



Q&A

Women leaders in healthcare IT share insights on breaking through the glass ceiling to work in the cloud

By Carley Thornell | March 24, 2021

Women are [more likely to use portals](#) and engage in influencing their own healthcare outcomes. They are also responsible for the majority of healthcare spending, and make most healthcare decisions. But those in the forefront of healthcare leadership are primarily male [notes Frost & Sullivan](#).

While that may be slowly changing, the pace of transformation isn't quite keeping up with rapid innovation, say three healthcare leaders who shared their thoughts with athenahealth during Women's History Month.

Dr. Monica Bolbjerg is a female physician-entrepreneur and founder of [Qure4U](#). The MyCarePlan app is a holistic patient engagement and virtual care platform. With contactless digital front door solutions, Qure4u offers patients and providers a scalable, EHR-embedded ecosystem to support the entire patient care journey.

Emily Bailey is the director of product development for blockchain technology at Change Healthcare. The Change Healthcare Platform leverages insight from data and expertise to deliver innovative solutions that span the consumer healthcare journey and accelerate the transformation of the healthcare system. Bailey has previously presented at HIMSS about gender in IT and the so-called "blockchain bros."

Karen Graham is a former CIO who is now the chief operating officer for **Summit Health**, a physician-led, patient-centric network committed to simplifying the complexities of healthcare. As the mother of college-aged twins, Graham admits that her daughter and son keep her on her toes in terms of unintended gender biases. "They'll verbalize their concerns as to why I may ask my son to help with a task that is traditionally male and vice versa. I love that they always call me out — I learn a lot from these types of scenarios."

Q: Over the last year, we've seen a lot of transformations in regard to how and where care is delivered. But sometimes cultural change isn't as fast. Have you struggled with being treated differently while pursuing a career in technology? The trio agree that while it's more common for people to assume women will enter healthcare in patient-facing roles, they've personally noticed progress with females being welcomed into healthcare technology.

Bolbjerg believes gender may even make someone's position more singular. "Being seen as a woman in a male-dominated field may have its advantages," she said. "I've never seen it as something that was inhibiting me. On the contrary, I think that if you're in the tech world as a woman, or in an executive role as a woman, there are not a lot of us — which means that you may get more time and more attention."

Bailey recalls going to conferences when she first entered the workforce and being spotlighted unwittingly. "I went to conferences where I was the only woman there, and it was remarked upon by people, speakers calling me out in the audience, like, 'Oh, we see one female here, what do you think about this?' It was very embarrassing. But I think that's being transformed."

Q: What is some of the most remarkable progress you've seen due to having more diverse voices in the boardroom? Appearances *do* matter, say Bailey and Bolbjerg, who both noted an enhanced focus on aesthetics and usability thanks to having more women involved in U/X conversations.

“Traditionally, I don’t feel a lot of people thought about entering health IT, as it’s not seen as very ‘sexy,’ right? It’s just the look and feel of the solutions,” said **Bolbjerg**. “And, unfortunately, the user experience is often not nice. I believe that’s really important when you think about attracting talent. They want to see something that is modern and new. Especially this generation — they really are attracted to more than just a paycheck.”

Bailey says when she worked in an enterprise-focused, fin-tech startup industry men were always the imagined end users. Rethinking the end user in healthcare “is much more fun,” she said. “There are so many women employed in healthcare. So, when we’re designing technology for these end users, we’re able to embrace a more diverse user population and think about what motivates them, what are their responsibilities,” Bailey said. “I do think that the industry is transforming, whether it’s consumerization or digitization, the virtualization of these services and technologies. That’s going to make the lives of female consumers, female professionals, a lot easier because of all of the various responsibilities that they take on as caregivers and the responsibilities in their home.”

Mothers are more likely than fathers to have put their careers on hiatus during the pandemic. Do you think that threatens gender gains made over the past decade?

Graham says that while it’s situational for each family, a long-term movement to address gender gaps in hiring needs to be a priority. “Clearly, I found that with my team members, working mothers tended to stay home, unless there was such a big income disparity between couples that it didn’t make sense. I’ve been addressing this a lot with my team. Specifically, not all couples are traditionally male/female and we need to include the language and policy that supports all family units. With COVID fatigue, that was one of the most compelling insights in terms of how stressful and how hard that has been on primary caregivers and their families.”

She went on to say that this past year Summit hired a senior vice president of diversity, equity and inclusion. “With the Black Lives Matter movement, it has become a bigger discussion that includes race as well as gender. While these conversations are overdue by decades, awareness is the first step for everyone. Your leadership team should reflect the population that you serve — not only employees, but patients as well.”

Q: What other developments would you like to see?

Scope was mentioned by all three women leaders, but in various forms.

Bolbjerg hopes others are encouraged to fully realize their dreams. “I wish that women would think bigger when they do startups, because why not?” she said. “Why only make it a ‘mom’ shop, when you can make it a big thing? I’d like to see more women willing to step into that saddle.”

Bailey would like to see two things. One is changing the “perception of the lack of female leadership. They’re not always in public-facing roles, so they don’t get the credit that is afforded to the CEO or the founder, for instance.” The other is a need for more encouragement and education for women’s opportunities to broaden their investment profiles — and potentially, independence — beyond their employers’ 401(k)s. “Most of the blockchain companies that have consumer end users are cryptocurrency companies. It’s an investment platform. The problems these companies have engaging women come from a lack of use cases and educational campaigns that target women as users,” she said.

Unlike Bailey, **Graham** believes there remains a lack of female leadership in healthcare that leads to a dearth of mentors for others ascending the ranks. “I would like to see more women mentors. The supply is not there. The higher you get, the worse it gets. The further I was promoted, the more I saw the disparity.”

Q: What’s the best advice you’ve been given by your mentor(s)?

Constructive communication styles and building — then exuding — confidence are a common theme amongst the trio.

For **Bolbjerg**, having surgeons as parents inspired her to become a doctor. But launching her own business came from having an early, strong support system. “I think a lot of women lack confidence. And that’s something I love to work on with the women I’m mentoring or whoever is entering our organization because I realize how much that has helped me,” she said.

Graham has tailored her approach over time thanks to honest feedback. “I had a really great mentor and I loved to have my voice valued around the table, but I didn’t reflect and I didn’t listen enough,” she said. That was one of the most important skills I learned — to really listen and care. That fine line of assertive/aggressive may be a little more art, reflection and experience.”

Bailey says using her strong voice and personality to her advantage was supported. “I was really encouraged by my managers, by my bosses to lean into my personality and to kind of use my authentic voice when I’m communicating. I had sort of developed this way of speaking and representing myself where I would be very selective in the words that I chose. They really encouraged me to speak more directly and to not be as afraid of how people were perceiving what I was going to say, or not being afraid of hurting people’s feelings.”

Q: Do you think there’s a double standard in terms of management styles for men and women?

Navigating leadership just came with time and experience, says **Bailey**, who mentioned that being raised in the South and going to an all-girls school set up expectations of how others perceived she should engage. “When I was first getting started in my career, I would be very deferential in an email or in spoken conversations,” she said. “I realized that that’s not how men communicate. And, it was putting me in a role that wasn’t the style of leadership that comes naturally to me.”

Graham credits two factors in shaping her approach: being the only daughter in a family of seven children, and having forged an “atypical path out of high school” — entering the military. “Boot camp was all women, but the minute I went to avionics training, I was the only woman in the class. It was like the *Top Gun* school, we do all the simulators — all the fun stuff. But, I was the only female. It was palpable in the early ‘80s,” she said. “I think that being a leader and being involved in those worlds reflects my personality. But I never feel like I’m ‘in a man’s world’ — I’ve always been in that world.”