

THE HBA Advantage

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All in the Family: Two Generations Of Leaders

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Wendy Cohen and her mother, Audrey Cohen, founder of Metropolitan College of New York.

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Rare Disease Patients: Obtaining Treatment in a Managed Care Environment



Mary Cobb
National Organization for
Rare Disorders

From a managed care perspective, the goal for patients is to deliver care that offers the best clinical outcome in a cost-effective manner. When evaluating treatments for limited patient populations, achieving this balance can be a challenge.

For the over 30 million people with rare diseases in the US, their challenge is greater access to treatment. In fact, more than half of the hundreds of thousands of annual inquiries from people seeking help from the National Organization for Rare Disorders (NORD) are related to getting access to treatments for a rare disease.

The Problem: Too Little Research, Too Few Treatments

The reasons for this are many and varied, but can be generally ascribed to the following hard facts about living with a rare disease in the US today and are specific problems individuals and families affected by rare diseases have in common.

- **Most rare diseases have no treatment.** Any disease believed to affect fewer than 200,000 Americans is considered rare according to the National Institutes of Health (NIH). There are between 6,000 and 7,000 such

diseases meeting these criteria and approximately 350 approved therapies currently available for diseases that impact 30 million people. While many of these diseases affect small numbers of patients, others are more common and affect thousands of patients. For example, cancers—other than the seven most frequently occurring ones—are considered rare diseases according to the NIH criteria.



- **Many rare diseases are not even studied by medical researchers at this time.** However, the good news is that activity has increased since Congress passed the Orphan Drug Act in 1983, which provides financial incentives to encourage the development of treatments for diseases affecting smaller patient populations. While only ten such products were developed by industry prior to passage of this act, more than 1,200 have entered the research pipeline since it was signed.
- **Off-label use often leads to reimbursement rejection.** When patients are treated “off-label” – with a treatment not approved by the Food and Drug Administration for their specific disease – they often encounter reimbursement issues with private insurers and, increasingly in today’s economy, with government-funded programs, which is often a significant financial hardship or can bankrupt a patient’s family.
- **Patients experience difficulty finding a specialist or other medical expert familiar with their respective disease.** This can lead to delays in getting an accurate diagnosis and, for those diseases where treatments are available, delays in starting therapy.

Many of the people who contact NORD are desperate and feel they have nowhere else to turn. “I spend a significant portion of every day trying to help people who

simply don’t have access to appropriate treatment for their diseases,” says Stefanie Putkowski, RN, a Clinical Information Specialist on the NORD staff.

- Fewer than one in seven of the 7,000 diseases classified as rare have patient advocacy groups offering various services to those afflicted. For these and all the rest, NORD serves as a trusted advocate and advisor, providing information about rare diseases and referrals to medical, financial and social service resources. With such a broad affect on millions of Americans, the word “rare” is somewhat misleading. To meet the growing needs related to an increase in research and development of rare disease therapeutics, both the NIH and FDA have increased their focus in this area through the NIH Office of Rare Diseases Research and the FDA’s Office of Orphan Products Development.

The following scenarios represent typical problems experienced by the many patients who contact NORD.

- **Promising Drug But Patient Can’t Access It**
A young woman who is a registered physical therapist was diagnosed about one year ago with “stiff person syndrome,” a rare neuromuscular disorder. She has been seen by specialists at several major medical centers including Johns Hopkins, where she was diagnosed.
The standard medications are not working well and the young woman’s symptoms are increasing. Her current physician in New York City wants her to start on IV Rituxan, which has shown promise with her disease. However, since the treatment is not FDA approved for this purpose, this woman has been unable to get insurance coverage and can’t start this promising treatment recommended by her physician.

- **Disability Delays Can Affect Access to Treatment**
In California, a previously successful

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REQUIRED EXPERIENCE FOR QUALITY CAREERS

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Phone: (973) 575-0606 Fax: (973) 575-1445

E-mail: info@hbanet.org Web: www.hbanet.org

EDITOR-IN-CHIEF **Carol Meerschaert**

MANAGING EDITOR **Joanne Tanzi**

ART DIRECTOR **Deborah Anne Chingas Sandke**

ADMINISTRATIVE COORDINATOR **Lisa Kelly**

Please send correspondence regarding *The HBA Advantage* to Carol.Meerschaert@hbanet.org.

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self-employed 58-year-old man was diagnosed with Isaac's syndrome, an autoimmune neurological condition causing sudden, severe muscle spasms and difficulty walking. He has been disabled and unable to work for two years. He wakes up in the night with pain that he describes as "electrifying."

The man applied for Social Security disability assistance and, while initially denied, was later approved after he hired an attorney and went through several appearances before a judge. The delay in his SSA approval has delayed his eligibility for Medicare, so he is paying out-of-pocket for private insurance during the interim. Because several Isaac's syndrome patients have found that Botox relieves their painful spasms, this man also would like to try it. However, his insurer won't pay for this off-label treatment.

• **It's Not a Drug. It's a Food**

Thousands of children are born in the US each year with inborn errors of metabolism and other rare diseases requiring treatment with "medical foods." These are special formulas that address medical and health conditions, such as inability to metabolize certain proteins that characterize these diseases.

With diseases such as phenylketonuria (PKU), early diagnosis and lifelong adherence to a special diet may keep children from developing developmental disabilities or other serious medical problems. Sometimes, the medical foods are not just life-altering but life-saving.

However, because these foods don't require a prescription and few studies have been done to document their effectiveness, even though practice has shown their value, both public and private insurers may not reimburse for them.

In February 2011 NORD hosted a conference in Washington DC to focus attention on this problem. Leaders of patient organizations such as the National PKU Alliance and the American Federation of Eosinophilic Disorders along with representatives of the insurance industry, National Institutes of Health, Food and Drug Administration, and American Academy of Pediatrics participated. By getting all the stakeholders together to address



THE EDITOR'S DESK

Carol Meerschaert, MBA, RD, Editor-in-Chief, *The HBA Advantage*

The HBA Advantage is Like My House

When I was in the process of moving from Maine to Pennsylvania three years ago, I did not want a newly constructed house. I wanted to move into a house that was lovingly cared for and thoughtfully crafted. I wanted a home the owner still loved but felt it was just time to pass on to someone else. This publication, like my house, is a work that was lovingly crafted and cared for by Donna Ramer, our architect, builder and caretaker who is moving on from the role as editor-in-chief.

Donna had a vision to move the HBA from just having a newsletter to growing into an organization that offered members both an electronic newsletter and a print magazine content so rich that all in healthcare would want to read it. Donna, like a general contractor, assembled a best-in-their-craft team of writers, printers, designers, advertising saleswomen and photographers to build *The Advantage*, taking it from blueprint to reality.

As I move into the editor-in-chief role, know that I do so with gratitude. I won't be starting with blueprints and building it all myself; when you see our redecorating and new occupants of this publication, know that we are simply living in the house that Donna built. **HBA**

Carol Meerschaert, MBA, RD, is the HBA director of marketing and communications and assumed the role of editor-in-chief of The HBA Advantage January 2011. She can be reached at carolm@hbanet.org.

the problem, NORD hopes to broker a solution that represents the interests and concerns of all.

In the meantime, decisions regarding medical insurance coverage for these foods typically are made at the state level. And, while many states now mandate coverage, a significant number still do not. With state budgets increasingly stretched to the max, states are not likely to take on additional costs voluntarily.

The Problems are "Significant and Growing"

As the voice of the rare disease patient community, NORD sees one of its primary roles as facilitating solutions to the increasingly complex issues related to access to treatments and, having played a major role advocating for the Orphan Drug Act, continues to monitor its application and provide a voice for this under-served patient community.

For instance, NORD provides several patient assistance programs of its own to provide free drugs or assist with insurance co-pays, and encourages companies to establish such programs for their products. During last year's healthcare reform debate, NORD argued forcefully and, ultimately, successfully for the abolition of annual and lifetime insurance caps and

the elimination of certain practices such as "rescission", in which patients may lose their health insurance following a bad diagnosis.

In these endeavors, NORD works closely with FDA's Office of Orphan Products Development and the NIH Office of Rare Diseases Research. In recent years, it has also worked with the Social Security Administration to help SSA develop and expand a program of "Compassionate Allowances" to provide expedited review of applications for disability assistance from people with extremely disabling rare diseases.

"There are many genuinely caring people in both the public and private sectors who are trying to help resolve these issues," says NORD President and CEO Peter L. Saltonstall. "But the problems are significant and growing in today's economy." Whatever happens, NORD is here to work with all appropriate partners on behalf of the nearly 30 million Americans with rare diseases to articulate the issues and make the connections that help bring about solutions. **HBA**

Mary E. Cobb, a past president of the HBA, is senior vice president of membership and organizational strategy at National Organization for Rare Disorders (NORD). She can be reached at mcobb@rarediseases.org.

Two Generations of Women Leaders



Donna K. Ramer
President, StrategCations Inc.

I've known Wendy Cohen for more than a decade—we have a mutual friend and see each other at annual holiday parties and social gatherings a few times each year—but I learned just this year that she is the daughter of the founder of Metropolitan College of New York and sits on the school's board of trustees.

What inspired this profile of Wendy and her mother, Audrey, is that so many of us are part of or will be part of multi-generation women leaders. The good news is that is no longer an anomaly.

Audrey Cohen is credited with being founder of the paraprofessional movement, which is the foundation of Metropolitan College of New York, a non-profit accredited college designed to enable highly motivated working adults to earn the degrees (associates to masters), which will help them improve their lives and their communities.

Founded in 1964, MCNY is launching a new program in 2011: a specialized bachelor of business administration in healthcare systems management. This innovative BBA combines an understanding of business operations with a particular emphasis on the management of technology and services in the health care industry. The curriculum includes the usual business coursework. To meet the future needs of the rapidly-evolving healthcare industry, students also will become knowledgeable about issues in both health information technology and health services management. And of course, they will graduate with the practical experience of addressing challenges in the real world through their Constructive Actions.

The following profiles of Wendy and Audrey were written by Wendy, because her mother passed away several years ago.

ABOUT WENDY

Please tell us a little about your personal and professional background.

After practicing law for a few years I transitioned into wealth planning marketing over 20 years ago. I work for Morgan Stanley Smith Barney as a vice president and di-



WENDY COHEN

rector of wealth advisory marketing where I help financial advisors create deeper relationships with their clients based on their interest in philanthropy and wealth planning. Personally: My husband, Robert, and I have two children, Alex (23) and Sarah (18).

What is your role at the college? How long have you been in that role? Have you held other roles there?

I have been a member of the board of trustees for the last three years and I am the chair of the development committee. As the daughter of the founder, I feel I play an important role sharing her story and the story of the college.

Did your role overlap that of the time your mother was at the college? If so, how did that impact your position/role?

My mother died in 1996 and I didn't join the board until later. However, growing up with a woman who founded a college that revolutionized education and mainly serves low income minority adults certainly inspired my interest in MCNY and impacted how I see the world.

How did you develop your leadership skills?

Observing my mother was a large part of it, but I am also inspired by my father who is dedicated to social change and, at 82, is still active serving charitable organizations in western Massachusetts. He not only supported my mother and her

efforts with the college, he more than pitched in to raise my sister and me while having a successful career as a tax lawyer. My parents' actions showed me what it means to be a leader. I have developed those skills over the past several years, both through my work experience and through raising a family.

Did you have a big break that opened up opportunities for you?

After working long hours in a law firm for three years, I knew I wanted to find a career that was challenging and financially rewarding, but gave me time to raise my family. I saw an ad in the *New York Times* for attorneys who were interested in marketing at a financial services corporation which was known for good hours. With an infant at home at the time, I said "that's for me." The job was a five minute walk from my house and allowed me to balance work with the rest of my life. I stayed in that job for 15 years and that position led to the one I have now at Morgan Stanley Smith Barney.

What was your biggest hurdle and how did you overcome it?

At the beginning of my career, although opportunities were much more open for me than they were for my mother, there were still more opportunities for advancement available to men. If you wanted to leave in time to pick up your kids or you didn't want to miss soccer games by traveling, you gave up the possibility of a promotion. Now that my kids are older, I have been able to work longer hours and have gotten better at promoting myself, which is probably even more important than long hours in terms of getting ahead.

Has it been difficult to be a second-generation leader at the College?

Quite the contrary. I am humbled to be a part of what my mother started almost 50 years ago. I often think about all the nights I watched her practicing a speech or packing for a trip in the name of what she believed in. Now I truly get it. I am thrilled and honored to be carrying on her vision. I hope my children will

be involved with the college some day. My daughter participated in Model UN in high school, just as my mother had many years before, so you never know.

How do you relent gracefully yet maintain your authority?

I don't get hung up on being right. When you keep your eye on the bigger vision you can be more open to other perspectives so grace in the moment comes more easily.

Is there a support system you rely on?

My family is my biggest supporter. My husband Robert, an attorney in private practice, has always encouraged me to be my best. My children bring me so much joy (even though my daughter used to say that I read her presentations on Roth IRAs instead of bedtime stories). I believe they both saw the benefits of a mom who works hard at her job, at sports, in her community and for her family. And my friends help keep life fun.

Was there a revelation along the way that changed how you look at things?

Life is too short; my mother died very young at 64. She taught me that it was very important to do something you love and that has a positive impact. I was fortunate to have such an incredible legacy; I knew I had to do something with it.

What are the three leadership tips your mother passed along to you?

Live with a sense of purpose.

Set goals and follow through. She always told my sister and me we could do anything we set our minds to do. She was all about empowering people to make a difference in their lives and the lives of others, and that started with us.

Treat everyone with respect.

What is your mantra?

I can do it. Do it now. Stay positive. Seek opportunities to effect positive change.

Do you volunteer your time? If so, how do you determine which associations/charities will benefit

All my work at the college is on a volun-

teer basis. There are so many great organizations and causes from which to choose, so it helps to have a vision, do your due diligence and then stay focused on the impact you are seeking. I support causes and organizations in which my friends and family are actively involved, including the Juvenile Diabetes Research Foundation, the American Red Cross and the Catalog for Giving. I have also volunteered on several occasions as a mentor, both at the college and at work.

How do you balance your work, home and community lives?

I have always felt I was a better mother because I worked outside the home. I also am lucky to have worked for firms that support charitable work. I got involved in



AUDREY COHEN

the Women's Council at Smith Barney and co-chaired the philanthropy committee where we supported several non-profit organizations, including MCNY. I also do yoga, have run the NYC Marathon seven times, and have participated in over 50 triathlons. Setting athletic goals and achieving them with my husband and my friends keeps me happy and sane.

ABOUT AUDREY

What led Audrey to establish the college?

Audrey was driven by her vision of a better world. She was committed to the interconnected ideals of social justice, educational excellence and economic opportu-

nity. Her participation in the civil rights and women's movements in the 1950s and '60s led to her desire to support employment and educational opportunities for economically disadvantaged individuals, particularly women. The genesis of the college was The Women's Talent Corps, an education and training program developed by Audrey in the early 1960s. Its goal was to identify motivated low income women who had important community knowledge and experience, and to educate them for a new kind of position—paraprofessional positions which would enhance the roles of professionals.

Audrey Cohen was the founder of the paraprofessional movement. Paraprofessional positions would also be a new way for these women to move up to full professional roles. Most of these positions are common today—educational assistant, recreational and occupational therapy assistant, mental health workers, etc.—but in 1964 when the Women's Talent Corps was founded, the goal of human service paraprofessionals was a totally new idea.

My mother was convinced that the education and training needed to support these new positions had to combine theory with its application in professional settings within human service organizations. First, Audrey had to obtain funding for this initiative. Then she had to convince social service agencies to provide the critically important internships for students. She and a small group of other pioneers forged the first partnership with the New York City Department of Employment. A group of dedicated women worked with Audrey to design the educational component of the program, while she negotiated with key social service agencies in the city to provide internship sites. This would enable the participating women to demonstrate through practice that they had applied what they learned in class to help achieve positive results in the real world. She was tenacious and it took time, but in January 1966, the components were in place and the program began with 39 women.

The program grew; men were admitted a few years later. However, without an official educational credential, it was

difficult to move towards full professional status. No existing college was willing to offer the type of education she knew was needed so Audrey turned her training program into a college. She led research to develop Purpose-Centered Education, a unique model of higher education that focuses rigorous academic study around achieving a complex and meaningful overarching purpose each semester. The College for Human Services was born, which became Audrey Cohen College, and in 2000, Metropolitan College of New York. My mother was the president of the college from the time of its founding until her death in 1996. The college was rooted in Audrey's conviction that education must empower individuals to take charge of their own lives and to make positive change in organizations and communities. That focus has not changed as the college has evolved to meet changing needs.

How did she develop her leadership skills?

Audrey was bright, always curious and creative about how to make the world a better place. She often talked of her father's influence. She believed in learning by experience, by taking on challenges, by observing successful people and by seeking advice, whatever she had to do to achieve her goals. Audrey created her own leadership positions and persuaded others to join her.

She had an early formative experience at a high school youth congress in Washington, DC. Audrey wanted to propose an anti-war resolution and did research that included briefings from government officials. Through her diligence, she was able to persuade her fellow delegates to pass the resolution. The entire experience planted a seed about the importance of learning through action. The college calls this workplace effort a Constructive Action.

In the early 1960s, before creating the Women's Talent Corps, she founded Part-Time Research Associates, to engage and support women who wanted to raise families and continue their professional lives.

Were other women in your family leaders outside the home? If so, in what types of capacities?

When Audrey began her work, there

were very few women in leadership roles in the workforce. She has served as an inspiration to me and to my sister, Dawn Cohen Margolin. Dawn created a program for one- and two-year olds and their parents that incorporates fun, exercise, learning to share and emotional support for their families. She has been running it for more than 27 years in Oakland, California and has taught over 1,500 families. She talks about our mother regularly with her adult students in order to inspire other women to believe in their own abilities to parent alongside being social change agents.

How does the college help develop leadership skills in women? What role did Audrey play in developing these programs?

Audrey and her colleagues created Purpose Centered Education, which develops leaders by giving students the tools and experience they need in order to be effective at achieving change in the real world. We don't single out women, but approximately 70% of MCNY's students are women.

Students are challenged to think, to put initiatives into action, to assess their work and to always look for the knowledge needed to take effective action. This kind of education is empowering for everyone. Every semester, every student performs a Constructive Action in his or her workplace using skills and knowledge acquired in the classroom. The contributions that MCNY students and graduates have made clearly demonstrate the college's impact as an institution that fosters personal and professional development, promotes social justice, and encourages positive change in workplaces and communities. Graduates have been particularly active in the public and non-profit sector in fields such as mental health, developmental disabilities, teaching, daycare, substance abuse, criminal justice, business, and disaster management.

Audrey created a structure that acknowledges the real-world challenges faced by adult students, including accelerated programs (two years, eight months for BAs; convenient schedules including nights and Saturday classes, programs run year-round and allow for a semester off if necessary) and a broad range of undergraduate and masters programs.

Does the college provide mentoring programs for women? If so, please briefly describe them.

Mentoring is built into the programs. One class every semester is devoted to mentoring students about their Constructive Actions relevant to the semester's key purpose, such as "Developing Professional Relationships" and "Effective Supervision." In addition, there are student services and special workshops where students can get targeted assistance in areas of difficulty. The college truly is student-centered.

If you were to encapsulate Audrey's career in 6 words, what would those be?

Empowerment, purpose, vision, tenacity, service, action.

What career tips would Audrey offer other women? For the next generation of women leaders?

My mother said: "The real test of learning is not in what we know, but what we can accomplish with what we know." So I think she would tell everyone to get a relevant education and use it to take action. Look for problems you want to help solve, then go to the people you want to help and ask them questions. My mother believed that people are the experts on their own situations and had to be respected partners in the improvement process, so ask questions of the people you want to help.

If the current solutions don't solve your issues, look for new solutions. My mother didn't start out to found a college. She wanted to help poor women get jobs. But when it became clear to her that they needed relevant purposeful education that was more than just job training, she created the institution that is now Metropolitan College of New York.

My mother would tell everyone to pursue their dreams; set goals and develop a strategic and creative step by step plan to achieve them; monitor and modify/expand that plan. In other words, do your own Constructive Action.

Donna K. Ramer, who just completed a decade as editor in chief of The HBAAdvantage, is president of StrategCations, Inc., a communications training and crisis management consultancy. She can be reached at dramer@strategcations.com.

Shifting Sands in Managed Markets: New Environment, New Skills, New Directions



Susan W. Youdovin

Managed markets is a major focus as pharmaceutical companies—fueled in part by healthcare reform legislation—prepare for the changing commercial landscape. The Annual State of Commercial Operations Benchmark conducted by TGaS Advisors, a benchmarking and advisory services firm for the pharmaceutical industry and a division of KnowledgePoint360, identified managed markets as one of the most important areas of focus for the industry in 2010. It is likely to remain so in 2011.

Payer economics is a primary driver.

- Consumers are voting with their wallets. As out-of-pocket costs of both premiums and medicines increase, patients will look for alternatives or, worse, won't do anything.
- Employers are paying more in premiums and passing some or all of that increase along.
- The government, the largest payer, is seeking to address cost, affordability and access issues.
- Managed care organizations, under fire for their own premium increases, see pharmaceutical costs as escalating

1 KEY BENCHMARK FINDINGS

- ▶ **58% of companies made fundamental changes to managed markets marketing in 2009.**
- ▶ **Except in key accounts, the focus for account managers is shifting from materials to assisting brand teams with channel strategies and industry trends with 75% of activities likely to be channel strategy-focused by 2011.**
- ▶ **Key account marketing is developing specific programs for individual accounts.**
- ▶ **40% of companies list managed markets marketing as the area with the largest budget change.**

beyond the cost of living.

The pharmaceutical industry is being challenged to demonstrate both the clinical and economic value of medicines in this new climate and managed markets departments will be called on to help their customers navigate the changing terrain. This calls for some fairly radical changes, according to Joe Falcon, who leads the managed markets practice at TGaS Advisors.

Within managed markets, the priorities are clear, says Falcon. TGaS Advisors managed markets benchmarks indicate that leadership is focusing on three areas where significant change is critical: customer marketing, account management and contracting. Findings from recent benchmarks and the company's database of information, summarized in the sections that follow, provide specifics.

Customer Marketing: Delivering the Evidence-Based Value Proposition

Customer marketers will need to work more closely with their clinical/medical affairs groups to establish and communicate an evidence-based value proposition for their products. In addition, the move to more customer centric-account-based selling places a priority on the tighter integration of brand teams, sales forces and managed markets.

Managed markets marketing has already begun to change focus, structure and mandate to better develop and communicate the clinical and economic benefits of their brands, according to the firm's data (see **1**).

Account Management: Higher-Level Skills, Selling Teams

One of the most significant changes in the new environment is in the role of the account manager. According to TGaS Advisors' managed markets benchmark data, skills needed for the future are in flux as clinical outcomes and health economics become the center of managed markets relationships, contracting ROI savvy increases in importance and link-

ages with senior field leadership expand.

Account managers are being asked to go well beyond their usual contacts (and often comfort zone) with pharmacy and contracting directors to develop broader relationships. TGaS Advisors found that 75% of companies are increasing their efforts, both with budgets and people, to develop value-added programs for customers, with account managers serving as the interface for managed care organizations.

As the commercial model changes, account managers will not be standalone; they will become part of larger sales teams. These teams will likely include sales representatives who serve as point persons not just for the product but the company itself; clinical health educators with a higher understanding of the customer-centric business model; and customer service representatives who maintain samples and are expert at providing patient education.

According to John Carro, who heads the sales/sales operations and training

2 KEY BENCHMARK FINDINGS

- ▶ **Five of the top ten pharmaceutical companies are currently using some type of account-based selling that integrates sales and managed markets more tightly.**
- ▶ **Companies are moving to hybrid account managers for commercial, state government, Medicaid, Federal, employer and long-term care, based on their portfolio and lifecycle status.**
- ▶ **33% of companies in the benchmark target physician groups with a specific strategy that includes the creation of account plans.**
- ▶ **33% of companies have dedicated account managers calling on Integrated Delivery Networks (IDNs) as the quarterback organizing resources and interactions with field sales.**

and development practice at TGaS Advisors, account managers will need to ramp

3 KEY BENCHMARK FINDINGS

- ▶ **67% of companies in the managed markets benchmark made changes to evaluating contracts in 2009 and 83% had plans to upgrade staff and systems in 2010.**
- ▶ **25% of companies indicated that proposal development had the greatest budget increase in 2010.**
- ▶ **67% of companies are considering major upgrades or changes to the contract administration system.**
- ▶ **One third of companies have considered and 25% have implemented fee-for-service contracting.**
- ▶ **Companies are looking to better predictive models and more stable data for predicting market share and volume.**

up their skills for these selling teams, enabling them to serve as a combination of reimbursement managed care specialist, higher-level account manager and expert in the complexities and relationships involved in business-to-business selling across the payer environment.

Benchmark data show that the majority of managed markets leaders have already begun to intensify their efforts on asking account managers to develop relationships, such as external outreach to medical directors and internal communications with field sales to coordinate contracting planning for regional accounts (see **2**).

Contracting: Predicting Contract Value

TGaS Advisors found that predicting contract value is one of the chief concerns of managed markets leaders. Advancing

contracting competencies continues to be a focus as companies better determine what ROIs are and will be.

Companies need to fine-tune the contracting effort to reflect the evidence-based value proposition and be open to innovative risk-sharing approaches, says Falcon (see **3**).

The future of managed markets is integral to the future of the pharmaceutical industry as commercial models change to meet the needs of a radically changing healthcare system. According to Falcon, attention to customer marketing, account management and contracting are the three key pillars for a successful transformation from a service role to a strategic value contributor. **HBA**

For more information, contact susan.youdovin@gmail.com or visit TGaS® Advisors, a division of KnowledgePoint360, www.tgas.com.



HBA | ACE AWARD
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**Do you have an internal leadership program for women?
Your high-performing program deserves to be recognized!**

The HBA ACE Award:

Honors leadership *programs that perform...*so enter your submission now!

The ACE Award goals are to:

- Identify and publicize corporate initiatives that advance women's careers
- Recognize companies that optimize women's contributions and value in their organizations
- Inspire others to develop programs of their own
- Track performance of companies with initiatives relative to those without leadership programs

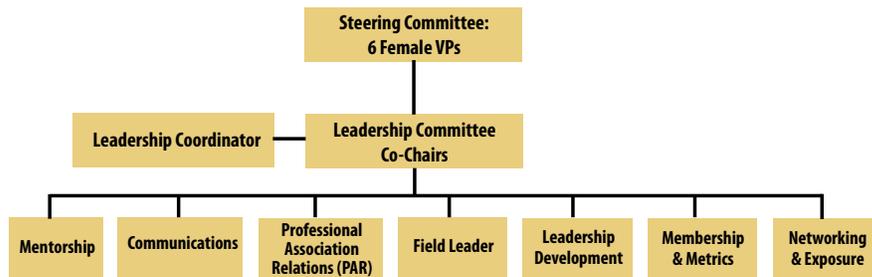
Send your submission to mfray@hbanet.org.
The deadline is June 1, 2011. Go to the Awards tab at www.hbanet.org for more information.

sanofi-aventis Program ACE Award Winner, a WISE Choice

2010 was a year of unprecedented change for sanofi-aventis US, one where the company and its employees faced challenges and realized key opportunities. Accomplishments included expansion of the company's consumer healthcare presence with the acquisition of Tennessee-based Chattam; FDA approval of its cancer treatment, Jevtana; transforming the organization to meet future healthcare needs; and establishing research collaborations with CIML (Center for Immunology at Marseille-Luminy) and Harvard University. It was also the year that sanofi-aventis' groundbreaking WISE (Women Inspiring Sanofi-aventis Excellence) program was named the 2010 HBA ACE award winner.

The HBA ACE (Advancement, Commitment, Engagement) Award recognizes best-in-class corporate initiatives that help advance and enhance the careers of women in their respective organizations.

WISE (Women Inspiring sanofi-aventis Excellence) is a network that fosters the



2 WISE Leadership Organization.

personal and professional leadership development of the women working for sanofi-aventis US. Women from all divisions participate in the program including marketing, sales, finance, market research, R&D and managed care. Since everyone is welcome to join, volunteer and/or attend the many different WISE programs, there are a number of men who currently participate.

Clearly, the WISE model is successful: membership grew from 542 members in May 2009 to 1072 members as of April 30, 2010, a 98% increase and growing. Most of these members work in the company's Bridgewater, NJ headquarters and in the field, and sanofi-aventis has plans to expand the program to include its Swiftwater, PA vaccine business, sanofi-pasteur.

management. "Success breeds success and we want to make sure our teams achieve that goal and feel that confidence."

Structuring and Running a Successful Program

As with other ACE winners, sanofi-aventis also credits the success of its program to the full commitment and sponsorship of the highest levels of female and male leadership within the company. When top management is engaged and supportive, it creates interest, enthusiasm and confidence in the initiative. Sanofi-aventis also believes that having a small group of dedicated employees committed to going above and beyond the expected has been crucial to the ongoing success of its program.

The WISE Steering Committee and Leadership Committees are made up of senior vice presidents and directors. There are seven WISE subcommittees led by women executives who work closely with a dedicated group of volunteers to successfully implement the WISE plan. Judy O'Hagan, VP human resources, is the executive sponsor of WISE and leads the steering committee. Christer Odqvist, VP business strategy and support, is the executive sponsor for mentoring, one of the core WISE initiatives. Through his support and active involvement, the mentoring subcommittee has been able to effectively implement their programs.

Subcommittees focus on six target areas: mentorship; online and offline communications; professional association relations; leadership development; membership and metrics; and networking and exposure.

Every two years, the leadership committee designates nominees who are approved by

turn to **ACE Award** on page 11

1 FIVE KEY GOALS

Sanofi-aventis set up five clear goals for its various WISE program committees.

Raise awareness about career advancement for sanofi-aventis women across the organization

Provide educational opportunities to develop cutting-edge industry knowledge and leadership skills.

Foster mentoring and networking relationships for the enhancement of the individual and the business.

Leverage internal and external resources to provide relevant skill-building programs

Provide opportunities to participate, manage, and lead WISE activities in order to get on-the-job experience to develop individual potential.

In 2010, several new goals were added.

Drive awareness of the WISE mission and reinforcing WISE alignment with sanofi-aventis goals and objectives.

Implement "Signature Programs"

Mentoring focusing on professional development

Leadership development & field leadership

Grow WISE membership and participation

Integrate WISE within R&D

The WISE Path

Sanofi-aventis developed WISE in 2006 and rolled out a pilot initiative in 2007. It is carefully structured and committees and subcommittees have been added every year since then are: tasked with achieving five specific objectives (see 1); maintaining alignment with corporate business challenges, such as transformation and integration; and increasing WISE membership.

For example: In 2009, sanofi-aventis moved its Professional Association Relations (PAR) subcommittee to the WISE Leadership Organization. This decision increased program participation and integration within the field sales organization as well as strengthened the initiative's viability and visibility within sanofi-aventis.

"We're fully committed to providing professional training to all our employees, especially with support for our female employees as they advance within the company," says Tracie Hill VP of talent

Five Healthcare Trends for 2011

Who'll Win, Who'll Lose and What You Can Do to Take the Initiative



Marci Klein
Senior Vice President
Pollock Communications

Whether you're in the business of selling drugs, food, medical care or insurance, you're about to be buffeted by more winds of change. Here's a look at five trends to watch in the coming year.

1. The Health Care Reform Act will face new challenges, but its popularity will grow as consumers reap its key benefits.

Some of the act's signature measures—ending exclusions for pre-existing conditions, abolishing co-pays for preventative care and requiring post-college policy extensions—take effect immediately. Later, consumers will see the law's biggest benefit kick in: access to affordable insurance outside of employment.

Losers: Companies that stay on the sidelines in an attempt to avoid investing in provisions of the new law that may be repealed or overturned by Congress or the courts.

Winners: Companies that trumpet their participation in the aspects that provide the most tangible and valued benefits to consumers.

Action Item: Use your website and other communications tools to educate customers, patients, policy holders and/or employees how they'll be affected by the new law.

2. Wellness will become the new "green."

Recently, companies have rushed to promote their environmental credentials; the next push will be to promote wellness credentials.

Losers: Providers and insurers that cling to concepts of "managed care," a phrase that captures everything consumers dislike about American health care.

Winners: Companies that define themselves as providers of products and services for "healthy living." The biggest winners will be providers of wellness programs that offer choice and easy cus-

tomization, thus making compliance more attainable.

Action Item: You don't have to be a big national healthcare company to participate in the "healthy living" trend. Add nutritional and exercise benefits in the workplace or underwrite wellness and fitness activities at local schools or community organizations. You'll promote healthy living among your employees and their families, and generate positive PR for you.

3. A new nutritional bogeyman will emerge ... and maybe a new super food.

We've seen what happened with carbs, transfats and high fructose corn syrup. Now we're seeing it with soda, salt and cheese, any of which could be the next big bogeyman. Similarly, research may uncover a food or ingredient to eclipse blueberries and pomegranates as the new elixir of life.

Losers: Companies that mistake a fad for a trend and prematurely change a trusted brand's ingredients or marketing, thus confusing or losing loyal customers.

Winners: Companies that innovate products and formulations in ways that conform to established science and public policy, such as the 2010 Dietary Guidelines for Americans.

Action Item: Proactively guide the discussion about your brands and be sure to ground your communications with credible science to show how your brands make it easier for consumers to have a balanced, healthy diet.

4. The "Cookie Wars" will escalate and the battlefield will be our schools.

Public policy on health and wellness, particularly in schools, will be hotly debated. The nutrition police will try to impose ever-stricter policies regarding fat and sugar on all food served in schools. Libertarians will say these issues should be decided at local levels and by families.

Losers: Beverage and snack food vendors who attempt to make false nutrition

claims and promote their high-caloric and high-fat products in misleading ways. Also, companies that promote "spinach solutions": good-for-you foods that kids just won't eat.

Winners: Companies that can talk to parents and children in responsible ways about how their brands promote healthy lifestyles. This must be done with strong thought leadership that doesn't hide vested interests.

Action Item: Use social media to reach consumers directly, conveying authentic and valuable information about your brands in lively and engaging ways. And don't just use Twitter and Facebook to dispense information. Social media can be a great tool for market research, allowing you to get valuable feedback and ideas for better products and more credible marketing campaigns.

5. Pharma and food will compete for health innovations, but all health claims will be met with increasing government scrutiny and consumer skepticism.

Growing interest in natural remedies and functional foods will drive pharmaceutical and food companies to compete in areas such as digestive, cognitive and sexual health, and, of course, weight loss.

Losers: Any company with a health claim that can't be backed by good science, because they'll be attacked by government regulators, vilified by health experts and abandoned by consumers.

Winners: Companies that view everything from a proactive health and wellness perspective and package their communications in a holistic way.

Action Item: Find partnership opportunities and use collaborative marketing, packaging and communications campaigns to show how wellness can be achieved with a combination of prescription, OTC and nutritional products. **HBA**

Marci Klein is senior vice president at Pollock Communications, a health & wellness and food & nutrition science public relations agency. She can be reached at mklein@pollock-pr.com

the steering committee. This allows current and new WISE members to assume leadership positions within the program (see 2).

Promoting From Within and Other Key Findings

Consistent visibility is critical. WISE is advertised in all corporate media, programs and meetings with its achievements detailed in internal newsletters, field communications and electronic media. A formal budget is allocated every year, which has been increased annually. There also is a WISE website that serves as a valuable resource for communicating the program vision, connecting people to its members, increasing membership and keeping the initiative and its programs top of mind.

The WISE steering committee and leadership committees also identified what they believe are critical to any leadership program's ongoing success, specifically:

- Full executive and senior management support
- Accurate alignment with organizational goals
- Frequent analysis of predefined metrics of success
- Establishment of a cross functional leadership team
- Inclusion of various sites and job functions to meet the needs of the corporate office and all women throughout the organization.

The WISE Evolution: Today and Tomorrow

In previous years, sanofi-aventis management and WISE leadership focused on increasing members and supplementing their professional development. For 2011 and beyond, the company will focus on developing new opportunities for WISE to support key businesses within sanofi-aventis and outlining how to best to meet those needs. Sanofi-aventis also plans to incorporate WISE into all its business channels so that women across the company can hone their leadership skills, expand their knowledge base, and more effectively contribute to the company's—and their own—success. **HBA**

Wendy Hauser, HBAAdvantage "Focus On" editor, is director of communications at the Center for Communication Compliance and can be reached at wendy.hauser@yahoo.com

Year of the Volunteer

THE PRESIDENT'S FORUM *Deborah Coogan Seltzer*



The highest reward for a person's work is not what they get for it, but what they become because of it. —JOHN RUSKIN

The HBA began 2011 with over 6,000 members, more than 100 Corporate Partners, 14 chapters and a pre-affiliate. These key stakeholders—and the pursuit of our mission to further the advancement and impact of women in healthcare worldwide—are currently supported by just nine paid staff positions. I think we'd be hard-pressed to find a team that works harder than those nine individuals; even that talented, dedicated team cannot do all that must be done.

This yawning gap is filled by our amazing volunteers, whether they give HBA three hours a month to run the registration table at an event, act as member-leaders in board or committee chair roles—or anything and everything in between.

And to borrow from the above quote, we must ensure they become the best they can be as a result of what they give to HBA.

In the coming year we will more effectively define what volunteerism in the context of HBA means—in all its many facets and permutations. This will include identifying more precise and appropriate terms to describe the roles played by this talented group, who are the lifeblood of HBA, so we can aptly portray their level of engagement and contribution.

Perhaps even more importantly, we will put the key strategies and initiatives in place to ensure that our volunteers and member-leaders are getting something of value in return: development opportunities—skill building, leadership positions, experiential learning—that can translate into a professional advantage for themselves and their employers.

That is why 2011 will be the *Year of the Volunteer*. **HBA**

Women Have It In the (Hand)bag

THE CEO'S CORNER *Laurie P. Cooke, RPh, CAE*



I've been reading about transformational leadership, a term coined by Bernard Bass who expounded upon the early work of James Burns. The reason that I find this so interesting is that the traits of transformational leaders are traits that are traditionally associated with women.

Transformational leaders motivate employees to higher levels of performance and satisfaction. They have positive expectations of their teams and provide followers with an inspiring mission and vision. Descriptive phrases such as nurturing, supportive, attentive, empowering, and caring are often used when describing these leaders.

Why is this important to us as women? Research shows that women, as a group, have more transformational qualities than men, and therefore have the potential to be stronger transformational leaders. Because of having more transformational qualities, Bass predicts that by 2034, the majority of senior leaders will be women. This is such a powerful prediction.

As we identify developmental areas to work on, we should take comfort that many of the strengths of the most effective leaders are likely already *in the bag*. Whether by nature or nurture, women are traditionally socialized to be nurturers and we may underestimate or value these critical leadership traits.

Being part of the HBA welcomes you into an expanded community that has a goal to advance your professional advantage. Please take every opportunity to benefit from this expanded network of resources—attend events, find a mentor, listen to stories of other HBA members—to gain new perspectives and knowledge. Just think of the impact we will see in our own careers, our companies, and healthcare when more women fully embrace their natural skills as transformational leaders. **HBA**

Congratulations to the
2011 Healthcare Businesswomen's Association
WOMAN OF THE YEAR



Join us in congratulating

Freda Lewis-Hall, MD

this year's HBA Woman of the Year,
at a luncheon celebration to be held
on Thursday, May 5, 2011,
at The Hilton New York

We are delighted to honor Dr. Lewis-Hall, Chief Medical Officer at Pfizer Inc. Her long and distinguished career spans direct patient care, academia, media, government, pharmaceuticals, and biotechnology. She is widely recognized as a role model and mentor.

HBA will also honor:

Ian T. Clark Honorable Mentor
CEO and Head of North American
Operation, Genentech Inc.

Daria Blackwell Star Volunteer
Healthcare Marketing Consultant

HBA Woman of the Year Luncheon

The Hilton New York
Thursday, May 5, 2011

Reception: 10:00 AM
Luncheon: 11:45 AM

Registration Deadline: April 9, 2011

Grand Ballroom
Member: \$220
Nonmember: \$250
Table: \$2,350 (seats 10)

Trianon Ballroom
Member: \$195
Nonmember: \$230
Table: \$1,950 (seats 10)



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