you, the membership, to the utmost of their abilities. Please get to know them all over the coming year and don’t hesitate to share your comments with them as they strive to take the HBA to even greater heights.

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mcobb@paceconnect.com

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MEETING HIGHLIGHTS

MM&M TEAMS WITH THE HBA TO HOST EXECUTIVE ROUND-TABLE

Women in the Healthcare Industry: Reaching for the Top

Britta Herlitz
President, Herlitz HealthCare, A Communications Co.; Editor, HBA Bulletin

The following summary offers highlights from the recent Medical Marketing & Media (MM&M)/HBA Executive Round-table. For details on the information and ideas exchanged during this important event, see the December 2002 issue of MM&M.

The date, October 4th, 2002—the event, a groundbreaking gathering of field-leading women linked via phone and computer to discuss the changing role of women in the healthcare industry and, specifically, to identify the environmental factors facing women making the jump from middle-level management to the senior and executive levels.

“This was an incredibly successful event,” said Daria Blackwell, HBA’s President-Elect and President, White Seahorse, Inc. (Mahwah, NJ), who also served as moderator for the round-table.

“Notably, the coordination of this round-table underscores the important role that technology can play in making great things happen—fast,” Blackwell continued. Indeed, the entire session was organized within about a week via email. An agenda was sent to all panelists who teleconferenced in. “The fact that no one had to travel to join the discussion made this work very well—we had very enthusiastic participation,” Blackwell said.

“One panelist even called in from the airport where she was waiting to catch a plane.” Others, whose schedules didn’t permit them to remain on or join the call, were able to participate later, via computer access to the teleconference transcript. “The transcript was generated in real time as the teleconference was taking place. It was released the next day, edited, and sent to participants via email for their final approval/additional comments,” Blackwell explained.

Key Points:
- The pharmaceutical industry has been ahead of the curve in bringing women into management.
- Some factors in the success of women in pharma today include: their strong team-building skills, openness to new ways of doing things and new ideas, lack of fear in challenging the status quo, their ability to learn from failure and move on, the fact that many decision-makers at the consumer level are women, and the growth of new business areas (such as DTC) where old paradigms don’t apply.
- Women’s advancement on the medical technology side has not matched their advancement in pharmaceutical sales and marketing. On the other hand, smaller start-up organizations have facilitated women’s leadership perhaps because there are no barriers to break down.
- Some factors impeding the advancement of women in pharma today include: Weakness in moving from idea to application. As one participant said: “Genius is 5% ideas and 95% action. We need to learn how to better communicate our ideas and get them applied.” Other fac-

EXECUTIVE ROUND-TABLE PANELISTS

Mary E. Cobb President and CEO of PACE, Inc., a Lowe Healthcare Company; Immediate Past President, HBA
Maria Degois Sainz Vice President of Global Marketing, Vascular Intervention, Guidant Corporation
Debra Freire Vice President of Diversity and Workforce Potential, Novartis Pharmaceuticals Corporation
Heidi Hunter Vice President of Global Strategic Marketing, Oncology, Wyeth Pharmaceuticals
Catherine Angell Sohn Vice President of Worldwide Business Development, GlaxoSmithKline Consumer Healthcare
Cynthia Uber Vice President of Medical Services and Quality Assurance, Eisai Incorporated
Daria Blackwell (Moderator) Consultant in Strategic Marketing and Communications, former President of Bozell Global Healthcare; President Elect, HBA, Blackwell is also a member of MM&M’s editorial advisory board.
HBA Chapters Update

Eileen Woods
Managing Partner, Agentive
HBA Bulletin Chapters Correspondent

The Atlanta Chapter of the HBA

Linda Bishop, Director of Communications for HBA’s Atlanta Chapter, reports “New events are being planned for 2003 and the Board is hard at work devising programs to meet the needs of this chapter’s growing membership.” Look for news about upcoming events in the next issue of the HBA Bulletin or visit www.hbanet.org. For additional information contact Linda Bishop at bishlow@mindspring.com (Atlanta Chapter.)

The Boston Chapter of the HBA

The HBA’s Boston Chapter President, Karla Gonye, District Sales Manager, Key Pharmaceuticals (Plymouth, MA) also reports that their Board has been hard at work devising programs for the new year. Upcoming events for 2003 include:

- March 25th, 5:30–8:15 pm, location to be announced.
- June 10th, 5:30–8:15 pm, location to be announced.
- September 23rd, 5:30–8:15 pm, location to be announced.
- November 18th, time and location to be announced.

Holiday Party and Networking Event
For additional information contact Chapter President Karla Gonye at karla.gonye@spcorp.com or Hope Krakoff, Director, Event Committee, at hope.krakoff@ps.net; or (617) 449-3013.

The San Francisco/Bay Area (SFBA) Chapter of the HBA

To celebrate the holidays, the San Francisco/Bay Area (SFBA) Chapter of the HBA held their final 2002 event, a Holiday Tea at the Genentech headquarters in South San Francisco on December 3rd from 3:00–5:00 pm. This festive afternoon featured Cheryl McLaughlin, PhD, a high-energy speaker and nationally recognized leader in the area of Women’s Health and High Performance.

With December traditionally being one of the busiest times of the year, McLaughlin addressed the challenges we all face in managing multiple personal and professional commitments. She provided the attentive audience with tips and practical tools for managing our busy lifestyles and shared insights from her extensive education and research in Counseling and Clinical Psychology as well as her experience working with Fortune 500 corporations.

Following McLaughlin’s presentation, Gayathri Koundinya, Chapter President, introduced the 2003 Board members. The evening concluded with a Roundtable Networking session where members had the opportunity to meet and exchange ideas with Bay Area colleagues in the industry. Gayathri offered a special note of thanks to Genentech, Inc. (San Francisco, CA) for sponsoring this well attended event.

Genentech is an HBA-SFBA corporate member.

Look for news of upcoming HBA-SFBA 2003 events in the next issue of the HBA Bulletin. For additional information, contact Chapter President, Heather Simonsen at info@hbasfba.org.

Don’t Miss the HBA 2003 Bi-Annual Women’s Leadership Conference

The Responsibilities of Leadership: To Company, Colleagues, Community, Family and Self
Friday, June 6th, 2003
(Spa Services & Networking Dinner: Thursday, June 5th)
Ocean Place Conference Resort, Long Branch, NJ

The HBA’s Women’s Leadership Conference offers HBA members and nonmember guests a day-and-a-half retreat from their professional lives to focus on building leadership skills via a cutting-edge curriculum and interaction with their peers in a unique, relaxed setting. Group transportation from key urban centers will be provided to facilitate travel and extend networking time.

Watch for information on conference content and opportunities to participate in conference-led projects and interactive workshops in future issues of the HBA Bulletin.

Questions? Contact the HBA Office:
Phone: (973) 575-0606 E-mail: hbanet@aol.com

The HBA's Boston Chapter President Karla Gonye at hope.krakoff@ps.net; or (617) 449-3013.

Genentech is an HBA-SFBA corporate member.

Look for news of upcoming HBA-SFBA 2003 events in the next issue of the HBA Bulletin. For additional information, contact Chapter President, Heather Simonsen at info@hbasfba.org.
HBA CALENDAR

MARCH 4TH, 2003
EVENING SEMINAR
The Influence of the Economy on the Healthcare Industry
5:30 – 8:15 PM
Philadelphia Marriott West
West Conshohocken, PA

MARCH 12TH, 2003
CONNECTIONS Program
5:30 – 8:15 PM
St. Joseph’s University, Philadelphia, PA

APRIL 3RD, 2003
EVENING SEMINAR
Project Management—How to Implement a Global Strategy
5:30 – 8:15 PM
Novartis Pharmaceuticals Corporation
East Hanover, NJ

THURSDAY, MAY 1ST, 2003
Woman of the Year Luncheon
11:30 AM
Hilton New York, New York City

JUNE 5TH & 6TH, 2003
HBA Leadership Conference
Ocean Place Conference Resort
Long Branch, NJ

SEPTEMBER 2003
EVENING SEMINAR
Moving From One Career Discipline to Another
5:30 – 8:15 PM
Date and location to be announced

OCTOBER 2003
Women and Stress—In and Out of the Workplace
5:30 – 8:15 PM
Date and location to be announced

NOVEMBER 2003
Regulatory and Legal Compliance—Impact on Company Policy
5:30 – 8:15 PM
Date and location to be announced

CALL FOR ADVERTISING
HBA 2003–2004 Membership Directory
Reach your clients, potential clients and peers all year long!
Advertise in your organization’s Membership Directory.

The closing date for space reservations is February 21st (ad material is due February 28th). Advertising space is limited, so make your reservations right away. The Directory will be sent in May to a circulation of over 3,500, which includes a BONUS distribution to the 1,800+ attendees at the HBA “Woman of the Year” Luncheon on May 1st, 2003.

For rate information, call the HBA Office at (973) 575-0606, ext 251 or at www.hbanet.org/cmdocs/uploadbin/2182_hba-rates-pdf.pdf
Here’s to Relearning the First Skill We Forget: How to Take Care of Ourselves

Rosemary Azzaro
Marketing and Communications Consultant
Creative Contributor, HBA Bulletin

Although you are reading this in our first 2003 issue of the HBA Bulletin, I am writing this right before Christmas—a time of year that certainly begs the questions of “Work? Life? Balance?” It is a documented fact that women have a tendency to neglect themselves—read that, neglect their health—because they put their own needs at the bottom of the list. Let this “New Year” column be a motivation and rationale for you to put yourself first in the health department so you can succeed—at work and at home.

Most health care plans encourage an annual visit to the physician and gynecologist, providing them at a nominal co-pay or fully-reimbursed. For women, it is especially important to note that there are a few key chronological milestones for screenings. And, for busy women, many healthcare plans, including Oxford and Aetna, provide Internet-based tools for managing both individual and family health issues and keeping track of insurance claims. There are also other Internet services, such as “My Health Journal” offered by medcohealth (formerly Merck Medco; www.medcohealth.com) and “Personal Health Record” from WebMD (www.webmd.com) that can help you to stay on top of your daily and long-term health plan.

To help manage your own well-being, here is some practical advice:

Be Prepared: Keep your own health history. Your primary care physician, and any specialist you see, will ask for and take a medical history. Be sure you have written down the medications you take and the dosing schedules for them. My father keeps a list of his conditions, major surgery dates, physician phone numbers and medications in his wallet. Some of the Internet tools mentioned above can help you generate this document. It is also a good idea to write down your key health concerns so that you will not get sidetracked during an exam.

Annual Physical: Check your health care benefits to see how annual check-ups are handled. Be prepared to spend some time with your doctor to cover anything new since your last check-up or visit. You should expect to have your blood pressure checked and to give a blood and urine sample for age and clinically-appropriate tests based on your personal health profile. A colon health check should be done (see “Colorectal Health”)—as well as a breast exam (see “Breast Health”)—although you might choose to have these done by your gynecologist.

Breast Health: Monthly breast self-examination, using touch and visual observation, is an effective tool in screening for breast cancer when performed regularly and properly. You can easily mark your calendar with a reminder. If you are uncertain about the proper way to examine your breasts, you can educate yourself by visiting www.intelihealth.com and viewing the educational video. Or, ask your doctor to guide you at your next exam or obtain a pamphlet available from local women’s health centers, the American Cancer Society or the government.

Women over 40 should get a mammogram every one to two years. This guideline was just re-issued by the federal government’s US Preventive Services Task Force. And, it is also the position of the Secretary of the US Department of Health and Human Services. Additionally, the National Cancer Institute recommends that women between the ages of 40 and 49 have screening mammography every one to two years. The American Cancer Society, however, recommends mammography annually in this age range. If you are at higher risk for breast cancer, your physician may recommend you begin to get screening mammography at an earlier age.

Bone Health: Osteoporosis, like heart disease, is a “silent” thief that can steal our health without us ever realizing it. A healthy diet, exercise (especially weight bearing exercise) and calcium supplementation as recommended by your doctor are keys to maintaining good bone health. The National Osteoporosis Foundation recommends bone mineral density tests for all postmenopausal women with fractures, all women under the age of 65 with an additional risk factor for osteoporosis (such as having a small, slight frame or being a smoker), and for all women age 65 and over.

Reproductive Health: Women of all ages (starting at age 18 or at the onset of sexual activity) should have an annual pelvic exam and Pap smear. As many women have a tendency to use their OB/GYN as their primary care physician, these physicians will assess your overall state of wellness, and pay particular at-
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tention to your menstrual, pregnancy, contraception and sexual activity history and current concerns. Additionally, a breast exam will be performed and blood tests may be ordered as appropriate for age and lifestyle. Women forty and older should also have a colorectal exam including a stool sample to test for possible changes in your colon.

Annual gynecologic exams are particularly important for the detection of gynecologic cancers and “hidden” sexually-transmitted diseases such as chlamydia.

Interestingly, this past year, there were three news events related to reproductive health that, in my opinion, help make the case for annual exams for women in every age range.

In May, 2002, a controversial consumer ad campaign was sponsored by the American Society of Reproductive Medicine (ASRM) to alert women to the fact that fertility is age-related and can also be affected by lifestyle choices such as smoking. While the news seems to be filled with stories of celebrity older mothers, the fact remains that fertility takes a marked decline at age 35 and again at age 40. If you are in this age range and considering a family, younger IS better. If you are trying to conceive, over the age of 35 and have had well-timed intercourse and are not pregnant after six months, it might be time to speak with a reproductive endocrinologist. If you are younger, allow a full year to pass before seeking intervention. For more fertility-related information, visit www.asrm.org.

In July, 2002, the National, Heart, Blood and Lung Institute’s Women’s Health Initiative (WHI) halted its study on combination hormone replacement therapy. In its most recent review of the study data, the WHI Data and Safety Monitoring Board saw an increased risk of breast cancer in women taking estrogen plus progestin compared with those taking placebo pills. The Board also saw that the previously identified risks for heart attacks, strokes and blood clots to the lungs and legs had persisted. Therefore, in the judgment of the Board, the overall risks outweighed the benefits of taking estrogen plus progestin.

While this study looked specifically at the risk-benefit ratio of estrogen/progestin combinations, it did not address the risks-benefits of estrogen therapy alone for treating symptoms of menopause. Each woman and her physician are encouraged to determine the best course of action for treating both short- and long-term symptoms and effects of menopause. Further information on this topic can be found at www.nhlbi.nih.gov/whi/index.html.

The third piece of news was released in October, 2002, when the American College of Obstetricians and Gynecologists published the results of the first study to put a cost on lost productivity by female workers related to menstrual irregularities. Based on an average 36.8-week work year, women with heavy periods work an estimated 3.6 fewer weeks per year and lose an estimated $1,692 annually in wages compared to the general female workforce. While this is eye-opening for operations managers, I think the study helps us all recognize that menstrual problems are problems and should be discussed with our physicians.

In managing our reproductive health, we should be honest with our physician related to our sexual habits and activities, our wishes for having families and open about the ways the physical changes in our bodies affect our emotions.

Cardiovascular Health: Cardiovascular disease (CVD) is the number one killer of women in the US. Women are at increased risk for heart disease at menopause and their symptoms are different from those of men with heart disease. Risk factors for women include smoking, being overweight, inactivity, family history of CVD and other medical conditions such as diabetes. Making lifestyle changes can help reduce risk. To help assess your own risk for CVD, visit www.americanheart.org and link through to the Women’s Page. Your heart health should be checked by your primary care provider annually via a blood pressure reading, blood tests to measure your cholesterol and triglyceride levels, and a careful history to detect any possible symptoms of early CVD. Women with risk factors or symptoms may be asked to take additional tests such as a resting electrocardiogram, an exercise stress test, an echocardiogram or a combination of the stress test with the echocardiogram.

Colorectal Health: Colorectal cancer often has no symptoms and can take from 5-15 years to develop from a precancerous polyp. Colorectal cancer is the nation’s number two cancer killer, stealing the lives of more than 130,000 men and women annually. (This is not a man’s disease, as is so often the misconception.) The American College of Gastroenterology recommends an annual fecal occult blood test (digital rectal exam) starting at age 50 (sooner if you are at increased risk). A flexible sigmoidoscopy is recommended every three to four years after age 50 and screening via colonoscopy is recommended for those with risk factors or suspicious findings during the other routine screenings.

Lifestyle: Your mother was right. So was your grandmother. An apple—along with four other servings of fruits and vegetables daily—helps maintain health. Exercise, regularly and in moderation, drink plenty of water, reduce stress and get your rest. For tips and support in maintaining a healthy weight, consider joining a gym with a friend or visit www.weightwatchers.com.

While these are good places to start, there are other important health issues to monitor such as eye and ear health, skin, and oral health. Why not pay a visit to the National Women’s Health Information Center at www.4women.gov to review the general health screening and immunization guidelines?

Most importantly, put yourself on your calendar and take charge of your health from self-care, to regular physician appointments and screenings.

May these skills for your health maintenance help you to enjoy a happier, healthier 2003!
ASSOCIATE DIRECTOR Global Marketing (Women's Health: Contraception / Fertility) – Organon Pharmaceutical

The Associate Director Global Marketing (Women’s Health: Contraception / Fertility) cooperates on a daily basis with the Associate Director of International Medical Services and the Global Marketing Team Leader.

Responsibilities:
1. Responsible for understanding the market dynamics, user profile and customer satisfaction of allocated products(s) and G10 countries, responsible for marketing support to G10 countries and areas. Responsible for allocated international marketing projects. Responsible for project execution within defined budget.

Qualifications:
- 6+ years of Pharmaceutical Product Management experience in a major geographic market is required.
- 1+ years of Pharmaceutical Sales experience preferred.
- Experience in sales or marketing in the therapeutic area of Women’s Health (i.e. contraception and/or fertility) is required.
- International Pharmaceutical product management exposure/experience is preferred.
- Fluent English language proficiency is required, Fluency in a second language is strongly preferred. BA/BS (or equivalent) is required, preferably in a Medical / Bio-Medical or Business curriculum.
- MA/MS/MBA is strongly preferred.
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Shaping Business Strategies Through Technology: Why are CEOs Having Breakfast with CIOs?

Margaret Gardner
Managing Director, Global Medical Communications LLC

CEOs are having breakfast with CIOs because it is critical for strategy and technology to act in concert in today’s healthcare environment. In this model, business and information technology (IT) work together to gain a better understanding of the company’s markets and execute new business solutions.

Debra Newton, President Newton Gravity Shift (Pennington, NJ) chaired a discussion that examined the changing relationship between business and IT at the HBA’s Executive Women’s Breakfast program held October 30th, 2002. The program, hosted by Novartis Pharmaceuticals Corporation (East Hanover, NJ), was opened by Shellie Caplan, President, Caplan Associates, Inc. (East Hampton, NY) and Chair, HBA Executive Women’s Breakfast Committee, and Debra Freire, Vice President, Diversity and Workforce Potential for Novartis.

Newton believes that to maximize business growth all organizational leaders—marketing, sales, product development, training, strategic planning, manufacturing—must be able to leverage the benefits of technology. Optimal use of technology has the potential to bring products to market faster, enable company executives to communicate better with internal and external audiences and allow the company to realize the potential of linking technology and strategy as inseparable elements of success.

These points were explored by the panelists, who each offered their own perspectives of the connection between business and IT based on their experiences and current job functions. The panelists included Jill DiBiase, Vice President, E-Commerce, Medco Health (Franklin Lakes, NJ); Rowena Track, Vice President, Global e-Business, Global Strategic Marketing, Bayer Corporation (West Haven, CT); Faith Glazier, Partner, Deloitte Consulting (Stamford, CT); and Anurag Gupta, Partner, Deloitte Consulting.

DiBiase discussed how Medco Health uses technology to look longitudinally across patients to understand their healthcare needs. Through technology, Medco is able to provide patient education, increase compliance, encourage patients to stay on therapy, and inform patients about the risks of co-morbidities if they fail to take medication as directed. She believes that technology is changing the focus of her organization from an internal focus to one with a greater emphasis on the consumer.

Track described her role at Bayer, where her position in e-commerce is strategically placed within the organization to link global issues, overall business strategy, and product level marketing. Her key point, “always consider how technology will impact the brand; do not implement technology for technology’s sake.”

Glazier and Gupta joined to present how advances in technology are changing the healthcare industry. Several examples include physicians using technology in their offices as part of their daily practice of medicine, companies using e-recruitment and electronic data capture to accelerate completion of clinical trials, and the availability of online disease management programs for consumers. Their work suggests that consumers are open to company programs, but only when the information is needed and relevant. Consumers tend to be active seekers rather than passive seekers. When an individual needs information, they will find it. Thus, availability of information may be more important than a mass effort to send advice to a wide audience.

So, what’s the bottom line? According to Newton, strategy and technology are like the “chicken and the egg.” The two disciplines have become so intertwined that which comes first is becoming impossible to answer. The most successful companies are recognizing this shift, and employing technology to drive their businesses.

HBA Members
IN THE NEWS

HBA Advisory Board member and former HBA President, Barbara Saltzman, President, BSC Company (New York, NY), has been elected as a new member of the Board of Directors of Lighthouse International (New York, NY). Founded in 1905, Lighthouse International is the leading resource worldwide on vision impairment and vision rehabilitation. Saltzman is former President and CEO of MMD, Inc., and currently consults with a variety of companies in the US and abroad.

“Always consider how technology will impact the brand; do not implement technology for technology’s sake.”

IN THE NEWS

HBA Members

HBA Bulletin January/February 2003

www.hbanet.org
RISK OR OPPORTUNITY from page 1
recently become Group Director of e-business at Wyeth (Collegeville, PA) and, like all the panelists, has had a varied career (starting as a pharmacist). She urged attendees not to just look for positive input, but to listen to folks they know will not always be upbeat in their feedback.

Wallner shared 12 “Rules of the Road” that a friend sent her as she was moving ahead in her career. (She confided laughingly that, “I liked this letter so much I married the guy who sent it!”)

Among the rules on this list:

- Stay cool no matter what (that is, “be resilient”)
- Identify a mentor you can trust—and who trusts you
- Become indispensable in unique ways—“I became known as the person who wanted to do new things” and thus came to her latest position.

Wallner concluded: “Make sure you’re never someplace you have to stay because you have no options.”

Options are not something that Meg Walsh had to worry about. She created her own. Indeed Walsh, who founded CBSHealthwatch on-line and now is Vice President/High Health Growth at Cap Gemini Ernst & Young (New York, NY), thrives on taking risks. She noted, “The riskiest movements in my career were the most calculated.” She’d worked her way up in sales at Johnson & Johnson and knew she didn’t want to continue on that path.

She answered a Continuing Medical Education (CME) company’s ad for a project manager and they called, intrigued by her interest since the CME job was vastly different from what she was doing at J&J. “They had to ask, ‘What on earth made you think you could do this job?’” Walsh recalled. Her answer was obviously the right one, because she was hired and headed down a different path.

Walsh vibrantly urged the audience not to fear the unknown. “I guarantee that if I gave all of you 30 days to do a job that you’d never done and had no training for—technology, sales, whatever—nearly every woman in this room would get that job done.”

“For example, if we have to launch a new drug we’ll go crazy with the research.” So, why don’t we do the same, if we’re thinking of changing companies? “How much do we
Facing the Changing Face of Pharma

Britta Herlitz
President, Herlitz HealthCare: A Communications Co.
Editor, HBA Bulletin

What better place to discuss the key issues facing our industry over the next five years than Pharmacia Corporation (Peapack, NJ), which, at the time of the December 11th HBA Executive Women’s Breakfast, was in the midst of being acquired by Pfizer Inc (New York, NY).

At the heart of this breakfast discussion was a presentation made by Fred Hassan, Chairman and CEO of Pharmacia. Following is a brief summary of his key points.

On the Pfizer Acquisition:
“Tis a very strong fit. There are few overlaps [between the two companies] and lots of synergy.” (He cited as examples of this synergy the creation of an oncology presence for Pfizer and maximizing the value of the coxib family.)

On the three key industry issues facing pharma over the next five years:
Issue #1
“The number one issue is that we must improve productivity of R&D and efficiency of product flow.”

Industry Response
“Develop innovative external partnerships, cultivate ‘small company in big company’ culture, fully exploit the power of new technologies and foster cross-functional collaboration between R&D and commercial.”

Issue #2
“The number two issue is the global recession and healthcare budget crises in conjunction with global access issues.”

Industry Response
“While the recession shows signs of easing, symptomatic long-term budget pressures remain. Industry must ‘learn to be lean’ in cost structure over the long-term. In addition, [pharma] must become seen as part of the solution, not the problem.” Hassan noted that ways to achieve this include government partnerships to manage healthcare spending and effective communication of the cost-benefit ratio of pharmaceuticals. “In addition, industry must become part of the solution to global access needs. For example, we should support improvements in health infrastructure and education in the poorest countries.”

Issue #3
“The third major issue that faces industry over the next five years is the lack of drug benefit in the US, causing social disruption and damage to our industry.”

Industry Response
“We must achieve passage of drug benefit in 2003,” Hassan said. “Industry must take a positive initiative on proposals—for example, ‘stop loss’—and we must not wait for politicians to shape the agenda.”

On The Current Political Environment and the Role of Industry Leaders:
In conclusion to this insightful presentation, Hassan reviewed the new political environment in the US, noting the closely divided Congress and divisions among Republicans on key issues that may mean a continued legal and regulatory logjam for pharma. He cited the overall “crisis of trust” which touches not just the US government, but also extends to pharma and has caused an erosion of trust in relations with customers, patients and the general public. “We must rebuild trust with these stakeholders,” Hassan emphasized.

Finally, he called on industry leaders to “Lead by example. You are demonstrating to the next generation of women in our industry that they can break through the perceived glass ceiling. You are also the ambassadors who must attract talented women to join our industry.”

analyze [the company we would like to go to], asking questions like ‘How many women are on the board of directors?’ and ‘What new products do they have in the pipeline?’”

After such excellent counsel, the audience broke into separate tables exploring various career options. Among the roundtable topics discussed were: moving from pharma to biotech; moving from pharma to supplier and from supplier to freelance (and vice versa). A lively exchange of career advice ensued, with attendees seeming to leave perhaps just a little less fearful of whatever new curve the industry might throw at them.
In 1991, I authored this column as then President of the HBA. Today, as 2003 President, I have the pleasure of authoring it again. And have things changed in 10 years!

In 1991, the HBA was fourteen years young, Jane Townsend was the 1991 “Woman of the Year,” (WOTY) and we had 392 members. In 1991, there was no Con- nections Program, no Executive Women’s Breakfasts, no Women’s Leadership Conferences. And while WOTY was then—and still is—our major event, there was no recognition of “Rising Stars” or “Honorable Mentors” and we were thrilled to draw 500 people to the Hyatt in New York City. Thankfully, the one thing that has remained the same is that Carol Davis-Grossman of The Charles Group still is our Executive Director.

I am quite honored to be President for a second time. My thanks to the membership for once again letting me share in your ongo- ing success and, with the Board of Directors, help to lead the organization to greater heights.

Just to continue down memory lane for a second, in 1991, we were fighting in Desert Storm, American Pride was in and Saddam Hussein was out, the Clarence Thomas hear- ing took place and the economy slipped into recession. The tobacco industry was on the hot seat that year and Surgeon General Koop was focused on smoking cessation. The pharma- ceutical industry helped answer the call with the introduction of nicotine patches and gum to help people kick the habit.

An Industry on the Hot Seat

Well, 14 years later, it’s the pharmaceutical/ healthcare industry that’s on the hot seat and Americans have a very different view of our industry. In a recent newspaper editorial, the author likened the drug makers to generals planning on declaring war, not on Saddam, but on the American people by using weapons, such as price gouging and the softening of punishment when a drug injures or kills people. Now, this isn’t the kind of rhetoric that makes me proud to tell people I meet that I work in the healthcare industry. I have always been proud to be associated with our industry and I’ve served as a sales representative, a market leader and now in medical education. I’m sure those of you reading this feel as I do.

Therefore, all of us need to join forces to put our industry in the more positive light to which it’s entitled. While no industry is free from its black eyes, seeing companies like Merck, Lilly and BMS in the same paragraph as Saddam and Osama made my stomach hurt. We have done so much good for patients through our research and the drugs produced from that research.

Well, PhRMA is moving forward with its efforts and at the December HBA Executive Breakfast Meeting at Pharmacia (see article on page 7), the 30 or so senior-level women atten- ding voiced opinions that the HBA also can play a role in putting a truer face on our industry. I’ve now received about 15 emails from the breakfast attendees volunteering to sit on a task force to develop the HBA’s role in helping to overcome the healthcare industry’s negative image. As we frame what that might be, I implore all of my fellow members to give thought to how you personally can put these issues into perspec- tive for all those with whom we come in contact.

What You Can Do

Give thought and have in mind some exam- ples of the many positives the pharmaceuti- cal/biotech companies have brought to the American public. Not only the actual drugs, but the myriad indigent drug programs, the philanthropic donations, the research dona- tions to private universities, the sponsored runs and walks for medical causes, yes and even even sponsoring CME, which physicians admit that they heavily lean on to help them keep abreast of medical advances. I know each of you can keep adding to the list.

As the year progresses, I look forward to hearing from many of you and seeing you at meetings and special events. This is an impor- tant year for the HBA as we continue to grow and evolve to meet your needs and those of the industry.