



Career FORWARD: A Data-Based Path to the C-Suite

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Session flow

Objectives & Framework

- Session description
- Your expectations

Industry Context & Data Expertise

- Data analytics
- Dashboards
- FORWARD skills: examples

Career Planning

- Perceptions of recruiters
- Essential executive attributes

Wrap-up*

- Final thoughts
- Q & A

*In addition, see appendix for tools and tips

Acronyms in this presentation

<u>Acronym</u>	
ASC	Ambulatory Surgery Center
CM	Contribution margin (net revenue <i>minus</i> variable costs)
CPT	Current Procedural Terminology
EHR	Electronic Health Record
IDS	Integrated Delivery System (hospital plus employed physicians)
PMPM	Per Member Per Month
SBU	Strategic Business Unit (e.g., hospital, physician group, ASCs)
SDOH	Social Determinants of Health
VC/PE	Venture Capital / Private Equity (entrepreneurial capital sources)
340B	Federal program that permits many not-for-profit hospitals to buy prescription drugs at low cost

Strategy and Marketing: Definitions

Strategy: The allocation of resources based on a comprehensive evaluation of options for achieving strategic goals. In competitive markets, sustainable competitive advantage is essential for survival.

Marketing: 5 P's – Product, Price, Promotion, Place, and People

Learning Objectives

1. Design a road map for career development focused on adding and deepening capabilities necessary for a C-suite role.
2. Expand data insights that are essential for an accurate and comprehensive perspective about my organization and market.
3. Diversify my expertise in adjacent functional areas (e.g., finance, operations) that will increase the value that my team and I create.

Session Description

For strategy and marketing leaders, opportunities to attain the C-suite have never been better. Historically, such leaders ascended their organizations, accumulating knowledge as subject matter experts in a relatively narrow domain.

Future success requires a broader perspective with expertise in additional areas, notably operations, finance, and analytics. The complexity of health care is daunting.

For planning and marketing leaders, establishing credibility with the C-suite is essential to ensure that you have the opportunity to join (or remain in) the C-suite. Too often, planning and marketing are perceived as soft skills rather than rigorous functional areas that chart the future definition of success for the enterprise.

The premise of this session is not that planning and marketing professionals must become experts in multiple additional business disciplines. Rather, they must demonstrate sufficient knowledge to understand how these areas can enhance or inhibit strategy development and implementation.

Our acronym FORWARD captures the imperatives for advancement in health care planning and marketing.

Session Overview: FORWARD

Premise: Future career advancement in strategy and marketing will be based on demonstrated expertise in these areas:

- F** - Finance
- O** - Operations
- R** - Risk assessment
- W** - Workforce
- A** - Analytics
- R** - Revenue
- D** - Dashboards

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Typical US Health System (not-for-profit)

Scope

- 2+ inpatient campuses
- Secondary/tertiary care
- Employ: Most PCPs
Many specialists
- O/P services: Imaging, ASC
- **\$1+ billion in net revenue**

Competition

- 2+ integrated health systems
- Physician-owned ASCs
- Freestanding imaging & ASCs
- VC/PE-backed single-specialty entities (primary care; specialty care)
- United (as a provider (MDs, ASCs))
- Amazon, Walmart, CVS

Performance

- **Financial: Operating margin – break-even**
- Declining cash reserves
- Costs increasing faster than reimbursement (with annual margin impact of 1-3% of net revenues)
- Continued loss of (high-margin) outpatient market share

Question for your Career: What Role do you Want?

Bottom-line challenge for an IDS with \$1 billion net revenue *to survive*:

- Adding \$50 million in operating margin in 12 months
- Adding another \$25+ million margin annually thereafter

1. For strategic / planning leaders:

- a. Does your existing 3-year plan “achieve” the above?
- b. Would a bank lend \$100 million based on it? Would a VC firm?

2. For marketing leaders:

- a. Can you defend your budget based on documented ROI, like all other operating expense investments (e.g., recruit new orthopedic surgeon)?
- b. Is Marketing viewed as an *essential* partner by line managers who have goals to grow profitable volume by 10%+?

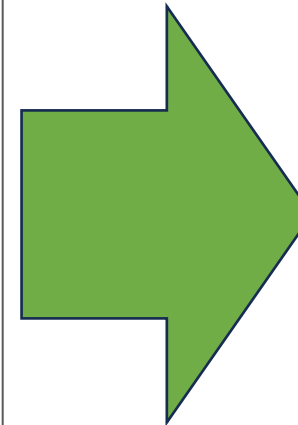
3. For both strategy and marketing leaders:

- a. Are you viewed by the CEO as a key driver for *new business development* (e.g., new clinical programs, new service offerings)?
- b. Do you have P&L responsibility for new ventures (and, along with it, authority)?

Our Premise

Unless you answered Yes to those questions, you have three career options at your current organization:

- 1. Elevate the role** of your department by building the capabilities to answer Yes
- 2. Expand the role** of your department to include new business development
- 3. Shift into a line position**, where your personal ROI can be demonstrated:
 - a. New entity
 - b. Service line / service extension



Data analytics is a common theme

What is Data Analytics?

“The systematic computational analysis of data or statistics. It is used for the **discovery**, **interpretation**, and **communication** of **meaningful patterns** in data” (Wikipedia, 4/24/23)

How to Create Value from Data Analytics?

Steps:

1. Ask **smart questions**
2. Assemble the relevant data
3. Uncover **insights**
4. Figure out what those insights **mean for the business**
5. **Act** on those insights

Team (talents needed):

1. Project management
2. **Data wrangling**
3. Data analysis
4. Subject expertise
5. Design
6. **Storytelling**

Source: Scott Berinato, “Data Science & the Art of Persuasion,”
Harvard Business Review, Jan-Feb 2019

When to Deploy Data Analytics

1. Relevant data populate **different databases** (often in separate SBUs) and are not normally integrated for decision-making
2. **Financial** value (margin by payor) is not connected to **volume & market share** statistics, for meaningful input to business plans
3. **Complexity** (i.e., too many variables to “see the forest”) runs rampant
4. Current reports are encounter-based, but an opportunity is/should be structured as **episode-of-care** or capitated
5. A firm understanding of **payor contract rates** at the DRG/CPT-level is needed to understand the situation
6. **Creative “solutions”** need to be developed
7. **Large volumes of raw data** must be analyzed (e.g., all eRx for all employed physicians in an ambulatory setting, for 340B)

Case Study: Demographics-Driven Inpatient Bed Needs

Inpatient Care Planning: Seniors Market (age 65+)

	Actual 2006	2014	2019
Population	69,310	122,659	183,540
Inpatient days (med/surg)	104,265	184,519	276,104
Day / 1000 population	1,504	1,504	1,504
Average Daily Census	286	506	756
Bed capacity required with 70% room utilization	408	722	1,081

Calculate use rate

Demand for a **new 673-bed** hospital for Medicare (mostly medical)

Would the required resources (capital + leadership time) strengthen the health system's competitive advantage?

The Math:

- Use rate; $104,265 / 69.310 = 1,504$ days per 1,000
- Avg. Daily Census: $104,265 \text{ days} / 365 = 286$
- 673 beds needed = $1,081 \text{ beds} - 408 \text{ beds}$



Where Does Your Hospital Make Money?

Hospital Contribution Margin

Client data, 2007

	Inpatient				Total
	Commercial	Medicare	Medicaid	Other	
<u>Days</u>	<u>40,000</u>	<u>41,000</u>	<u>29,800</u>	<u>7,800</u>	<u>118,600</u>
Medical	13,000	28,000	6,500	4,500	52,000
Surgical	13,000	13,000	3,300	2,500	31,800
Maternity	14,000		20,000	800	34,800
<u>Cont Margin (\$mil)</u>	<u>\$26</u>	<u>\$7</u>	<u>(\$3)</u>	<u>(\$7)</u>	<u>\$24</u>
Medical	\$8	\$3	(\$3)	(\$5)	\$4
Surgical	\$13	\$4	(\$2)	(\$3)	\$13
Maternity	\$6		\$1	\$0	\$8
<u>Cont Margin / Day</u>	<u>\$660</u>	<u>\$180</u>	<u>(\$90)</u>	<u>(\$880)</u>	<u>\$200</u>
Medical	\$580	\$110	(\$380)	(\$1,040)	\$70
Surgical	\$980	\$320	(\$520)	(\$1,000)	\$400
Maternity	\$440		\$70	\$380	\$220

\$104 Outpatient Total: \$128

Observations:

1. O/P margin is 4X I/P
2. Massive variance within service by payor
3. Medicare-Medical \$110 CM/day was far below facility break-even \$250/day

Case Study: Strategic Implications of Demographic and Profitability by Service/Payor

Observation	Likely Strategic Implications	Business Development opportunities
1. Outpatient margin in dollars is 4X of inpatient operations	Imbalance in contract rates between I/P and O/P	Rate balancing with key commercial payors (i.e., BC, UHC, CIGNA)
	Hospital rates encourage/support O/P competitors	Market-based business planning for imaging, O/P surgery, etc. armed with knowledge of competitors' rates
	Inpatient care by itself is not viable	
2. Massive variation in CM/day within service across payor	All-payor Market share data is meaningless Commercial activity is the only inpatient activity to grow	JVs with surgeons and other proceduralists (who will focus on commercial and profitable Medicare)
3. Medical-Medicare CM/day is 40% of break-even rate	Alternatives to medical admissions must be pursued aggressively	Chronic care clinics that reduce medical admissions while earning O/P margins (e.g., HF Clinic)*

* Kane & Price, "Managing Congestive Heart Failure as a Business", SHSMD annual convention, Chicago, September 2010.



Non-traditional Business: Medical Specialists for 340B

Database overview: 6 months of client ePrescribe data (from EMR):

- 5,000 prescribers
- 1,500 clinics
- 1 million patients
- **5.1 million** scripts (excludes refills)
- 540 drug names
- 10,000 pharmacies



Provider Specialty	340B Margin* per MD (\$mil)
Dermatology	\$0.4
Endocrinology	\$0.2
Gastroenterology	\$0.4
Neurology	\$0.3
Oncology	\$0.3
Rheumatology	\$0.6

Average Rheumatologist – Key Stats

340B Potential value; all Scripts written, at 100% medication adherence	\$8.3 M
340B value based on all Scripts written, at 80% Medication Adherence	\$6.6 M
340B value <i>within Targeted Contract Pharmacy Network</i>	\$3.5 M
340B Value with Manufacturer Barriers	\$0.6 M
Total Patients with a prescription	1,053
Patients that Drive 80% of the 340B Potential Value [\$8.3 million]	110
For these 110 patients, average annual <i>potential value</i>	\$64,000

*80% Medication Adherence (MA), targeted pharmacies and manufacturer barriers as of Oct 2023, 6 months data annualized; excludes infusion therapy

Many dashboards in a typical health system

Dashboard
- Live
Cardiovascular Services
Census
Compliance
COVID-19
Emergency Services
Financial-Phase 1
Hospital Length of Stay
IQVIA Market Insights
Laboratory
Observation Units
Operational Statistics
Quality and Safety
Radiology
Supply Chain-Phase 1
+ Surgical Services
Telehealth-Phase 1

Implications

- Do you know how they are used?
- Sequence:
 - ✓ Data to insights to management decisions

Sample dashboard: Telehealth

*Note: Illustrative only
Fictitious names and data

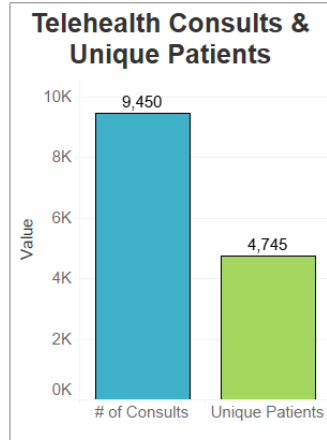
Date of Claim
1/3/2018 12/30/2021

Provider Breakdown

Patient Breakdown

Department Breakdown

Payor Breakdown

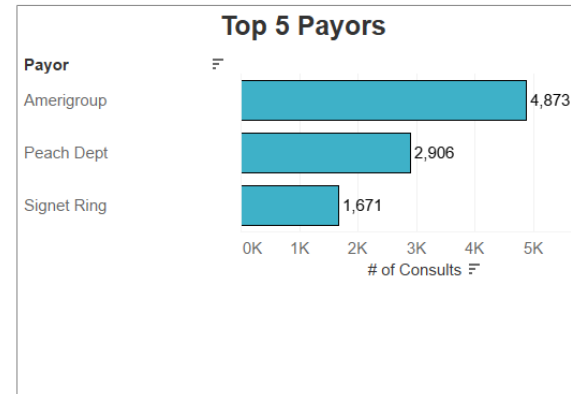
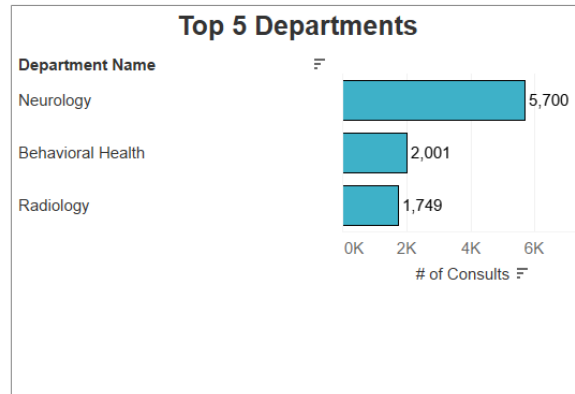


Place of Service

Place of Service	Place of Service Type	# of Consults
02	TELEHEALTH - OTHER	1,944
10	??	5,968
11	TELEHEALTH - OFFICE	1,538

Top 5 Providers

Provider	Department Name	# of Consults
Dr. Whoop	Neurology	1,449
Dr. Fluff	Neurology	1,289
Dr. Mac	Behavioral Health	905
Dr. Madam	Radiology	847
Dr. Denai	Neurology	794



Insights:

- Utilization by service line
- Physician champions
- Site of care

Telehealth Summary | Consults by Provider | Patient Breakdown | Department Breakdown | Payor Breakdown | Patient Locations

Sample dashboard: Emergency room

*Note: Illustrative only
Fictitious data

SUMMARY

Yearly Performance	Target	FY2021 Avg	FY2022 Avg	FY2023 Avg	FY2023 Var.	FY2023 Trend	*YOY Trend
Average Monthly Visits							
* LWBS Rate (%)							
* Door to Provider (mins)							
#Decision to Admit to Admit Order (mins)							
*#Decision to Admit to Depart (mins)							
*Median LOS Discharge (mins)							
*Median LOS Admit (mins)							

*YOY Trend displays by calendar year, not fiscal year
*FY 2023 Trend and YOY Trend show average daily visits on hover

Consider:

- How do operations leaders use the data?
- Correlation with patient satisfaction?

FY 2023 Performance	2022					2023		
	August	September	October	November	December	January	February	March
Total Visits								
* LWBS Rate (%)								
* Door to Provider (mins)								
#Decision to Admit to Admit Order (mins)								
*#Decision to Admit to Depart (mins)								
*Median LOS Discharge (mins)								
*Median LOS Admit (mins)								

Minutes (mins) are average times unless specified otherwise
Indicates measure adjusted to exclude times 0 minutes or less and times 5,000 minutes or greater
* Indicates CMS Measure

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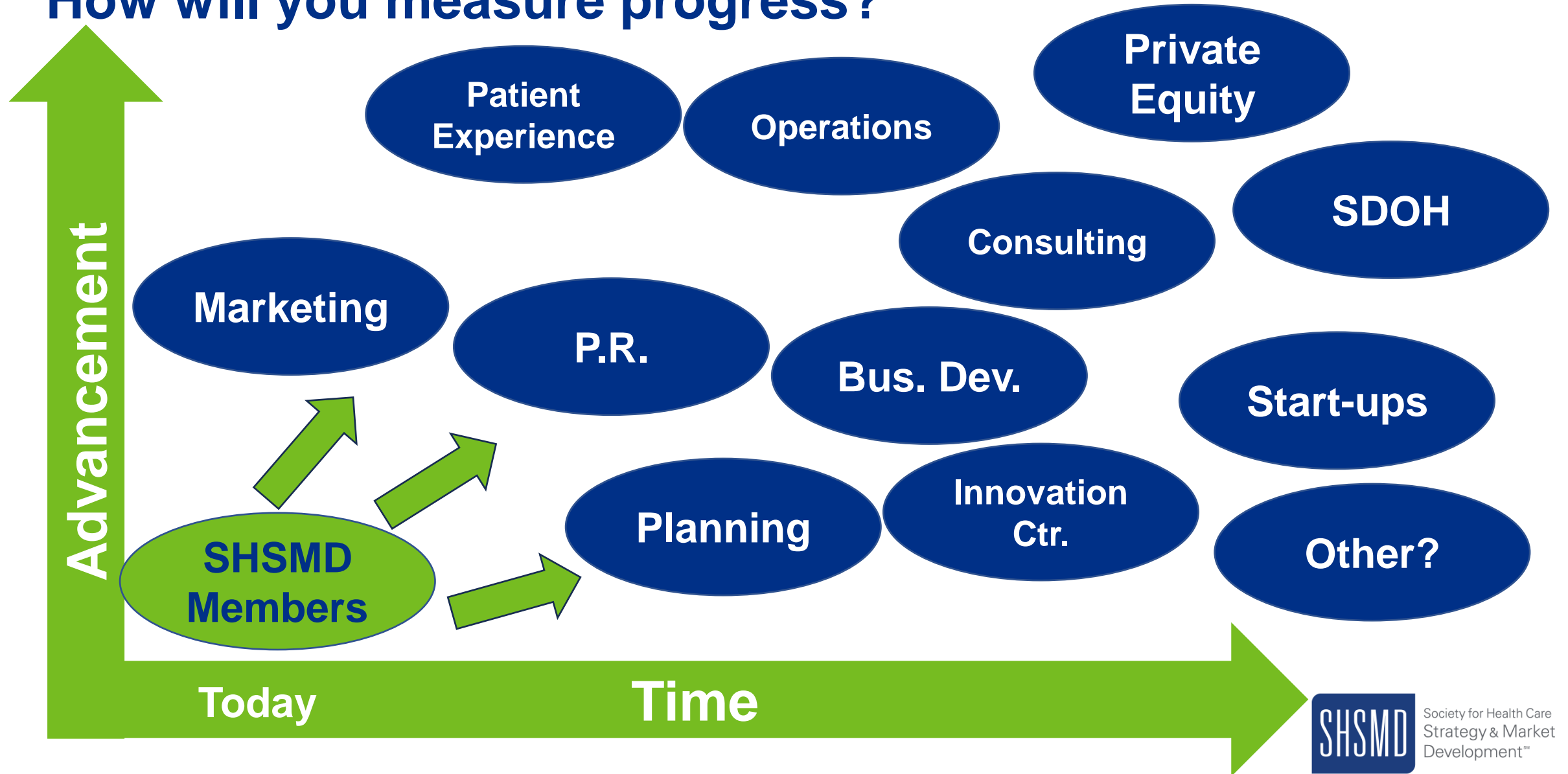
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Broader career: Goals? Sequence? How will you measure progress?



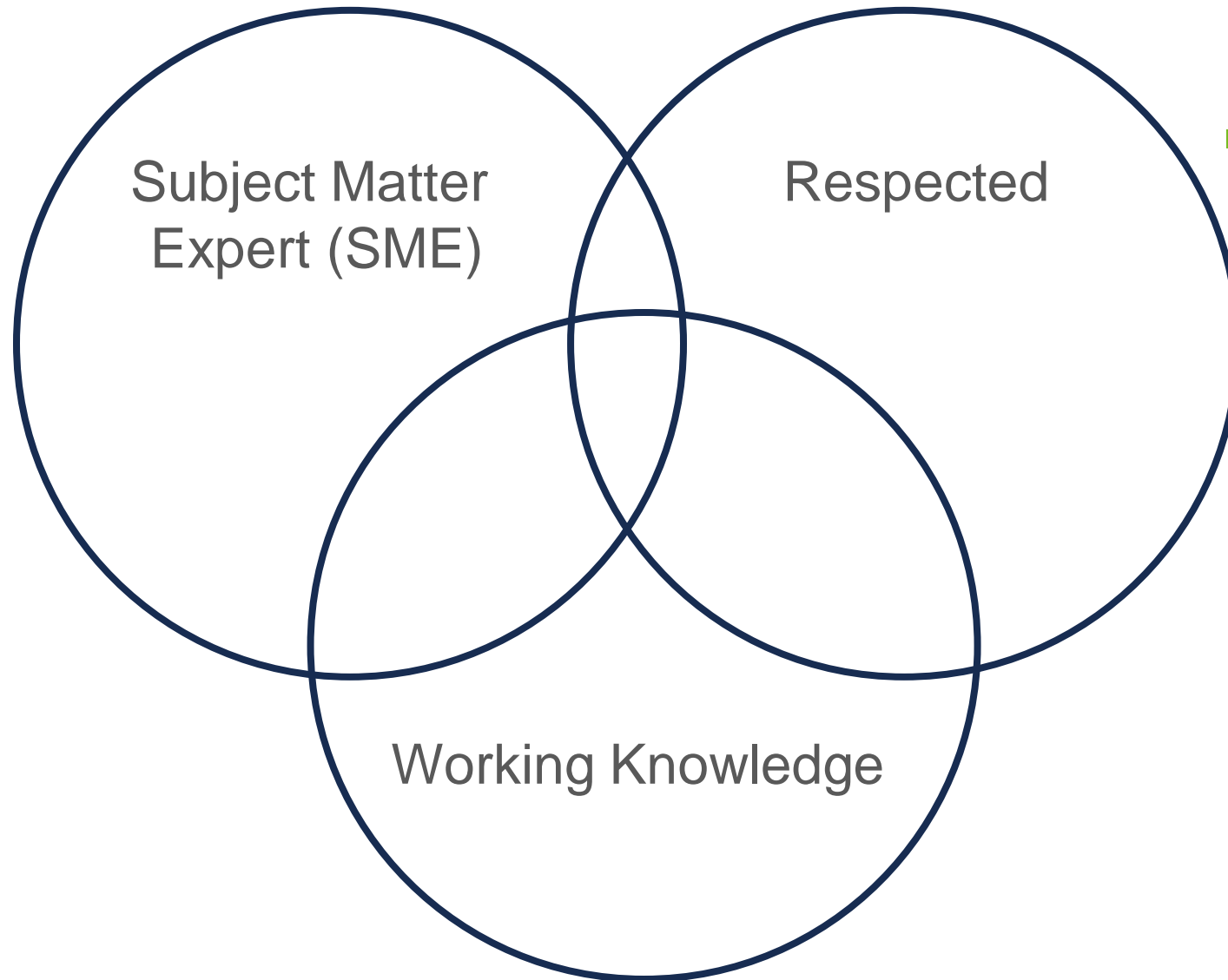
Career observations: Trajectory to the C-suite

- Essential capabilities
 1. Communication skills: Written and oral
 2. Analytic skills: Quantitative and qualitative
 3. Industry context: Deep knowledge of your sector and some understanding about how the other pieces fit
- Where do you excel? What do you enjoy most?
- Other considerations: Risk-taking; Curiosity; Geography; Life situation and responsibilities; Luck

How to get there...Essential for advancement

<u>Attribute</u>		<u>Example</u>
Create <u>your</u> executive approach		▪ Your way based on executives that you have observed
Simulate decision-making		▪ What would you decide? Why?
Understand physicians		▪ How/when to communicate
Volunteer: Special projects		▪ Worst that can happen: “No”
Demonstrate broader context		▪ Read business & health care literature
Contacts with exec recruiters		▪ Suggest candidates when they reach out to you
Ask for constant feedback		▪ Superiors and (sometimes) peers

Degrees of knowledge in key areas



- You do not need to be an expert in every area

Perspectives of executive recruiters

- We asked several health care recruiters about their perspective in attaining the C-suite
- Firms that responded: Nagle & Associates
WittKieffer
- Questions asked:
 1. What attributes drive attainment of a C-suite position in a health care organization?
 2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role?
 3. Are there biases or misconceptions about marketing/planning leaders? If so, how do you overcome these hurdles in moving up in an organization?

SUMMARY*: Perspectives of executive recruiters

1. What attributes drive attainment of a C-suite position in a health care organization?
 - Connection to the team, energy to succeed, and commitment to the community
 - More often than not, candidates are judged by the specificity of their *knowledge of the future role/market* as demonstrated by their asking smart non-presumptive questions.
 - Find a champion to move you towards your goal

*See appendix for detailed comments

SUMMARY*: Perspectives of executive recruiters

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role?

- Experience in leveraging analytics. Professional attitude and behavior.
- Productive, respectful working relationships by actively listening.
- Demonstrates commitment and delivers high quality work on time.
- Attentive to detail; continuously improves processes.
- Critical thinking and problem solving: Identify problems and develop methods for resolving them.
- Exceptional strategy skills, analytical ability, and organizational development skills.
- Apply reasoning and logic to new or unfamiliar ideas, opinions, and situations.
- Ambition, Interpersonal Sensitivity, Prudence, and Inquisitive.

*See appendix for detailed comments

SUMMARY*: Perspectives of executive recruiters

3. Are there biases or misconceptions about marketing/planning leaders? If so, how do you overcome these hurdles in moving up in an organization?
 - There is some bias. Marketing/planning: Can be perceived as less breadth of leadership responsibility than other C-suite execs.
 - The executive who leads both strategic planning and marketing has a better shot at the C-suite
 - For key strategies, be seen as a driver of implementation and an active contributor in the conversation. Make yourself seen as the accountable party.

*See appendix for detailed comments

Tangible examples

	<u>Element</u>	<u>Representative skill (Only 1 of many examples)</u>
F	Finance	<ul style="list-style-type: none"> ■ Explain the basics of my organization's audited financial statements; how reimbursement works
O	Operations	<ul style="list-style-type: none"> ■ Understand the basic processes in an inpatient unit, physician office etc.
R	Risk assessment	<ul style="list-style-type: none"> ■ A lens for risk/reward: Market, Financial, Org.
W	Workforce	<ul style="list-style-type: none"> ■ Turnover rates; staffing ratios (all services)
A	Analytics	<ul style="list-style-type: none"> ■ The key metrics that the C-suite relies on
R	Revenue	<ul style="list-style-type: none"> ■ Where we make \$ and lose \$; trends
D	Dashboards	<ul style="list-style-type: none"> ■ Interpret the implications of our key dashboards

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Three Key Take-Aways

- 1. Career road map:** Assess your current situation and opportunities based on your strengths and the talents that your C-suite executives value. Create a 1-year and 5-year plan with measurable milestones.
- 2. Data insights:** Look at the data from your organization and other entities. Practice interpreting the data. To build your confidence, test your conclusions in a low-risk setting e.g., a peer in the department that creates or focuses on the data.
- 3. Diversified expertise:** Start with operations or finance. Learn the key metrics in these functional areas. Observation: Shadow an operations leader when they make rounds. Listen to a safety huddle. Ask to attend and observe a monthly financial review meeting of a hospital or other business unit, or a Board Finance Committee meeting.

Final thoughts

<u>Jim</u>	<u>Chris</u>
<ul style="list-style-type: none">■ Entities without a fact-based strategy for sustainable competitive advantage will not survive■ Are you and your department viewed as essential?■ What will it take to provide actionable insights or to personally drive strategic value?	<ul style="list-style-type: none">■ Curious■ Analytical■ Consistent■ Right mix: Breadth and depth■ Executive presence■ No one is indispensable■ Trust your gut■ Design the executive you want to be—not a clone of someone else



Questions?

Please be sure to complete the session evaluation!



Speaker Bios

Jim Price

- 35+ years of health care experience as an executive and consultant
- Previous consulting: McKinsey; KPMG
- MBA: Darden (University of Virginia)
BA: UVa, Economics, Math (minor)
- Executive:
 - Hospital operations
 - Strategic planning; Managed Care
 - 400-MD PHO
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Chris Kane

- 35+ years of health care experience as an executive and consultant
- Former partner at KPMG in health care consulting
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APPENDIX

Scope of FORWARD

Finance:

- Understanding a CFO's expectations for planning and marketing
- Access to capital: Core elements of valuations
- Drivers for your organization and your competitors

Operations:

- Basic knowledge of inpatient and outpatient operations is critical to understanding the key principles of a hospital
- Physician practices: primary care vs. medical specialists vs surgeons
- Network of line operators who can enable you to test tactical options (i.e., will they work in the patient care settings?)

Risk assessment:

- Where are the risks for your health system?
- Market? Financial? Organizational? New entrants?

Workforce:

- What HR metrics drive your strategic options? Local labor pool? Pipelines via partnerships with schools?
- Physician access, demand/supply, and usage of extenders. Role of Graduate Medical Education?

Scope of FORWARD

Analytics

- Do your analytic skills increase your credibility in the C-suite? If not, why not?
- How do you address the inherent ambiguity in forecasting future scenarios?
- Are you the perceived owner of the analytics (vs. other internal or external parties)?

Revenue

- Are you proficient in understanding current and potential sources of growth?
- What are the economics of your vital service lines? What are the trends?
- Do you understand how commercial payors and Medicare actually pay for services? What the contribution margins are, by payor class, service line, and service?
- For common outpatient services (e.g., MRI), do you know the contract rates for your health system and local competitors (including private practice surgeons)? How does your marketing plan reflect your far-higher commercial rates (e.g., are all MRIs the “same”)?

Dashboards:

- Among many dashboards in your organization, which ones should you focus on?
- How do you design a strategic dashboard that is compelling for the C-suite & Board?
- Can you lead the development of a “balanced scorecard” that covers all major components of your health system?

Tool: Template for 1:1 meetings with your boss

1:1 Meeting			
Date: _____			
	<u>Topic/ Comments</u>	<u>Notes</u>	<u>Next Steps</u>
1.	Board retreat <ul style="list-style-type: none"> • Revised agenda • Board input 		
2.	Cardiovascular business plan <ul style="list-style-type: none"> ○ Inpatient market share ○ Recruitment plan ○ Regional profile: Other health systems 		
3.	Search engine optimization		
4.	Miscellaneous <ul style="list-style-type: none"> • ? • ? 		

Examples

- Paper or electronic
- Document your progress
- Address projects, issues or problem-solving
- Helpful in preparing for year-end performance reviews

Self assessment in functional areas: Monitor your progress

<u>Area</u>	<u>Knowledge</u>	<u>Grade: A to F</u>
Marketing	<ul style="list-style-type: none"> 5P's; Website ROI 	
Planning	<ul style="list-style-type: none"> Service lines Growth tactics Bus. development 	
Finance	<ul style="list-style-type: none"> Pro formas Capital budget Managed care contracting 	
Physician	<ul style="list-style-type: none"> Recruitment & compensation Production & downstream 	
Operations	<ul style="list-style-type: none"> Lean; Facilities management 	
I.T.	<ul style="list-style-type: none"> EHR basics 	
Governance	<ul style="list-style-type: none"> Board functions 	

- Your C-suite: Subject matter experts just in their areas?
- Additional broad knowledge?
- What were their career paths?
- Lessons for you?

Tip: Continuous learning

- Read to expand your insights
 - Functional area: Marketing, planning, public relations etc.
 - Health care industry
 - “Business” broadly defined
- Suggestions
 - Free newsletters
 - Electronic or print magazines
 - External party briefings (e.g., ad agencies, law firms, consulting firms)
 - Public company investor relations presentations
- What topics are your C-suite executives interested in? Do you have basic knowledge in these areas?

340B Analysis Assumptions

The following assumptions were considered when calculating the 340B Profitability:

1. Dispensing fees (paid to contract pharmacies and 340B TPAs) were assumed to be \$15 + 20% of the drug's total allowable; this equates to \$111 per script dispensed on average
2. Assume Client's pharmacies variable cost structure is \$10 plus 10% net revenue, with \$100 maximum
3. Excludes Medicaid
4. Assumes current dispensing patterns; no assumption that Client would steer (targeted) patients to Contract Pharmacies
5. Does not consider any reimbursement arbitrage from professional services revenue
6. Assumes a "winners only" 340B model - *"winners" are scripts that have a positive 340B profitability and would be filled under 340B, whereas "losers" would not be filled under 340B as they have a negative 340B profitability*
7. Based on 6 months data including refills, annualized with 80% medication adherence
8. Assumes current CPs for each region *and* 15 additional recommended CPs across all regions
9. Takes manufacturer barrier 340B drug restriction policies as of 7/3/2023 into account
10. All drugs were capped at 5 refills (in addition to the original script).
11. Select high-cost drugs received individualized assumptions, while all other drugs were assumed to be 1 script/refill per month:
 - i. Stelara – capped at 3 syringes
 - ii. Avonex – capped at 24 pens
 - iii. Praluent – capped at 12 pens
 - iv. Rebif – no cap on number of refills

Results: Perspective of executive recruiter

1. What attributes drive attainment of a C-suite position in a health care organization?

“Clarity of mission and purpose come to mind first. Second – the attainment is driven initially by experience within the context of the position/organization one might be seeking – as you can imagine, not all roles or organizations are the same! After "getting to the dance"/**getting to a final round of interviews, it then becomes about connection to the team, energy to succeed, and commitment to the community.** The skills are table stakes and expected at this level. **More often than not, candidates are judged by the specificity of their knowledge of the future role/market as demonstrated by their asking smart non-presumptive questions.**”

Note: Emphasis added

Results: Perspectives of executive recruiters

1. What attributes drive attainment of a C-suite position in a health care organization?

“Mentoring is a dying art but try and **find a champion to move you towards your goal** of a seat at the table as a peer to the other C-Suite denizens. Executive coaching has not caught on in hospitals and health systems but is a staple in other industries. **Coaching is an effective way to assist in pursuing your career goals** and in preparing you for successful next steps.”

“Other attributes would include emotional intelligence and being a self-aware professional.”

Note: Emphasis added

Results: Perspective of executive recruiter

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role?
 - **“Professional attitude and behavior:** Accept responsibility for work; maintain a positive attitude and show respect for others; acknowledge mistakes; maintain confidentiality with sensitive information. Communicate effectively and respectfully.”
 - **“Builds and maintains relationships: Establish/maintain productive, respectful working relationships by actively listening** and providing open and honest communication in a professional manner. Demonstrate appropriate interpersonal skills and cooperation with others. Follow through with commitments.”
 - **“Consistently going above and beyond job expectations: Full working knowledge of procedures and system;** understand the business and establish clear priorities for actions. Take initiative to ensure skills are current. Demonstrate commitment and delivers high quality work in a timely manner; attentive to detail; continuously improves processes; committed to personal excellence.”

Note: Emphasis added

Results: Perspective of executive recruiter

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role? (answer cont'd)
 - **“Critical thinking and problem solving:** Identify problems and develop methods for resolving them. Apply reasoning and logic to new or unfamiliar ideas, opinions, and situations. See things in an open-minded way and seek to understand the differing sides of situations. **Present ideas in a thoughtful and compelling manner.”**
 - **“Volunteers to lead initiatives or to help others:** Identify when a co-worker is struggling to grasp a skill or concept and voluntarily assist. Readily take responsibility to improve a process or project. Share their knowledge for the betterment of the team, department, and organization.”
 - **“High levels of emotional intelligence, empathy and**

Note: Emphasis added



Results: Perspective of executive recruiter

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role? (answer cont'd)
- “Excellent ability to communicate, collaborate and negotiate effectively at all levels throughout the organization and in communities.”
 - **“Exceptional strategic and planning skills, analytical ability, and organizational development skills.”**
 - “Experienced cohesive leader with a strategic skillset and the ability to **align a vision amongst disparate groups.**”
 - “Impactful in **strategic planning and implementation.**”

Note: Emphasis added

Results: Perspective of executive recruiter

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role? (answer cont'd)
- “Demonstrated ability to motivate and lead dynamic and progressive teams through change.”
 - “Experience working and interacting with executives, governance members, and leadership.”
 - **“Strategic thinker with expertise in branding and marketing communications strategy, planning, and implementation.”**
 - “Vendor contract and relationship management.”

Note: Emphasis added

Results: Perspective of executive recruiter

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role? (answer cont'd)
- “Experience in **leveraging analytics** as a driver for successful planning, implementation and transformation.”
 - “A **professional reputation** that generates respect among peers.”
 - “The vision, focus and **collaborative orientation** to embrace, work successfully, and flourish in a mission-driven organization.”

Note: Emphasis added

Results: Perspectives of executive recruiters

2. For marketing/planning leaders specifically, what are the top skills to develop to qualify for an executive role?

“Other than technical skills, and a background of quantifiable relevant successes we are very interested in several things that can be assessed and are coachable as no one professional can possess all of these to the degree necessary. We look at **learning agility** which means a professional **can recognize a good idea, see its potential benefit to their organization, and implement it** differently and successfully based on the capabilities of their team/organization.”

“Through evidence-based assessment... we also look for high marks in...other areas but the key ones for C-Suite are **Ambition, Interpersonal Sensitivity, Prudence, and Inquisitive.**”

Note: Emphasis added

Results: Perspectives of executive recruiters

3. Are there biases or misconceptions about marketing/planning leaders? If so, how do you overcome these hurdles in moving up in an organization?

“These exist and, in some organizations, the marketing and strategic planning functions are separate and led by different executives. It is harder or near impossible to get a serious look at a C-Suite position for a marketing executive. **The executive who leads both strategic planning and marketing has a better shot.**”

“Biases I have heard from clients include: the M&SP professional runs a relatively small department often with only 1 or 2 other executives reporting to him/her so they **don't have the breadth of leadership responsibility of other C-Suite execs.** Often the M&SP exec is not held directly accountable for the implementation of agreed strategies nor do they possess the ability to ensure the resources required for success are allocated adequately to ensure capacity/capability to implement.”

(Answer continued on next page)

Note: Emphasis added

Results: Perspectives of executive recruiters

3. Are there biases or misconceptions about marketing/planning leaders? If so, how do you overcome these hurdles in moving up in an organization?

Answer continued:

“Overcoming this would require a close working relationship with Clinical, Operational, Financial, and other executives who will be held accountable for strategy implementation and to a degree impact the success of the M&SP executive. **When progress reports on key strategies are aired in the C-Suite the M&SP professional should be present, seen as a driver of implementation and an active contributor in the conversation. Make yourself seen as the accountable party.** For most M&SP professionals the attainment of the SVP or senior leadership role for the function and being in the C-Suite is the career goal. Pursue opportunities that put you as an M&SP executive in the C-Suite.”

Note: Emphasis added

