POPULATION HEALTH IS WOMEN'S HEALTH

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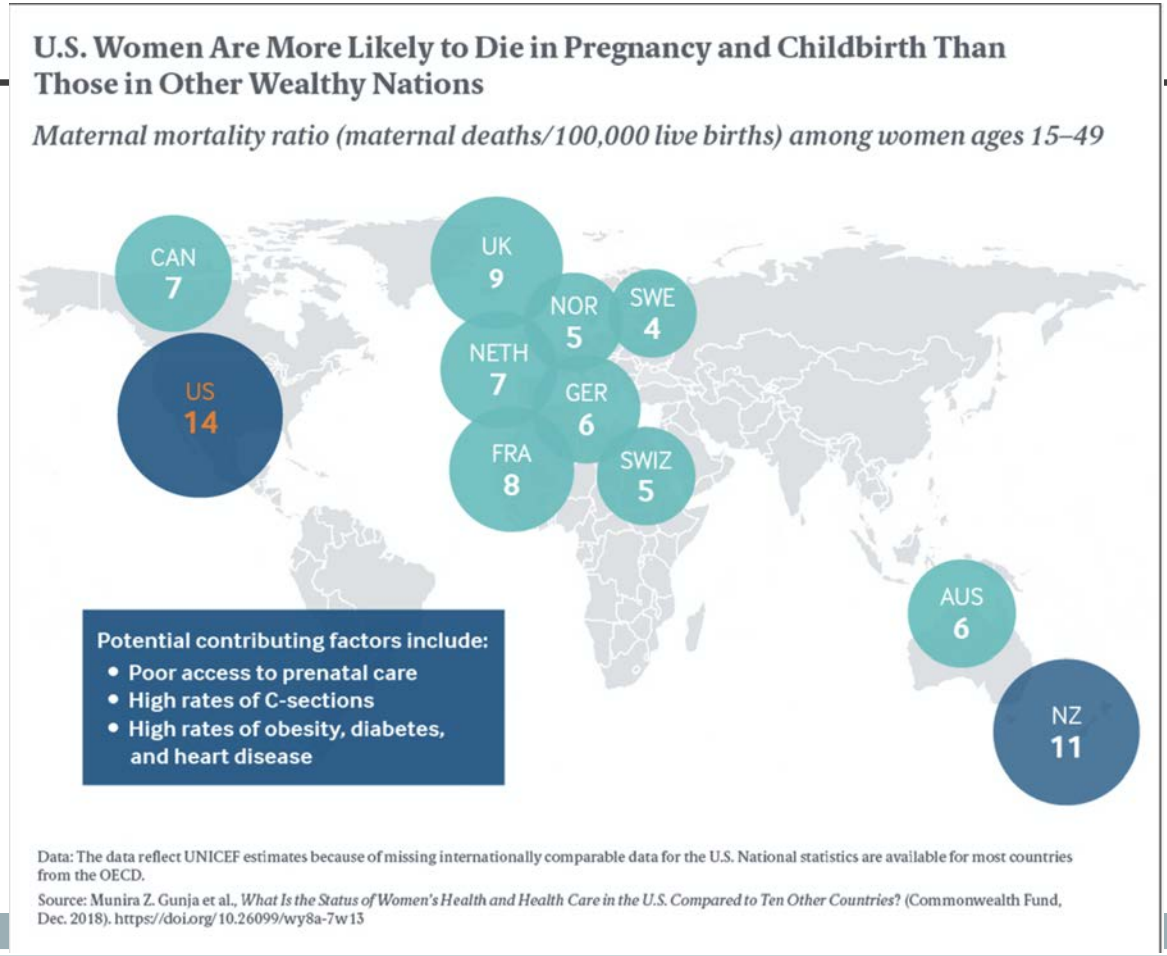
Vital Health Links

CONTENTS

- State of Healthcare in United States
- Population Health
- Gender Differences
- Why should Healthcare Systems start taking Women seriously?
- National Perspective
- Current Trends

WOMEN IN US FAIR EVEN WORSE



WOMEN IN US FAIR EVEN WORSE

WOMEN'S HEALTH

High Chronic Disease Burden Among U.S. Women

*Percent of women ages 18–64 who had two or more chronic conditions^*

Download data

Notes: ^ Having a chronic disease defined as ever being told by a doctor as having two or more of the following: joint pain or arthritis; asthma or chronic lung disease; diabetes; heart disease, including heart attack; or high blood pressure. * Statistically significant difference compared to the United States (p<.05).
Data: The Commonwealth Fund International Health Policy Survey, 2016.

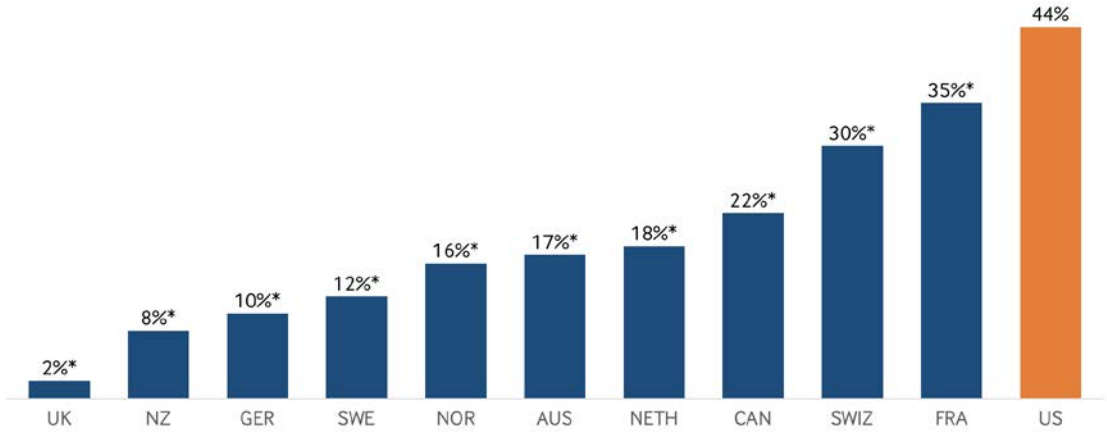
Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?* (Commonwealth Fund, Dec. 2018). https://doi.org/10.26099/wy8a-7w13

WOMEN IN US FAIR EVEN WORSE

AFFORDABILITY

Nearly Half of U.S. Women Report Medical Bill Problems

*Percent of women ages 18–64 with at least one medical bill problem^*



Download data

Notes: ^ Medical bill problems include any of the following in the past year: 1) serious problems paying or were unable to pay medical bills; 2) spent a lot of time on paperwork or disputes related to medical bills; or 3) insurance denied payment or paid less than expected. * Statistically significant difference compared to the United States (p<.05).
Data: The Commonwealth Fund International Health Policy Survey, 2016.

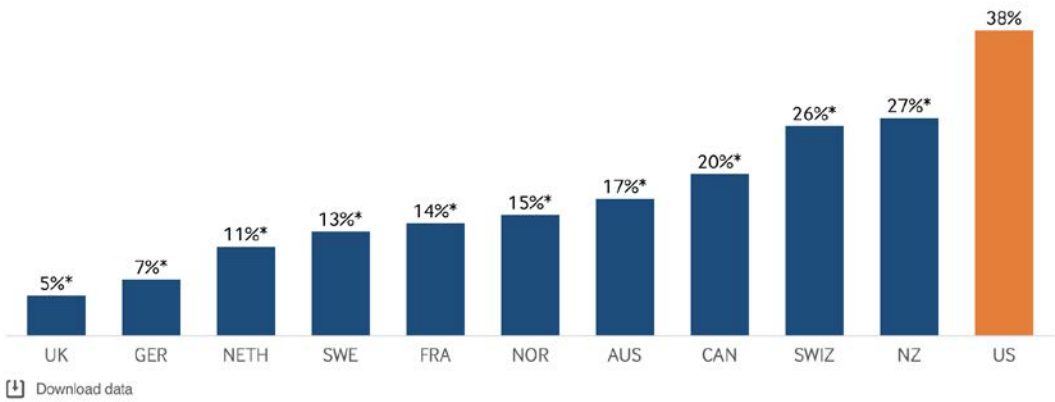
Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?* (Commonwealth Fund, Dec. 2018). https://doi.org/10.26099/wy8a-7w13

WOMEN IN US FAIR EVEN WORSE

AFFORDABILITY

More Than One-Third of Women in the U.S. Skip Care Because of Cost vs. 5 Percent in the U.K.

*Percent of women ages 18–64 with at least one cost-related access problem^*



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Notes: ^ Cost-related access problems include any of the following in the past year: 1) having a medical problem but did not visit a doctor; 2) skipped a medical test, treatment, or follow-up recommended by a doctor; or 3) did not fill or collect a prescription for medicine, or skipped doses of medicine, because of the cost in the past 12 months. * Statistically significant difference compared to the United States ($p<.05$).
Data: The Commonwealth Fund International Health Policy Survey, 2016.

Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?* (Commonwealth Fund, Dec. 2018). https://doi.org/10.26099/wy8a-7w13

SPENDING

- United States spends more than any other country

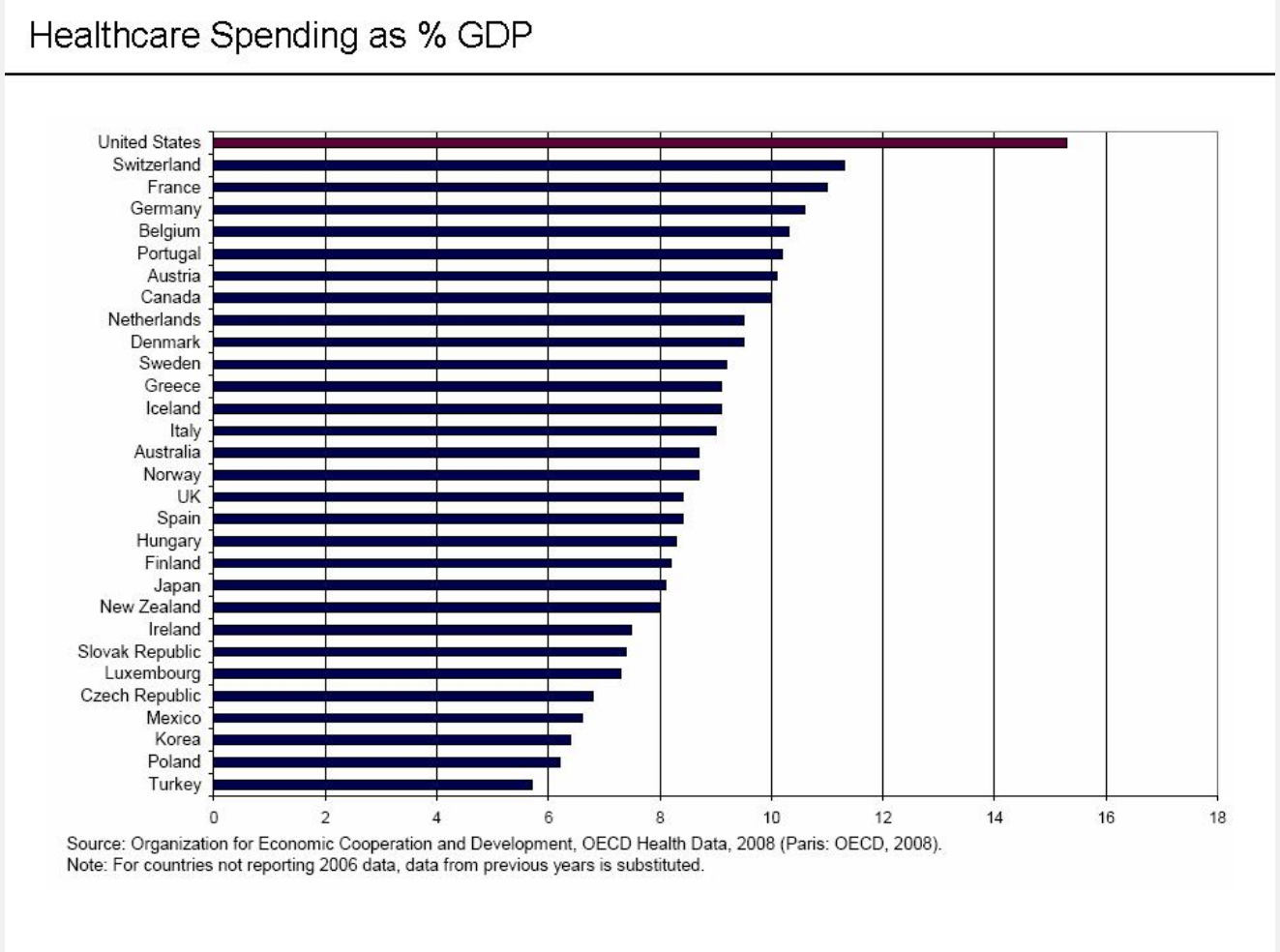


Photo by Council of Economic Advisers to the President of the United States / Public domain

CMS' Solution to rising cost of Chronic Disease

The use of financial incentives to encourage value is proliferating through Medicare.

2019 MACRA

Medicare Access & CHIP Reauthorization Act of 2015 a.k.a Doc Fix Bill.

2015

Physician Value Based Modifier Program

2011 ACO Program and Hospital VBP

2010 Meaningful Use

EHR Incentive Program

2006 PQRS

Physician Quality Reporting System

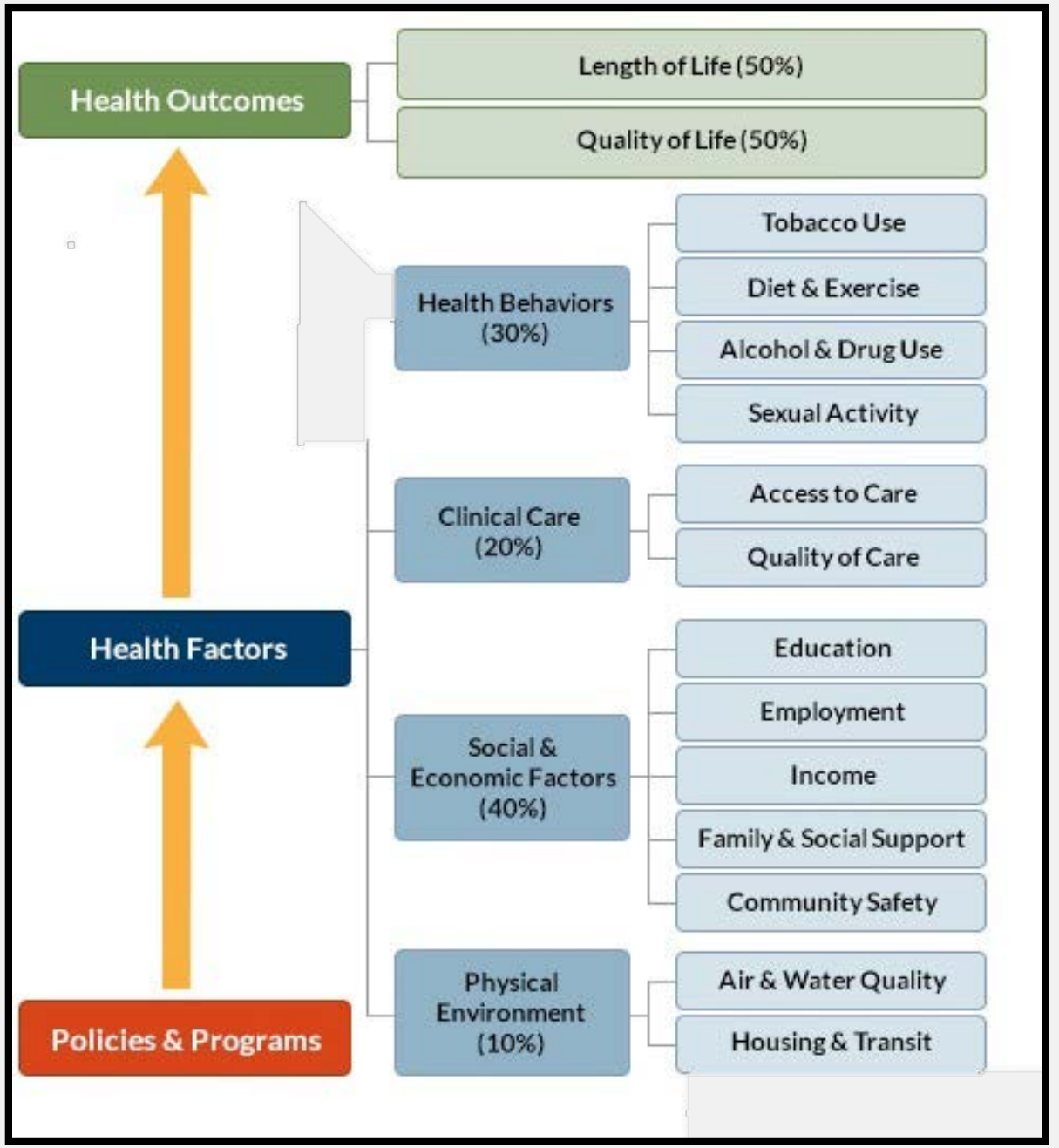
2003

Premier Hospital Quality Incentive Demonstration.

DEFINING POPULATION HEALTH

- **Population health is <u>both</u>:**
  - the health outcomes of a group of individuals, and
  - the distribution of such outcomes within the group

- **Improving population health requires <u>both:</u>**
  - clinical management of individuals in the group, and
  - addressing underlying determinants of health status across the group



Community Health Rankings
U of W

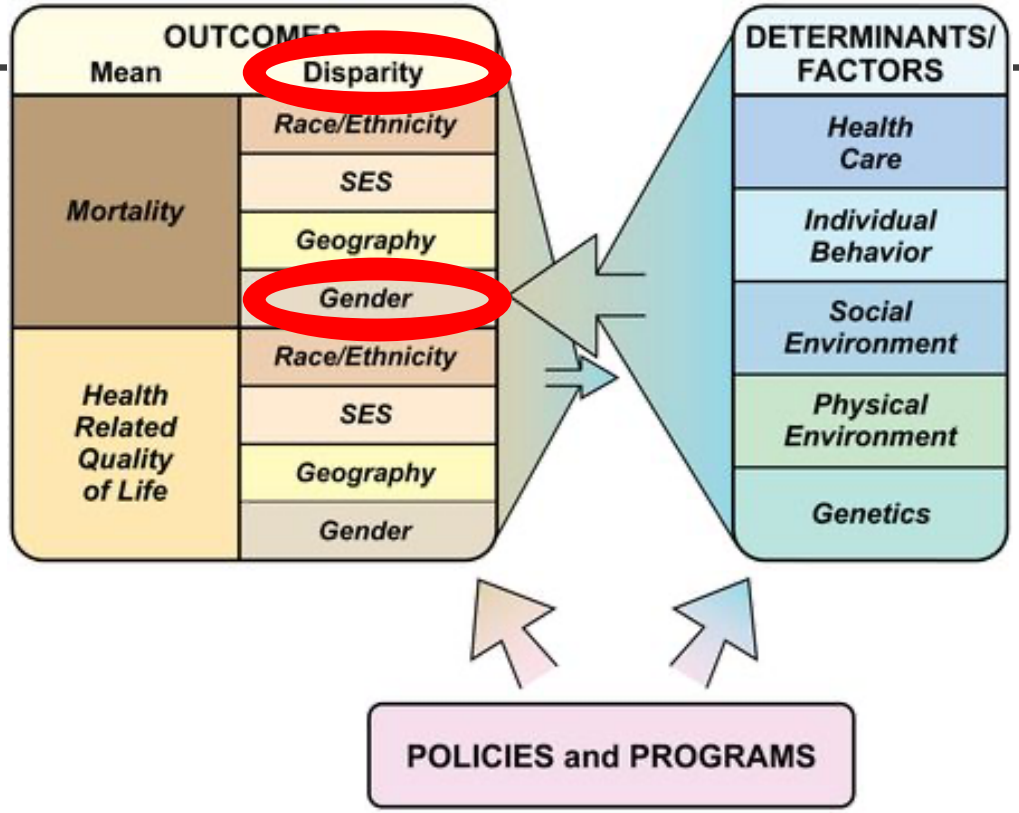
POPULATION HEALTH

"the health outcomes of a group of individuals, including the distribution of such outcomes within the group"

- **Groups are often geographic populations such as nations or communities but can also be other groups such as employees, ethnic groups, disabled persons, or any other defined group**
- **Not just overall health; but also includes distribution of health**

Kindig D, Asada Y, Booske B. (2008). A Population Health Framework for Setting National and State Health Goals. *JAMA*, 299, 2081-2083.

POPULATION HEALTH



Kindig D, Asada Y, Booske B. (2008). A Population Health Framework for Setting National and State Health Goals. *JAMA*, 299, 2081-2083.

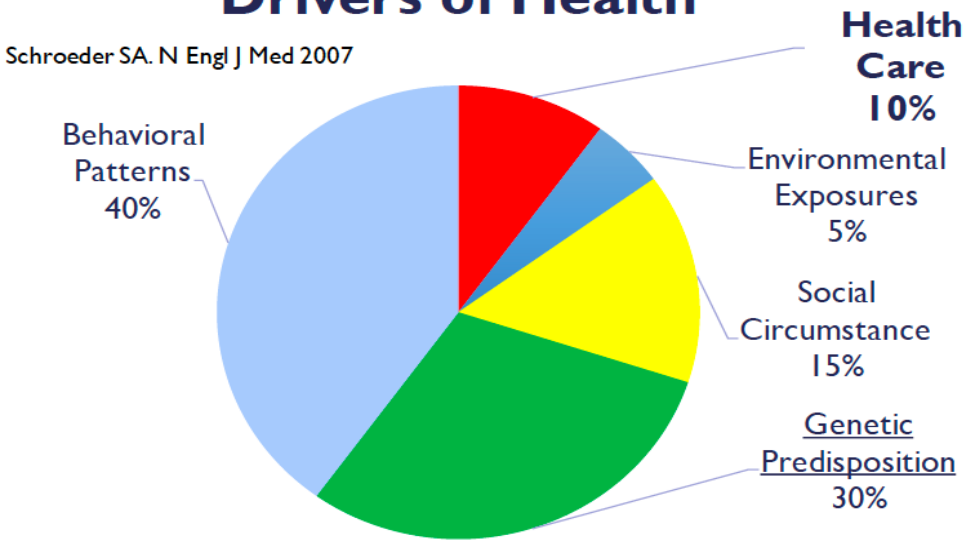
SOCIAL DETERMINANTS OF HEALTH

INCREASING DISPARITY

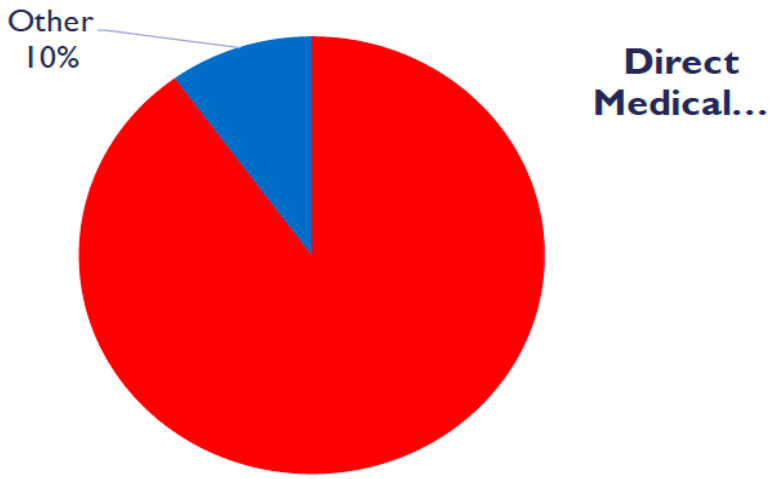
Mismatch: We are Buying Healthcare not "Health"

Drivers of Health

Schroeder SA. N Engl J Med 2007



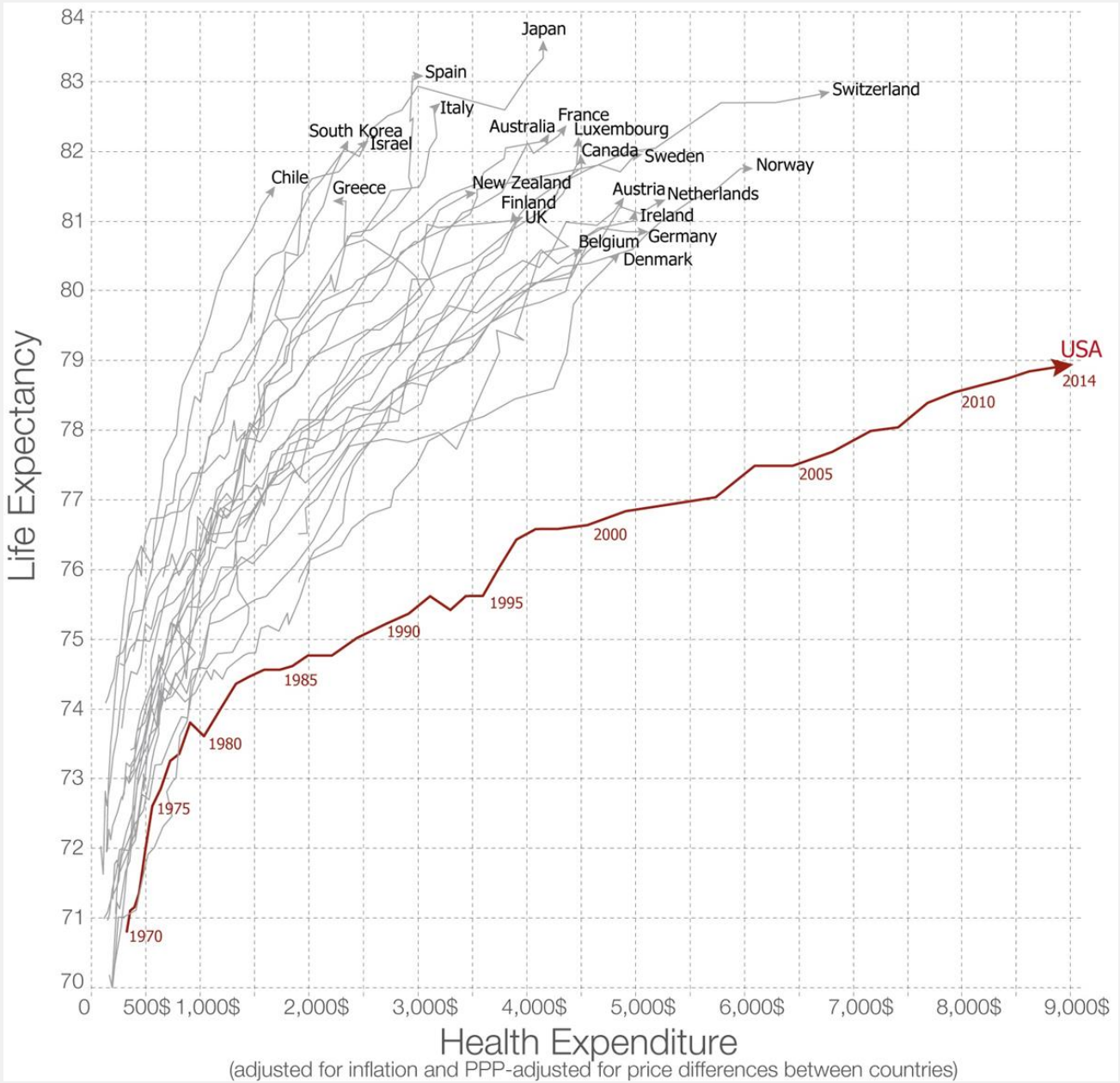
Health Care Spending



- 10% of health outcomes are attributable to medical care, while up to 70% are tied to social and environmental factors and the behaviors influenced by them.
- The greatest opportunity to improve health lies in addressing a person's **unmet essential needs**.

OVERALL SYSTEM EFFECTIVENESS

How do we bend this curve?



POPULATION HEALTH WILL NEVER BE ACHIEVED UNLESS WE ADDRESS…

SOCIOECONOMIC DISPARITIES

- Sexism, Racism and Class affect every patient we see
- In the US, we do not address social determinants of health broadly
- This leads to disparate outcomes, ill-informed policies, substandard care and waste yet-more money

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61690-6/fulltext

WOMEN HAVE IT WORSE

- Study published in *Journal of the American Heart Association* raised concerns about gender differences when it comes to quality of care –
  - women with heart disease were 25% more likely to report poor patient-provider communication
  - 12% more likely to experience lower health care satisfaction compared to men.
  - Women were also 15% more likely to report poorer health status based on a standardized quality of life assessment.

MARS vs VENUS

- Women earn less than men: an avg. of 79 cents for every $ men make.
- 2/3 of minimum wage workers are women
- Majority of single-parent families are headed by women – healthcare is a constant threat to economic stability

WHY SHOULD HEALTH SYSTEMS PAY ATTENTION TO WOMEN?

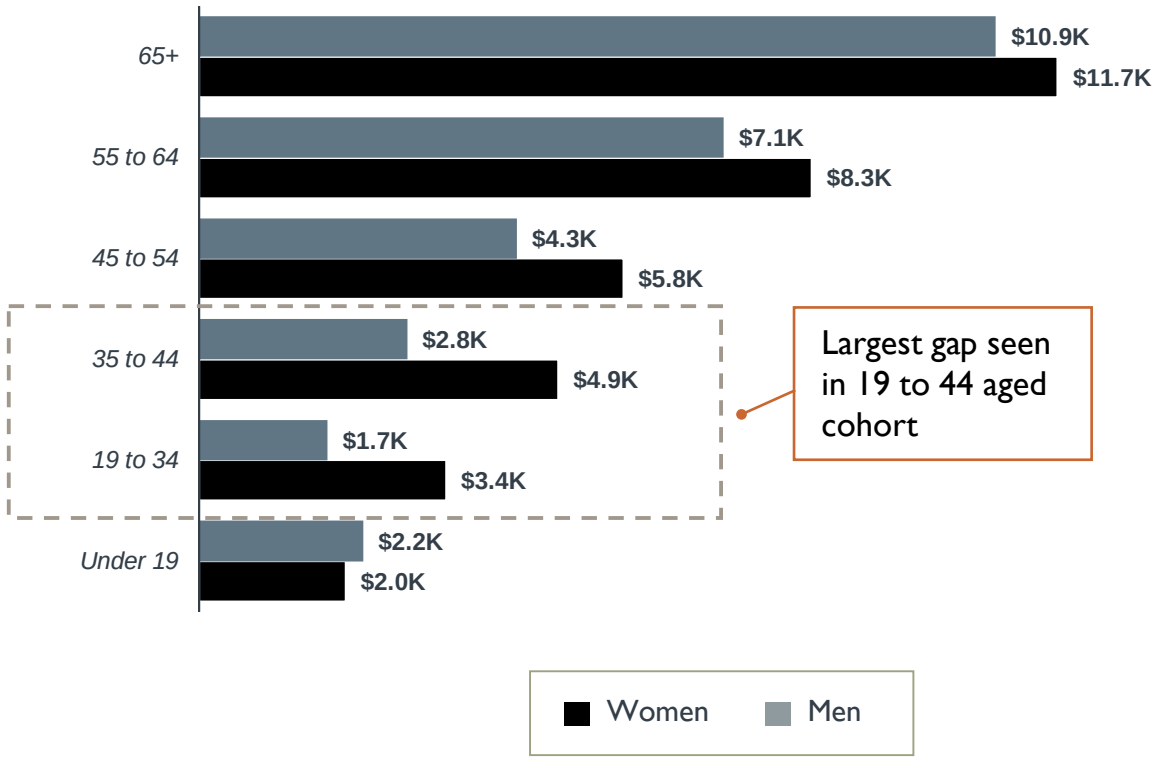
- Women are more in touch with health care pricing and more affected by it than men
- Women own reproductive health
- Women make pediatrician appointments and run elder care
- In 2016, female spending accounted for 56% of total health care spending. Male spending accounted for 44%
- Per capita health spending for females was 25% more than that for males ($7860 vs $6313)

WOMEN ARE KEY FINANCIAL CONTRIBUTORS TO SYSTEMS

Outspending Men Especially in Childbearing Years

Per Capita Health Care Spending by Age and Gender

2015



Source: Advisory Board Market Scenario Planner; Kaiser Family Foundation "Analysis of Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services," 2017; Service Line Strategy Advisor research and analysis.

WHY PAY ATTENTION TO WOMEN?

- Women have significant influence on healthcare utilization
- They make 90% of healthcare decision for their families

Yet, strapped for time themselves, many doctors focus on patients to the exclusion of the decision maker accompanying them to the exam room

Drug and medical trials continue to ignore sex differences

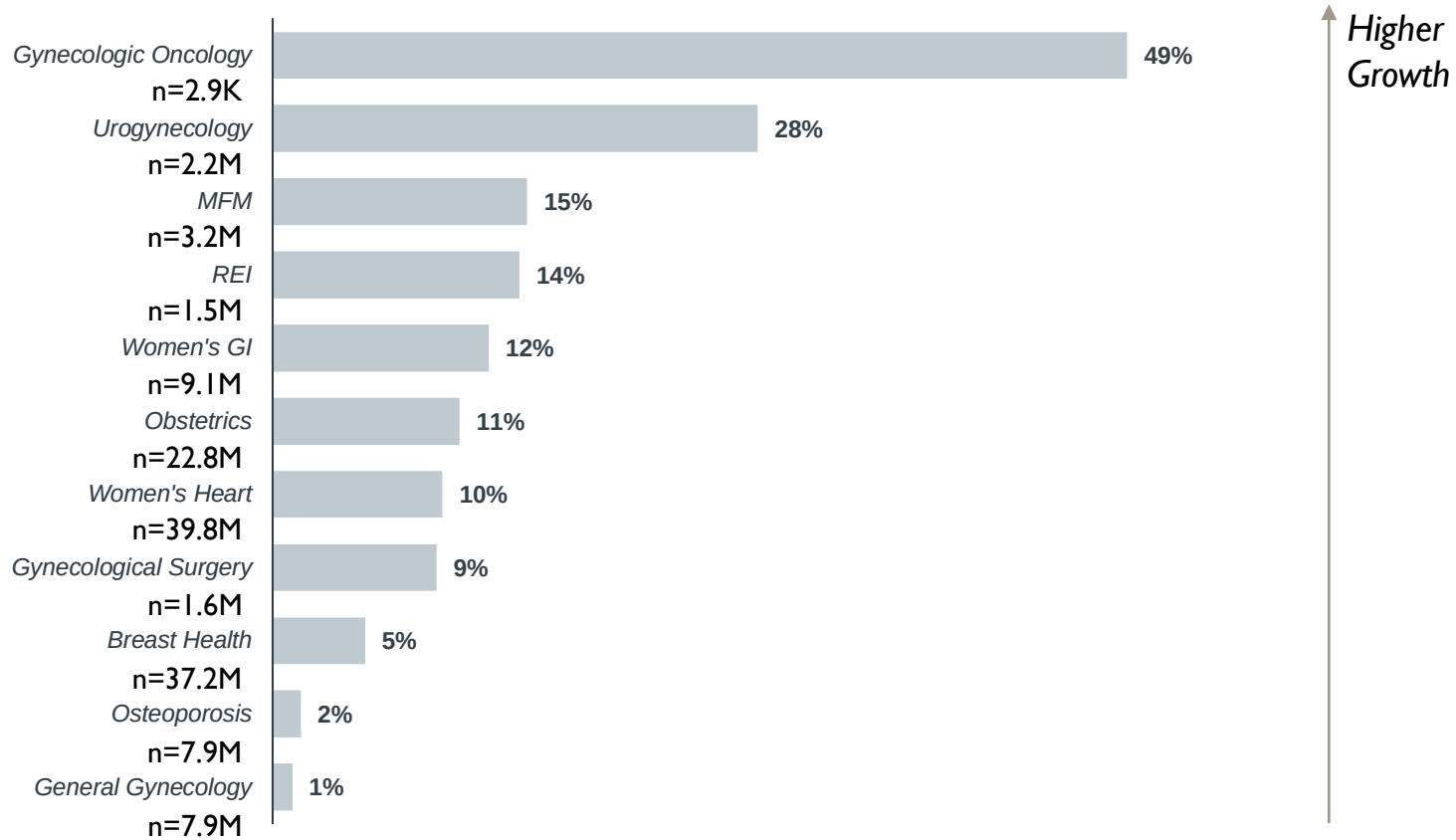
- 63% of Medicare population if Female – fastest growing demographic

ALL OUTPATIENT WOMEN'S SERVICES POISED FOR GROWTH

As Population Ages, Midlife Demand Rising

National Women's Outpatient Growth Projections

2017-2022[1]



1) n-values represent 2017 estimated national volumes.

Source: Advisory Board's Market Scenario Planner tool; Service Line Strategy Advisor research and analysis.

FORCES IMPACTING THE WOMEN'S SERVICE LINE FOR HEALTH SYSTEMS

Discerning Shoppers and Falling Birth Rates Create Competitive Terrain

OB/GYN is a highly shopped specialty and you must focus on delivery to win both OB and GYN patients. 47% of new private payer OB/GYN visits are self-referrals. Because most women stay with their regular provider for delivery, providers have to focus upstream–on GYN patients– to attract deliveries. GYN shoppers have a hidden agenda: obstetrics.

The moms you're competing for are fewer– and older. Delivery volumes are at a decade-long low while the average age of new mothers continues to rise. In 2017, for the first time in a decade, the only age group with growing birth volumes was women over 40.

Complex pregnancies on the rise and challenge hospital margins. The complexity of pregnancy patients is increasing due increased maternal age and to the rise of chronic conditions and the opioid epidemic. Meanwhile, Medicaid margins challenge OB program finances, amidst insurance coverage changes.

Freestanding birthing centers attractive favorable patients while mobile innovations change access options. New innovations in women's services are disrupting traditional strategies, with the rise of freestanding birthing centers leading to increased competition for deliveries while virtual care and mobile clinics lead to new access points for care.

More older women means more midlife care: Demand for midlife services continues to grow as a result of the aging population, raising the relative importance of these services within the overall framework of women's health care.

Source: National Vital Statistics Report, CDC (2017); How do Women Choose Pregnancy Care?: Service Line Strategy Advisor research and analysis

NEW GROWTH OBJECTIVES FOR WOMEN'S PROGRAMS

Gain Loyalty and Compete Across the Continuum to Grow

Market Trends

***Consumerism**: Increasing Consumerism*

***Birth Trends**: Declining Births and Aging Population*

***Birth Complexity**: Increasing Complex Pregnancies*

***Birth Innovations**: Growth in Alternative Birthing Sites*

***Demand for Midlife Services**: Rising Demand*

Strategic Imperatives

Win and retain patient loyalty

- Increase access, convenience of care
- Effectively communicate offerings
- Deliver on patient experience
- Strengthen referral network integrity

Particularly important for obstetrics

Compete across the care continuum

- Strengthen midlife and senior services
- Coordinate care across specialties
- Differentiate with alternative and niche services

Source: Service Line Strategy Advisor research and analysis.

COMPETE ACROSS THE CARE CONTINUUM

Strengthen midlife and senior services

- ❑ Cater to full care continuum across female life stages
- ❑ Develop multidisciplinary women's screening services, such as women's heart, gastroenterology, and osteoporosis

Coordinate care across specialties

- ❑ Implement a matrix reporting structure that supports cross-service collaboration
- ❑ Use nurse navigators to enhance care coordination

Differentiate with alternative and niche services

- ❑ Consider offering low-intervention, alternative birthing services as an avenue to differentiation
- ❑ Determine subspecialty (MFM[1], REI[2], urogynecology, etc.) need based on market demand

1) Maternal fetal medicine
2) Reproductive endocrinology and infertility

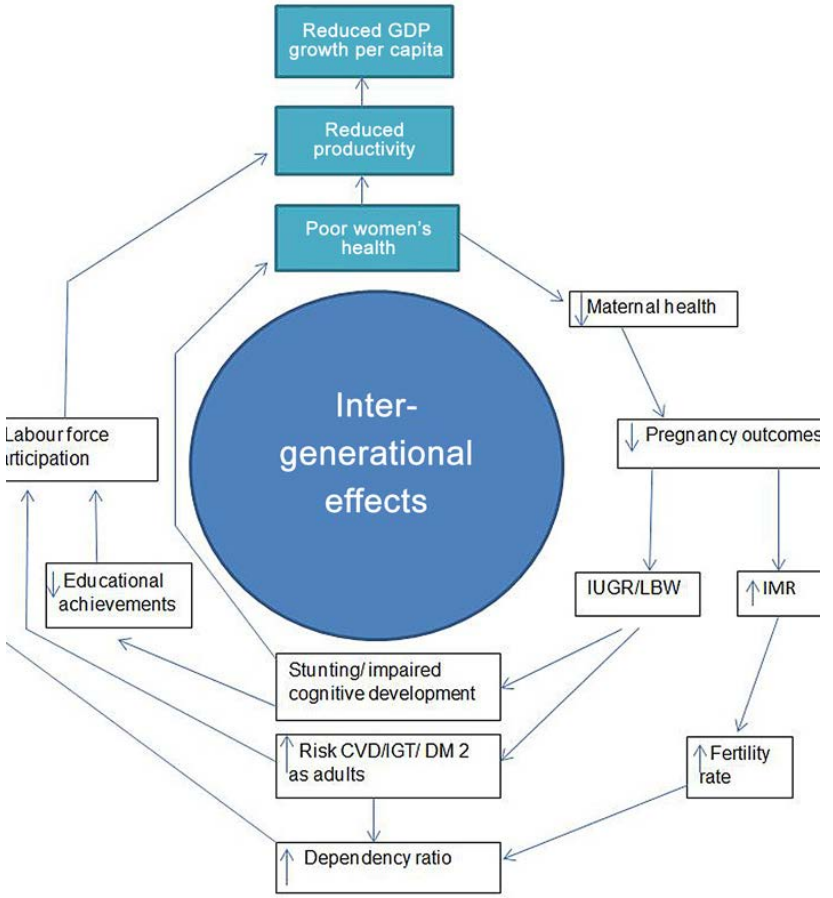
Source: Service Line Strategy Advisor research and analysis.

MACROECONOMIC BENEFITS

Healthier women contribute to better educated and more productive societies

Ensuring women's control over their own fertility can boost the pace of economic growth and development

Maternal health is crucial to the health and economic wellbeing of subsequent generations through intergenerational spillovers



PLOS ONE | DOI:10.1371/journal.pone.0150120 March 30, 2016

THANK YOU

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