

Tisha Boatman – Managing Director, Siemens Healthineers Denmark & Nordic and Baltics Zone



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In a wide-ranging and candid conversation, Siemens Healthineers’s Tisha Boatman discusses uprooting from the US to Denmark, how Danish hospital tendering needs to evolve beyond price considerations alone, the challenges and opportunities of the Varian integration in her region, and shares some advice for other female executives in the medtech industry.

Tisha, what brought you to Denmark initially seven years ago?

Having already been with Siemens Healthineers for eight years, back in 2013 an opportunity arose to work in Northern Europe and, unusually, I was able to pick which country to work in. There were two major factors behind my choice of Denmark, the first being the country’s strong life science industry. My husband also works in this industry and would have to quit his job in the US and take on a new role, and we saw that there were plenty of good, English speaking job opportunities here, including across the Medicon Valley area in Sweden. The second factor was location. I took on a job heading up distributor sales for Northwest Europe and knew that I would have to travel a lot, which I wanted to be able to do relatively easily.

What has your career progression been since moving to Denmark and what is it about the country that makes it an engaging place to be?

On a personal level, my family – including my two kids – and I love the quality of life here and we feel socially and culturally comfortable with many aspects of Danish culture.

From a career standpoint, it must be said that Denmark is a relatively small market, but Siemens Healthineers has allowed me to take on roles across geographies from here, first as head of distributor sales Northwest Europe, then as head of marketing, communications and sales operations for all of Western Europe and now as Managing Director for the Nordic and Baltic countries. There have long been opportunities within the company to take on different roles remotely and COVID has only strengthened the amount of flexibility shown regarding geographic location.

What is the scope of Siemens Healthineers' footprint in the Nordics and Baltics?

I oversee Denmark, Sweden, Norway, Finland, and Iceland, as well as the three Baltic states of Estonia, Lithuania, and Latvia. In total, there about 700 people working for the company across the cluster – including those from our new combination with Varian. We are physically present with staff on the ground in all these countries, apart from Iceland where we work through distributors.

In terms of focus, we are very strong in the imaging business and generally number one in the market in most imaging modalities, such as MR and CT. Siemens Healthineers is not number one in the market globally in lab diagnostics, but in this region we are tied in first position as a result of the business we have built up over time. Additionally, we have a strong focus on digital, which includes everything from vendor neutral enterprise digital solutions for all imaging modalities – such as all the patient image management for Helsinki University Hospital – to remote patient monitoring. Remote patient monitoring is a relatively new business although something we had already been active in pre-COVID in the Nordic countries. It has become even more important in the wake of the pandemic, and we have won some substantial deals in the last couple of years.

Interestingly, in the remote patient monitoring part of our digital business in the Nordics we use a Siemens Healthineers eHealth backend, but the frontend is done in partnership with the Danish firm Open Telehealth. We have won some nice business in this area, including one of the largest health regions in the Nordics which we will begin implementing in the new year. Our reputation is as a hospital-focused company, but we are a lot more than that. This is particularly important in Denmark where patient care is highly concentrated in hospitals, and there is a lot of opportunity to reduce costs and improve patient satisfaction by decentralizing care delivery.

What are the key areas in which the Danish healthcare system needs to improve?

There needs to be a better connection between hospitals and primary care. As a recent breast cancer patient, I have first-hand experience that there is significant room for improvement in the patient care pathway here. For instance, during my treatment in the Capital Region, I had to switch between two different hospitals and often despite having one electronic health record, the staff I spoke with week to week were not fully aware of other aspects of my treatment progress. As the patient I had to take far too much responsibility to ensure a coordinated approach between the different specialities involved.

Denmark puts a lot of emphasis on having high-end, best-in-class equipment as well as very modern and advanced facilities. However, not enough is currently being spent on process optimisation and the total patient pathway from preventive care through to diagnosis, treatment, and monitoring over time. Currently, the patient must take on too much responsibility for their own pathway.

How would you characterise the strengths and weaknesses of the Danish hospital tendering process?

Along with building mega hospitals, Denmark has moved towards bigger and bigger tenders, often with multiple hospitals coming together. For example, there was recently a very large imaging tender in the Capital region where multiple hospitals came together, the winner of which is yet to be announced, and a DKK 800 million ultrasound framework tender, which is also extremely large. These mega-tenders are a volume play, focused on getting the best price for high-end equipment, which is much in demand here. For example, we recently installed a Biograph Vision Quadra whole body PET/CT scanner at Rigshospitalet – one of the first four in operation globally – maybe not surprising since Rigshospitalet is ranked in the top 20 hospitals in the world, but many do not realize that – little Denmark – has very advanced specialty care like this available. Danish hospital customers also insist on a high use of robotics, particularly in the lab. They want touchless laboratories, which are very good for patients, because they increase quality and reduce the need for staff to do manual tasks. There is a high reliance on automation, particularly in the lab, and a tendency towards high-quality equipment which is great.

However, Denmark underinvests in staff training and process optimisation, purchasing a lot of high-end equipment but not training teams to use it to its full extent, meaning that patient throughput is under-optimised. This is a function of conducting what are rather traditional procurement processes. As much as the Danish authorities talk about the concept of value-based procurement, volume remains king in the country's tendering processes. Long-term concepts like staff training and education, greenfield investment, or even renewal cycles – as seen more and more in Finland, Sweden, and Norway – are absent from Danish tenders. Siemens Healthineers has a very good business in Denmark and a high market share, so this is not affecting our bottom line today, but the tendering process should be improved to look more holistically at topics like renewal cycles, remaining clinically best in class, and optimizing throughput.

How receptive are stakeholders in Denmark to these kinds of arguments?

Department heads are very receptive as they see the needs in their everyday work, but region and hospital heads are less so. Procurement departments play a stronger role in Denmark than we see in other countries, and when this is the case, there tends to be a more rigid approach to determining the specifications. There is, in general, a very conservative management structure and procurement works very traditionally.

This is all, of course, linked to Denmark's high level of transparency and low levels of corruption. Tenders based solely on price and technical specifications are very clean, whereas items like renewal cycles and staff education are more qualitative and have the potential to muddy the waters. There is opportunity however to improve the tender process while ensuring fair and balanced outcomes that better support advancing healthcare delivery.

Siemens Healthineers recently completed the enormous USD 16.4 billion acquisition of Varian with the combined company now positioning itself as able to provide more holistic cancer care from imaging for treatment planning to focused radiation therapy. What has been the impact in the Nordics thus far?

Varian had a very strong footprint in the Nordics. The radiation equipment in every major hospital in Denmark – bar Odense – is supplied by Varian, for example. Varian is well known for high-end advanced equipment, making it a good fit to do well in Denmark given the way in which Danish procurement works.

We see a lot of value in combining the two companies because Varian had already begun moving beyond the radiation therapy they were known for. There are four main ways to treat a cancer: cutting it out, radiating it out, chemotherapy, and immunotherapy. Varian is in radiation therapy as well as the various ‘cut it out’ methods including cryotherapy and brachytherapy. The aim for the combined company is to be a holistic cancer company and, as cancer is the number two killer in the world behind heart disease, this is an important global play.

What have been the management challenges of integrating the two organisations in the Nordics?

Our focus is not on marching side by side, but more on what brings value to the customer. We have had several joint customer meetings already and participated in a deal in Finland (which we won) where the customer wanted a combined offering. Plans are afoot to move the two companies in together in both Denmark and Finland, simply because leases are up, and the employee reaction on both sides has been super positive with employees eager to collaborate more closely. Both Siemens Healthineers and Varian have similar values as innovation-driven companies with a high level of trust and customer intimacy. This is reflected in our new purpose statement of ‘We pioneer breakthroughs in healthcare. For Everyone. Everywhere.’

You recently became chair of the board at AmCham Denmark, representing the interests of international business in the country. What is at the top of your agenda there?

First and foremost, my focus is on member satisfaction. There are almost 250 paid member companies of AmCham which have certain expectations. The first is around access to US and Danish government leadership. In Denmark, we help facilitate this for example through our very active healthcare committee that has roundtables with the Ministry of Health and the different region heads. This is especially important for our smaller member companies who might not otherwise have access to government leaders.

The second expectation is around networking and meeting leaders in the international business community. Our members include both large and small companies across pharma, biotech, and medtech, as well as many different industries such as consulting, finance and tech; creating a fantastic network from which to draw. Additionally, we recently launched a mentorship program, matching suitable mentors and mentees, including those from different industries for our top tier of member companies.

What has impressed you the most about Denmark and Danish people from an American perspective?

Denmark is ten times more digital than the United States. The fact that here, people can easily find their patient records and look at test results online is a huge advantage in terms of healthcare that was further foregrounded during the COVID-19 vaccination process.

Another advantage of Denmark is access; regardless of economic status, people receive quality healthcare here. This equality in terms of healthcare, as well as in education, means that there are lower rates of poverty, crime, and even road rage. Denmark is much more civilised than the US in my opinion!

The area in which Denmark could improve is in its market economy. The country can be extremely slow to change when it comes to healthcare process optimisation. This is not the best country in the world in which to do R&D; while retroactively testing existing solutions through utilising the country's data sets is viable, testing new solutions here is almost impossible. Denmark sometimes takes two to three years to adopt EU regulations from when they are published.

Perhaps there is a balance to be struck with privatising certain segments of the system, as the NHS has done in the UK to deal with long waiting lists. Letting a specialised healthcare system focus on specialised cases would drive some improvements.

Medtech has traditionally been seen as a male-dominated industry. What advice would you give to other female leaders that potentially want to replicate your career journey?

I would recommend being super curious. Over the course of my career, I have worked in a variety of different roles, across supply chain, marketing, and product management, always remaining curious and being willing to challenge myself and volunteer for new things.

The other point I would like to make is that digital technology is a great equaliser. I have become known within Siemens Healthineers as a big advocate for digital solutions, such as our remote patient monitoring solution which was born in the Nordics. It existed before I came into the job, but the team was not getting much support for the topic. It has been one of the local projects I have consistently advocated for and spent my time on. Digital health will continue to be a great opportunity for women, who tend to be good communicators with a high level of empathy. Women can therefore leverage these strengths to provide a much-needed human component in the digital world of the future.

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