

WOMEN AS THE HEARTBEAT OF HEALTHCARE

HOW OVERCOMING INVISIBLE BARRIERS TO GENDER PARITY WILL UNLEASH INNOVATION



Why should you care?

Tightening healthcare's gender parity gap will unveil hidden opportunities for competition, spark meaningful innovations, and maximize the potential talents of everyone on a given team on a given day. Diversity of thought leads to better organizational outcomes. For instance, companies with more women in executive positions have more than one-third¹ (34 percent) higher return to shareholders, compared to those that do not. More importantly, a female-focused leadership demographic shift will improve efficiency in areas like care delivery, treatment design, ancillary care, and more.

An executive team with people from different generations, races, sexual orientations, skills, interests, and experiences innovates more. Of note, people working with diverse leadership teams process information more carefully² than homogeneous teams. And businesses run by culturally diverse teams are more likely³ to develop new products, including ones more likely to reach diverse consumer market segments. Diverse teams make better business decisions up to 87 percent of the time.⁴ This may be, argue scientists Katherine W. Phillips, Katie A. Liljenquist, and Margaret A. Neale, that feeling connected to another socially dissimilar colleague also makes people feel more secure with their dissimilar views (and therefore more open to express them).⁵ As a result, those with outlier opinions feel more encouraged to debate, reconcile, and agree to disagree in constructive and productive ways.

Working in diverse teams is clearly not as easy as working in teams where people have similar backgrounds, experiences, and mindsets. We have a natural tendency to surround ourselves with people just like us – and that's okay. It's how we're programmed as a species.

Greater diversity in leadership will not only help individual companies, but also empower the female consumer (those most often in charge of healthcare decisions for themselves and those around them – for example, over 75 percent⁶ of caregivers are female) receive the progressive, decision-empowered care they're increasingly seeking, but not getting. For instance, according to Oliver Wyman's 2017 *Consumer Survey of US Healthcare*, the 125 million adult women nationwide are consistently more engaged⁷ in healthcare decisions than men are. Women, compared to men,⁸ tend to want more control over their healthcare decisions, want their providers to offer more technological services, and more often request holistic, alternative care options. In contrast, zero⁹ women penned a recent healthcare bill in the Senate, written by 13 men.

1 <https://www.catalyst.org/research/the-bottom-line-connecting-corporate-performance-and-gender-diversity/>

2 <https://hbr.org/2016/11/why-diverse-teams-are-smarter?referral=00563>

3 <https://www.tandfonline.com/doi/abs/10.1111/ecge.12016>

4 <https://www.forbes.com/sites/eriklarson/2017/09/21/new-research-diversity-inclusion-better-decision-making-at-work/#483fbcd4cbfa>

5 <https://journals.sagepub.com/doi/abs/10.1177/0146167208328062>

6 <https://www.ioaging.org/aging-in-america>

7 https://health.oliverwyman.com/2018/03/healthcare_consumer.html

8 <https://www.oliverwyman.com/our-expertise/insights/campaigns/2017/consumer-survey.html>

9 <https://www.nytimes.com/2017/05/08/us/politics/women-health-care-senate.html>

Decisions made and executed by diverse teams deliver **60% better results.***

Diverse teams are **58% less likely** to make financial errors compared to homogeneous groups.**

An example of how diversity matters: Companies with more women in executive positions have a **34% higher return** to shareholders than those that do not.¹

* <https://www.forbes.com/sites/eriklarson/2017/09/21/new-research-diversity-inclusion-better-decision-making-at-work/#483fbcd4cbfa>

** <https://www.pnas.org/content/111/52/18524.abstract>

When men and women consider designing a more balanced leadership team, their underlying reasons for doing so tend to be well meaning. Our research shows both genders are very committed to closing the gender gap in healthcare's leadership. Chief executive officers we talk to across the board, regardless of gender, widely recognize they'll be more successful by tapping into their full talent pool. But despite their best efforts, such as hiring inclusion and diversity leads, progress has been slow. Both women and men alike have much work to do. The problem is, there are real misconceptions regarding how much progress people think has already been made. This affects our sense of urgency and prioritization of efforts when some think we're further than we really are.

SO, WHAT'S HOLDING THINGS BACK, AND WHAT CAN WE DO ABOUT IT?

The biggest barrier to more diverse leadership is...invisible, something we don't notice that happens all around us, all the time. We all are naturally susceptible to unconscious biases that can and do impact how we perceive people and how much potential they may hold.

According to our research, trust-based decisions – like choosing someone for the C-suite or deciding who you'll promote to very senior-level positions – are based on three key things:

1. **Competency** – *Is this person capable and do they know what they're doing?* (Women tend to score very well here.)
2. **Integrity** – *Are this person's values consistent with mine and the organization's? Will they do what's right?* (Women tend to score very well here, too.)
3. **Affinity** – *Do I feel connected to this person? Do I feel like I can trust them?* (This is the most invisible factor, one that holds most women back in their careers.)

Let's talk about "affinity," a preconception you develop upon meeting someone, usually formed out of a good-hearted connection or bond – one that often pulls a bit at our heartstrings, in a good way. (Did you both attend the same college? Do your kids go to the same school? Did you both play college basketball? Were you both born and raised on a farm in the Midwest?)

Need another
reason? Women
are healthcare's
primary buyers.
And they're
dissatisfied.

Most (80 percent) of healthcare consumers who make buying and usage decisions are women. Our research shows women, compared to men, are 76 percent more likely to have visited a doctor within the past year, pick up 75 percent of prescriptions, and are less likely to believe their health insurance was effectively tailored to them. Net Satisfaction Rankings were nine points lower for females versus males for their health insurer and eight points lower for their local hospital. And only 38 percent of women compared to 48 percent of men feel "completely confident" in their physician. The clincher is our findings suggest women are more likely than men to take a proactive approach to their care. Ultimately, we hope more diverse leadership sparks new products and solutions that make all healthcare consumers happy.

The problem is, when leaders – both females and males – are surrounded disproportionately by others with the same commonalities and shared experiences, they naturally develop an affinity for each other more quickly. This affinity often begins as an interest-based, surface-level connection that tends to be stronger with someone who, say, looks like you or is from the same town, compared to someone who doesn't. As a result, they end up leaving others out of the affinity loop, without realizing it. This kind of environment creates an uneven playing field – one where affinity unintentionally dominates promotion and hiring decisions.

Compared to men, women have fewer opportunities to build affinity, compounded by misinterpretations that cloud judgements tied to trust.

Let's examine invisible affinity more closely. How do we unconsciously align our mental models to fit certain gender stereotypes and (well-intended but often incorrect) conclusions? For instance, take the word astronaut. What do you immediately picture? Perhaps Neil Armstrong first comes to mind. This bias is very common despite the fact that there are 63 women¹⁰ who have flown in outer space or that 40 percent of NASA's graduating class several years back was female. Similarly, say you see a female pilot come out of the cockpit. You might automatically think to yourself, "Isn't that interesting," whereas you might not have any reaction to a male pilot. Or, consider how a female nurse may not be something you give a second thought to compared to a male nurse, the latter not fitting the "model" of what you were expecting. We are often unaware of these stereotype-based biases.

Indeed, although few people would explicitly say they believe taller people are better leaders, this unconscious bias clearly exists. Consider that 60 percent of Fortune 500 chief executive officers stand more than six feet tall, despite only 14 percent of the population being that height, according to Malcolm Gladwell's book, *Blink*. We all have implicit biases like these – thoughts that don't make us bad people, but merely represent examples of conditioning that most of us are unaware influences our actions and decisions.

Leaders must be purposeful in building authentic connections – affinity – with everyone. And, they must realize affinity is greatly affected by implicit bias. The key is acknowledging these barriers exist for us all – and being more mindful how they affect our decisions. By doing so, we can create a level playing field for diversity. To drive progress, we must make visible what's invisible, making all leaders – male and female – more aware of perceptions and attitudes they may not realize are holding everyone, and the healthcare industry at large, back.

SO, WHAT DOES OUR NEW RESEARCH TELL US ABOUT HOW TO TACKLE THESE "INVISIBLE" BARRIERS? HERE ARE THREE KEY RECOMMENDATIONS.

1. Commit to effective mentorship and sponsorship work that engages employees in new ways. Tie these commitments to an understanding that your employees probably welcome this show of support.

If your organization already has a culture that supports informal mentorship and has established highly formalized sponsorship programs, your employees (both female and male) may think this is a good start but wish you were doing more.

Focusing solely on percentage of women in leadership positions is an outcome metric. Instead, we must focus on the concrete process metrics that get men and women on the same page for what a company is doing, and what it should be doing.

10 <https://www.abc.net.au/news/science/2019-04-08/why-women-may-be-slightly-better-suited-to-space-living-than-men/10941616>

Our results imply junior women are not benefitting as they should from the mentorship opportunities offered to them. And senior women, although working with very good intentions, tend to think these programs are more successful than they actually are.

Female respondents from this year's research indicated that mentorship and sponsorship programs, when implemented effectively, have the highest potential to improve diversity in the upper ranks. Nonetheless, women tend to have fewer mentors than men – 2.5 on average, versus 3.7. From our previous research, women leaders told us how having strong mentors and sponsors helped them build affinity-based, authentic relationships that increased their chances of being considered for top-tier positions. Views on these initiatives are not monolithic throughout organizations. People disagreed most about informal mentorships. The problem is though people believe such efforts on the whole would work well if implemented effectively, few of them, men or women, think that is happening today. There are several initiatives that people think would work well if implemented effectively, but that's not considered the norm. Only half of respondents rank informal mentorship relationships as effective, and only about a third consider their organizations' formal sponsorship programs for women effective. A little over one-third of respondents think their corporate diversity goals and metric-driven goals are effective. And only 40 percent told us they believe their organizations' processes for reporting negative, consequential experiences like discrimination and harassment are communicated effectively.

People disagreed most about informal mentorships. Senior-level executives were 14 percentage points more likely than junior individuals were to find these programs well established. Similarly, there was a six-percentage point difference (35 percent for senior-level individuals versus 29 percent for more junior individuals) regarding who found their organizations' female-focused formal sponsorship programs to be well established. Another disconnect exists by gender where women find informal mentorship programs more effective than men do but less so in regards to formal sponsorship.

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Both men and women are already *personally* committed to advancing gender-parity efforts. In fact, one in two people we surveyed defines improving female representation in leadership positions as a personal priority. But only 36 percent of people think their company does, too. We found this disconnect is mostly driven by women. For instance, although 66 percent of women (compared to 53 percent of men) cite this as a personal priority, only 27 percent of women (compared to 47 percent of men) see it as a company priority, too.

This discernable disconnect between employees' personal priorities and companies' is one to consider. Since so few women hold healthcare leadership positions today (remember 30 percent of females are in healthcare's C-suite, with just 13 percent of CEOs female), these different perceptions shape how organizations evaluate progress. Women simply aren't prevalent enough to have their voices heard and help shape diversity and inclusion initiatives and priorities. Our research suggests the male majority widely believes current efforts to advance women in the workplace (like parental leave, daycare options, and mentorship conversations) are working well. And we know many that are. However, most women – the population segment most affected by those efforts – don't generally share that sentiment, seeing a big gap between where we are now and where we need to be.

Exhibit 1: Informal mentorships are seen as the most effective initiative for promoting the advancement of women

PERCENTAGE OF INDIVIDUALS SAYING AN INITIATIVE EXISTS AT THEIR ORGANIZATION WHO RATE IT AS EFFECTIVE

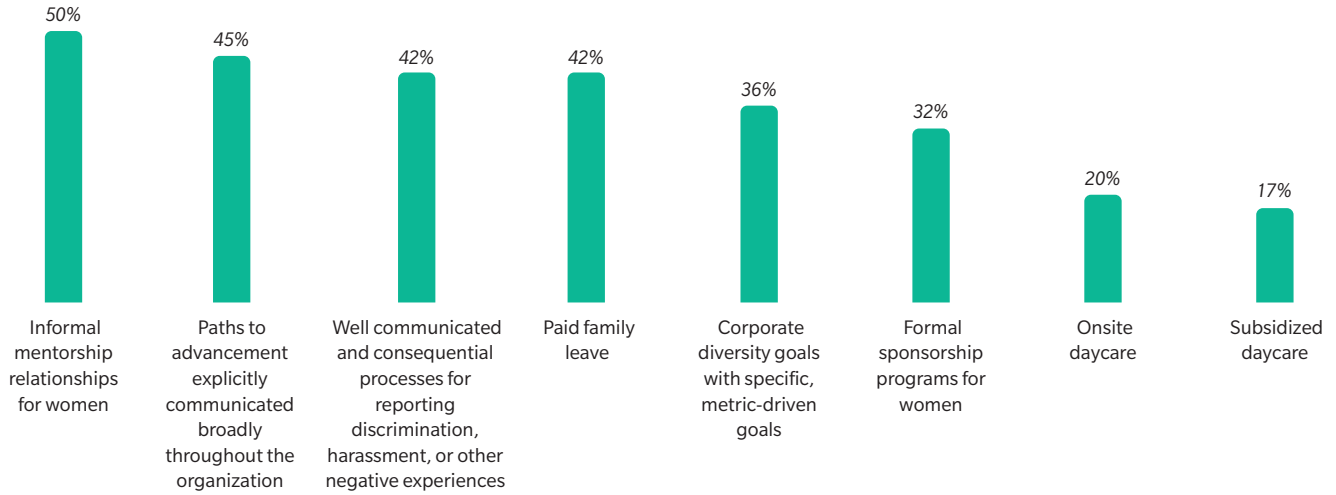
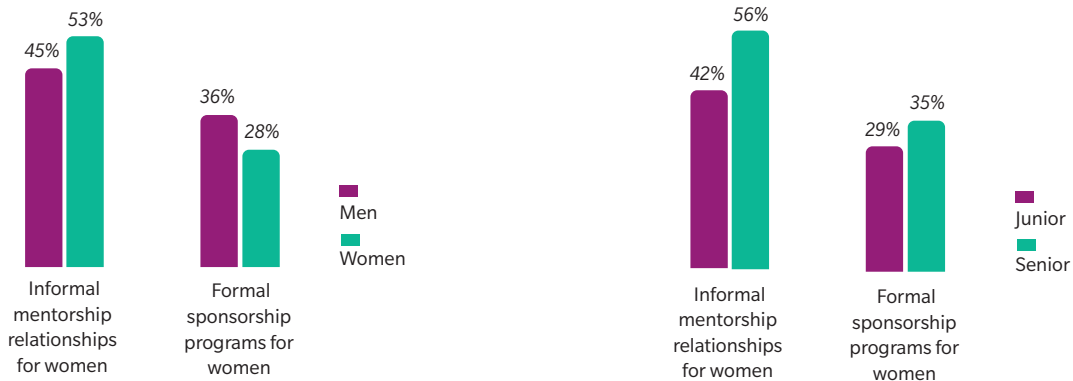


Exhibit 2: Perceptions of the effectiveness of informal mentorship and formal sponsorship differ by gender and seniority.

PERCENTAGE OF INDIVIDUALS SAYING AN INITIATIVE EXISTS AT THEIR ORGANIZATION WHO RATE IT AS EFFECTIVE

WHAT INITIATIVES EXIST IN YOUR COMPANY TO SUPPORT THE ELEVATION OF WOMEN INTO LEADERSHIP POSITIONS?
THOSE INDICATING THESE INITIATIVES ARE WELL ESTABLISHED (4-5 ON A 5-POINT SCALE)



We must seek to assess a company's commitment in a concrete and measurable way, one that is not based just on a senior executive's personal perception. Focusing solely on percentage of women in leadership positions is an outcome metric. Mandated regulations cause complacency.¹¹ Outcome metrics make women more hesitant¹² to join mostly all-male boards. Doing so means women face stigma as a symbolic representation of a checked box, not their ability to contribute. Instead, we must focus on the concrete process metrics that get men and women on the same page for what a company is doing – and what it should be doing. Because perceptions can sometimes lead to misperceptions or “crossed wires”, leaders must explicitly state priorities, so employees can see concrete actions related to those priorities, make more informed assessments, and know exactly how to get involved.

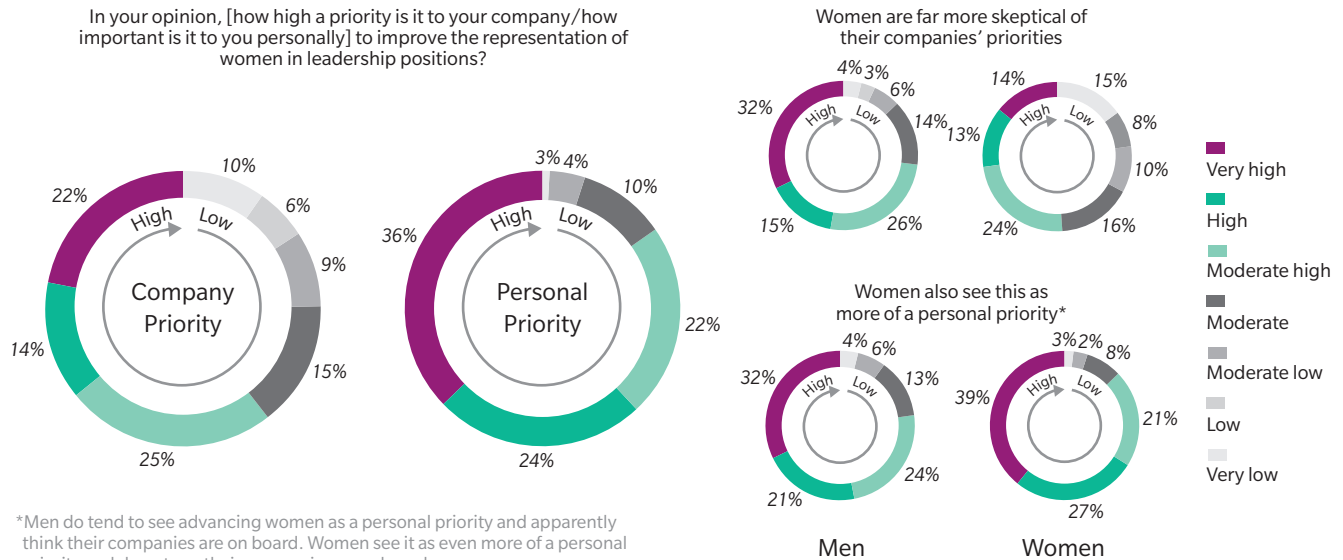
2. Provide senior-level support to both men and women alike who have a personal investment in driving new diversity efforts.

Women, compared to men, feel less supported by other senior leadership members in driving female-focused initiatives that support female representation in leadership positions. Nearly twice as many men than women in senior positions (39 percent versus 21 percent) felt “complete support” in doing so.

But men feel a lot more pressure. Although only five percent of women say they face significant pressure, three times as many men (18 percent) say the same.

Exhibit 3: People tend to view their company as putting a moderate priority on improving female representation in leadership positions but they see it as a stronger priority personally

In your opinion, [how high a priority is it to your company/how important is it to you personally] to improve the representation of women in leadership positions?



11 <https://www.fastcompany.com/90276540/why-quotas-alone-wont-make-boards-more-diverse>
 12 <https://www.wcwonline.org/pdf/CriticalMassExecSummary.pdf>

We hypothesize this isn't because of actual differences in pressure or support. Consider for a moment what "pressure" means, or what "support" means, and how these concepts may differ depending on gender. Our research demonstrates men and women perceive their experiences in very different but important ways. For example, perhaps men generally assume they're doing enough, perceiving even a minimum level of support they receive as acceptable, and any indication they should do more as pressure. Women in the same situation may feel that they must do more and may not perceive the same push as pressure. However, women may become more frustrated by lack of support compared to men, perhaps because women's experiences of gender diversity are generally more first-hand than vicarious.

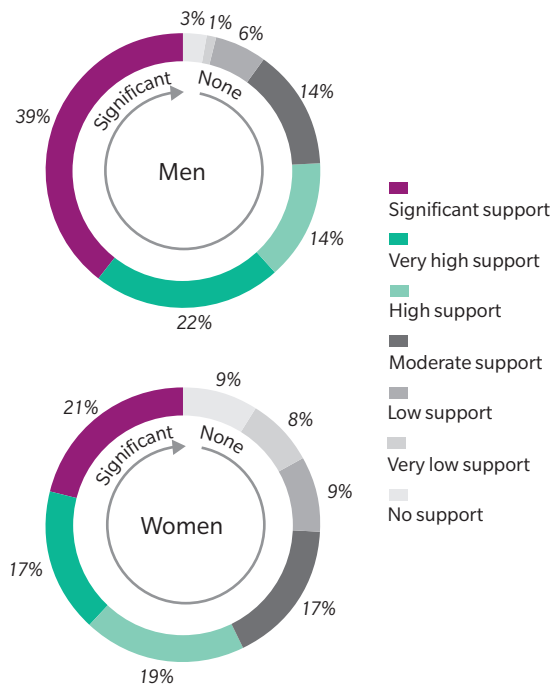
We think these findings are significant. But even more significant is the fact that we lack a common language to ease pressure and foster more support for all, so that we can select and deploy the right interventions. Which leads us to our third recommendation...

3. Evaluate leaders more purposefully. Strive for greater clarity about what leadership attributes your organization looks for. Recognize women and men may have very different ideas about what makes a good leader, and that these attributes may manifest themselves much differently in men than in women.

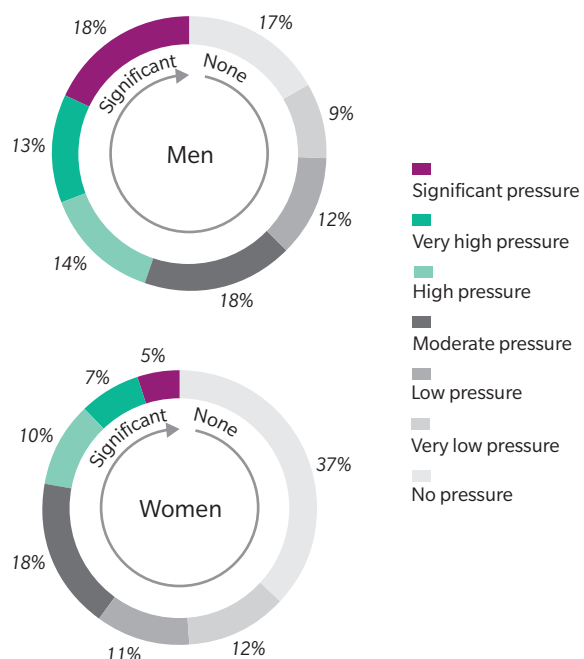
Our previous research found women progress in their career tracks at a similar pace to men – until mid-career. Based on our research, we think that's largely because earlier in one's career, evaluation criteria are more objective. As executives advance, however, evaluation

Exhibit 4: Women feel both less proactive pressure and less high-level support for improving women's leadership representation

To what extent do you feel as if you have senior executive support to work to improve the representation of women in leadership positions?



To what extent do you feel proactive pressure from senior executive to improve the representation of women in leadership positions?



Our research suggests the male majority widely believes current efforts to advance women in the workplace (like parental leave, daycare options, and mentorship conversations) are working well. And we know many that are. However, most women – the population segment most affected by those efforts – don’t generally share that sentiment, seeing a big gap between where we are now and where we need to be.

criteria become increasingly subjective. This subjectivity is where those invisible affinity barriers mentioned earlier begin to shape one’s future career progression.

For example, both men and women have different communication approaches. Men tend to focus on “the what,” whereas women tend to focus on “the why.” Men and women therefore tend to lead teams differently based on how they prefer to, say, draft their emails (short and to the point with just enough information, or more explanatory and detailed), design meeting agendas (20 different items to debate quickly in an hour, or three talking points to debate in greater detail), and so forth.

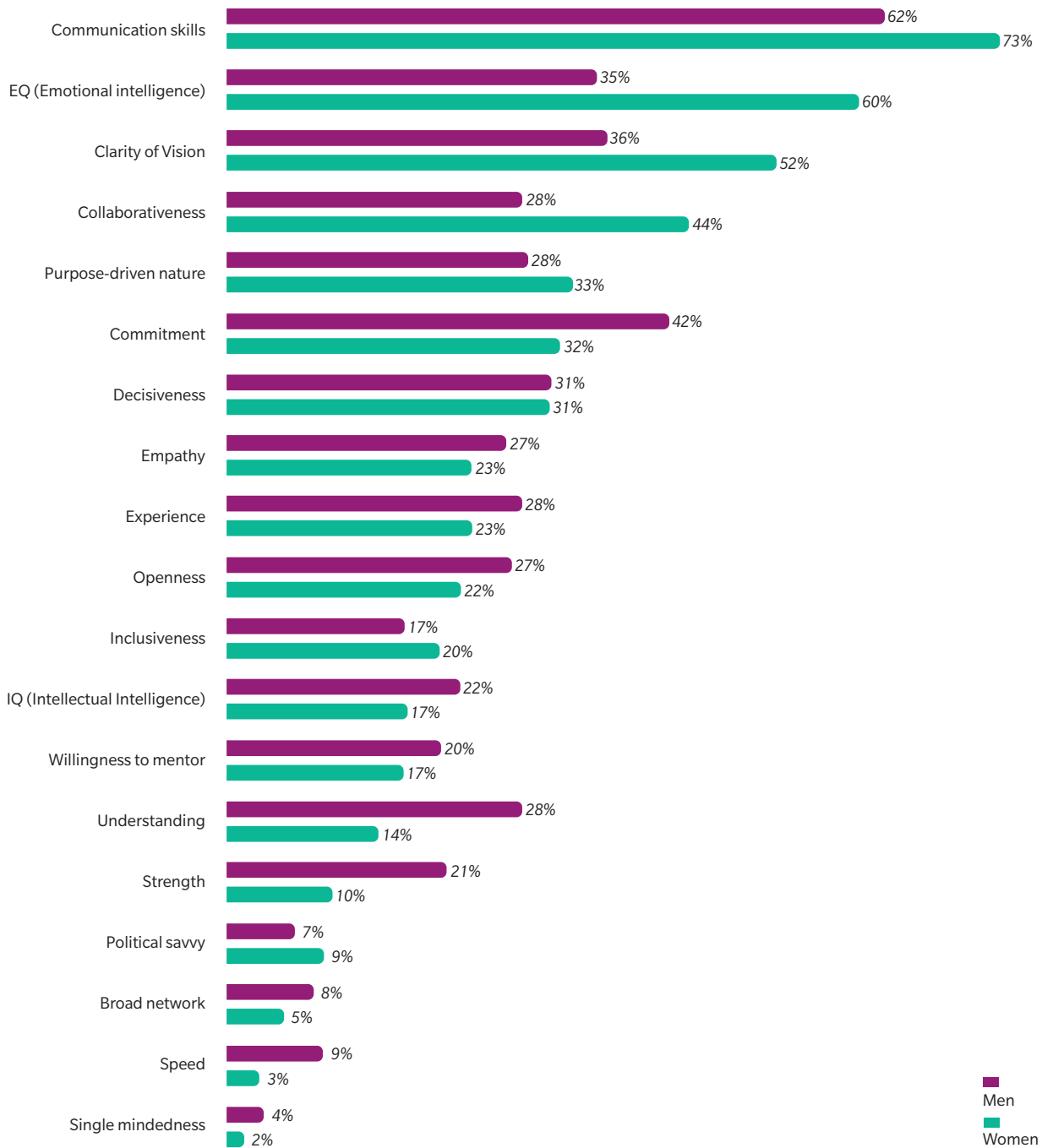
Men tend to value a more commanding or assertive approach to leadership compared to women. Whereas women tend to value emotional intelligence in leaders, finding it nearly twice as valuable as men do. When we surveyed men about the attributes they value most in a leader, their top three answers were: communication skills (62 percent), commitment (42 percent), and clarity of vision (36 percent).

Women told us they valued communication more (73 percent for women versus 62 percent for men). We also found women value both a leader’s clarity of vision and commitment much less (36 percent of women versus 52 percent of men, and 33 percent for women versus 42 percent for men, respectively).

We think it’s especially significant women value emotional intelligence in a leader at nearly double the rate of men with 60 percent of women placing emotional intelligence in their top three leadership traits versus 35 percent of men. This suggests women have a narrower perception compared to men about what it takes to be a leader (perhaps because women experience a narrower path to leadership). Add to this that what our previous research found about how when women do break into the C-suite, it’s generally in more tactical, rather than in strategic, positions. The culmination of these two factors suggests that roles at healthcare’s top are not generally designed to women’s values and strengths as leaders.

Exhibit 5: When forced to choose the top three attributes important for leadership, more differences between women’s and men’s perceptions emerged

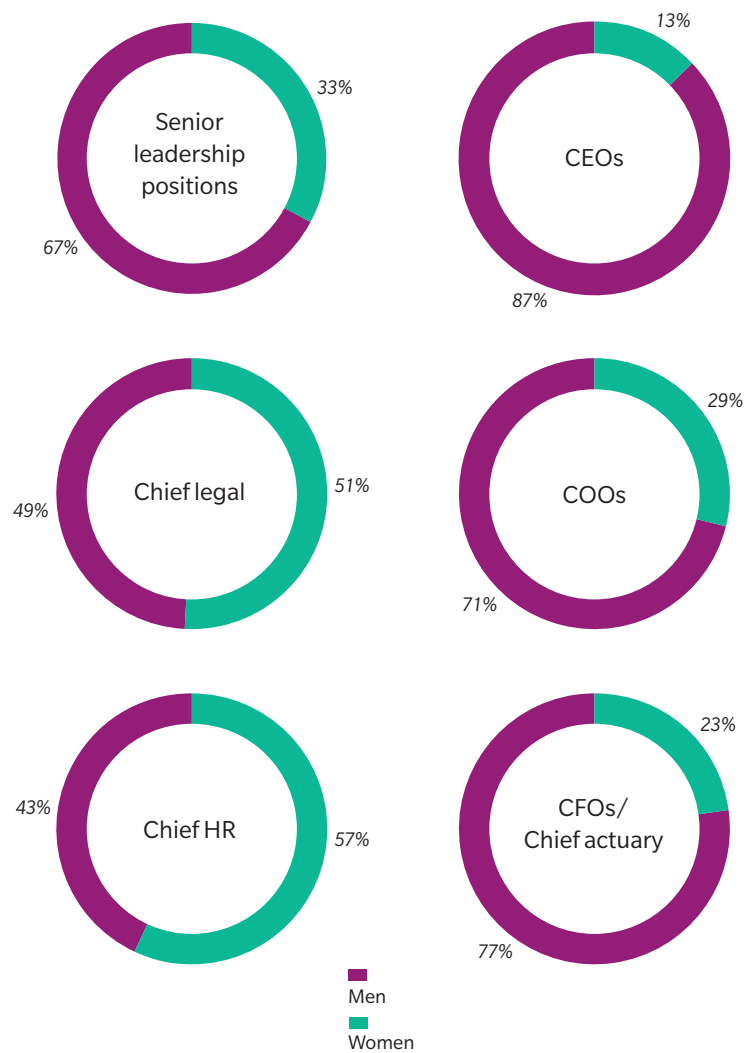
PERCENTAGE OF RESPONDENTS PLACING THE ATTRIBUTES IN THEIR TOP THREE



In our new research, women overwhelmingly said they're achieving success slower than men are. Here's more:

- Men overwhelmingly told us they anticipate they'll move faster in their careers. For instance, 27 percent of women (versus 13 percent of men) say they've advanced slower than average.
- Interestingly, nearly a third of men and a third of women (32 percent for both) feel they've advanced faster than average up to now in their careers.
- However, 27 percent of women compared to 17 percent of men think they'll continue to advance slower than average, with six percent more men than women saying they expect to advance faster than average.

Women make up nearly 30% of healthcare's C-suite and 13% of CEOs. Most women who make C-suite are in roles unlikely to advance into CEO positions.



Source: Oliver Wyman Women in Healthcare Leadership Report, 2019; Talent Strategy Group's CHRO Trends Report, 2017

Let's connect the dots between these numbers with the other finding from our research that only 45 percent of all employees feel their paths to advancement are explicitly outlined. Collectively, this shows a reinforcing yet uneven power dynamic at play within C-suites and the path to chief executive officer. For instance, most men come to the chief executive officer role from chief operating officer and profit-and-loss (P&L) owner backgrounds, which aren't typically filled by women (see sidebar). Without purposeful attention to career paths, situations like these will remain unchanged.

When considering women for leadership roles, both genders must be more open to how different leadership styles propel more men forward in their careers. What's worked in the past won't hold up against the Apples and Googles and Amazons of the world. And it also won't hold up against a collective goal to vastly improve the state of healthcare.

NOW THAT YOU KNOW WHAT TO BASE YOUR VISION ON, HERE'S WHAT YOU SHOULD DO TOMORROW TO OPERATIONALIZE IT.

Implicit assumptions and subjectivity are the crux of the issue in advancing women. A lack of explicit expectations and supporting processes gives a male dominated leadership team the legitimate space to say they are personally committed, without recognizing their companies could, and should, do so much more. What specifically can today's leaders do?

Institutionalize inclusion

Explicitly identify and address hidden misperceptions you and your employees might have not considered that hold women back in their careers. Commit to changing the culture. As we saw in our research, the biggest barriers are invisible, and not the fault of men or women. Create a safe space for men and women to ask questions and discuss experiences without defaulting to defensiveness or combativeness, try to uncover invisible issues, and start making incremental, systematic changes.

Some areas where change like this is especially needed includes:

Reviews and career development – Create a culture where people are encouraged to provide honest, direct feedback with each other, especially with a clear acknowledgement of the different leadership styles and values and communication preferences we outlined earlier between genders. Talk openly about how affinity can determine who gets promoted. This isn't about naming and blaming. This is about realizing we are all a part of the problem and we now want to be part of the solution. Since women tend to be less comfortable than men with self-promotion (for example, most men we surveyed think they exhibit many more leadership qualities than women do), ask women to reflect on how their past accomplishments enhanced the company. This may make women more aware of their strengths, and in turn their reviews may more accurately reflect their accomplishments, which may otherwise not have been highlighted since women tend to be less direct¹³ in expressing what they're good at. For instance, women won't apply for promotions¹⁴ unless they think they meet a job listing's full criteria. Men applied when they felt like they met

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13 <https://www.oliverwyman.com/our-expertise/insights/2019/jan/women-in-healthcare-leadership.html>

14 <https://www.theatlantic.com/magazine/archive/2014/05/the-confidence-gap/359815/>

Make it a personal goal to connect with people you do not have a strong relationship with or whose backgrounds and experiences may appear completely different at first glance to yours.

60 percent of the criteria. These tendencies make women who are qualified but feel like their backgrounds don't perfectly align with a higher-level job description less likely to apply for promotions.

Interviewing and hiring – Explicitly define criteria for old and new leadership roles. What counts as enough “experience”? What do you think an ideal candidate’s network should look like? Evaluate intangible, interpersonal skills (such as the ability to clearly articulate abstract ideas, or emotional intelligence) the same way you evaluate tangible skills (such as degrees earned and how many years of experience they have in a given field). Don’t throw your recruiting net out in the same waters as before and expect different results. Ensure your organizations cast a wider net for incoming candidates and that you look for the best people in new and different ways, so you don’t only bring in the same kinds of folks into the same kinds of roles again and again. Whether it’s not immediately assuming that a technical role should be filled by someone of a certain background, or advertising job offerings on more under-represented platforms, or making sure those doing the hiring have very differing strengths, values, and ideas about what makes a good leader, you’re on the right path. And pay close attention to reasons others give for hiring someone that may be more about affinity than ability, (for example, noticing a recruiter automatically and unintentionally favors, say, someone from the same sorority, without realizing it). Invest in talent and in diversity.

Succession planning – Encourage your employees to take a proactive approach to their careers. Likewise, instead of defaulting to the “safe” option, consider a broader set of candidates and candidates with less traditional career paths.

Coaching and mentoring – Be more purposefully about creating unique opportunities for coaching and mentorships. Mix coaches and mentees with people of completely different backgrounds with different viewpoints, or of different genders – maybe focus on male/female pairings, for instance. Try reverse mentoring. Consider unconscious bias training. Use coaching as an opportunity to pinpoint hidden behaviors that hold people back in their careers. Get the dialogue started.

Hold yourself and your leadership team personally accountable.

This could be by:

- **Carving out more “downtime” to connect with staff you haven’t yet gotten to know.** Make it a personal goal to connect with people you do not have a strong relationship with or whose backgrounds and experiences may appear completely different at first glance to yours. You may want to examine your LinkedIn network, for instance, and notice if a majority of your connections have similar backgrounds and experiences. Then, work to build a more diverse array of connections. And, expect the same of others around you. Purposely and inclusively drive affinity. For example, focus on events that both genders could enjoy – like wine pairings or volunteering – versus events that unintentionally exclude most women along the way. (For example, an afternoon outing at a sporting event).

- **Measuring process, not just outcomes.** More women leaders won't enter your top ranks without more specific tracking of which inputs create affinity and trust. Consider how women and men around your company are involved in activities that build authentic relationships, expand awareness of our differences, and create transparency around career paths. Then, create more of that.

Few people appreciate how hidden biases and differences in female versus male assumptions create misperceptions that keep so many from reaching their full potential in the workplace. We encourage you to invest in the talent that surrounds you, to invest in new talent with open eyes, and to change the conversation today to thrive tomorrow.

This survey was fielded in June and July of 2019 by Zogby Analytics. 529 individuals were surveyed across a variety of healthcare companies, including health insurance companies, healthcare providers, pharmaceutical manufacturers, health tech companies, and industry associations. The sample included 298 women and 222 men, 7 individuals who declined to answer, and 2 who identified as neither male nor female. For overall statistics, we used the full sample, but only used individuals who identified as male or female when comparisons between these two groups were made. 274 individuals identified themselves as director level or below, 97 as vice presidents, 47 as senior vice presidents, 88 as C-Suite, and 23 as board members. For comparisons of senior versus junior individuals, we defined junior as director and below and senior as senior vice president and above to ensure a stark contrast.

ABOUT HLTH

HLTH is an unprecedented, large-scale forum for collaboration across senior leaders from established payers, providers, employers, and pharma services, as well as from disruptive startups, prolific investors, representatives from government, academia, health associations, business groups, media, and industry analysts. The event is unique in creating a marketplace for the key stakeholders leading the dialogue and development of a new health ecosystem. HLTH's mission is to be a catalyst to drive substantial reductions in health costs and dramatic increases in health quality.

ABOUT OLIVER WYMAN

Oliver Wyman is a global leader in management consulting. With offices in 50+ cities across nearly 30 countries, Oliver Wyman combines deep industry knowledge with specialized expertise in strategy, operations, risk management, and organization transformation. The firm has more than 5,000 professionals around the world who help clients optimize their business, improve their operations and risk profile, and accelerate their organizational performance to seize the most attractive opportunities.

Oliver Wyman's Health & Life Sciences practice serves clients in the pharmaceutical, biotechnology, medical devices, provider, and payer sectors.

Oliver Wyman launched the Health Innovation Center (OWHIC) in 2011 dedicated to promoting positive change in healthcare. OWHIC champions innovation by disseminating proven innovations; envisioning market-based solutions to today's and tomorrow's challenges; and establishing a cross-industry community of thought-leaders to share and shape ideas.

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