

Patient-Centered
Primary Care
COLLABORATIVE



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Women's Health Care Across the Lifespan

PCPCC WEBINAR
FEBRUARY 25, 2019

Welcome & Announcements



Welcome – Julie Schilz, PCPCC Executive Member Liaison



Upcoming PCPCC Webinars



Interested in PCPCC Executive Membership?

Email Jenifer Renton (jrenton@pcpcc.org) or visit www.pcpcc.org/executive-membership



PCPCC Annual Conference

Save the Date:
November 4-5,
2019

Webinar Speakers



Moderator:
Julie Schilz, BSN, MBA
PCPCC Executive Member Liaison



Nancy Lee, MD
Board Member
Black Women's Health Imperative



Katie Martin
Vice President Health Policy & Programs
National Partnership for Women & Families



Meredith Yinger, MPH
Health Policy Analyst
American College of Obstetricians and
Gynecologists



Health Policy:

Women's Perspective

Katie Martin
Vice President for Health
Policy and Programs

**Patient Centered Primary
Care Collaborative**
February 25, 2019


national partnership
for women & families

About us



The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care, and policies that help women and men meet the dual demands of work and family.

More information is available at www.NationalPartnership.org.



Women's Unique Perspective on Health and Health Policy



▶ **Role as decision makers and caregivers**

- ▶ Make 80% of health care decisions
- ▶ 94% of working moms make health care decisions for others
- ▶ Responsible for nearly two-thirds of caregiving

▶ **Frontline health care workers**

- ▶ 3 times as many women as men in the health care workforce (though only 1 in 5 executives and board members at Fortune 500 health care companies)
- ▶ More than 75% of hospital employees

▶ **Majority of Medicare, Medicaid, and Marketplace enrollees**

Importance of Insurance Coverage



▶ **Uninsured women:**

- ▶ Find it harder to get the care they need if they are sick
- ▶ Are less likely to be able to afford to see a doctor
- ▶ Are less likely to use preventative services
- ▶ Are more likely to delay care because of cost

▶ **Women with lower incomes but without health insurance less likely to have a personal doctor than women with lower incomes and health insurance (54% vs. 85%)**

Financial and Health Effects of Caregiving

- ▶ **Women spend 50% more time providing care than men**
- ▶ **Women who are caregivers are:**
 - ▶ 2.5x more likely to be living in poverty
 - ▶ 5x more likely to be a recipient of Supplemental Security Income
- ▶ **Women who spend 9+ hours per week caring for an ill or disabled spouse are twice as likely to have heart disease**
- ▶ **Caregiving caused a change in the work situation of 6 in 10 caregivers**



Women's voices too frequently ignored



- ▶ **Only 65% women fully trust their physicians**
- ▶ **45% have been labeled chronic complainers.**
- ▶ **Women's pain is not taken seriously**
 - ▶ 65% of women with chronic pain felt doctors took their pain less seriously because of their sex.
 - ▶ Women wait longer than men to receive painkillers and are less likely to receive those drugs at all
- ▶ **Women's health accounts for only 4% of the overall funding for research and development for healthcare products and services**

Women's voices too frequently ignored



- ▶ **Women are less likely to be diagnosed correctly**
 - ▶ Women may differ from men in disease expression, reaction to medication or care management plans
 - ▶ More likely to die within a year of a heart attack and less likely to receive aggressive prescription regimens
 - ▶ About 75% of patients with autoimmune disorders are female, and on average, they see 5 physicians over 4 years before their illness is identified

Serena Williams on Motherhood, Marriage, and Making Her Comeback

JANUARY 10, 2018 8:00 AM

by ROB HASKELL | photographed by MARIO TESTINO

“... told the nearest nurse, between gasps, that she needed a CT scan with contrast and IV heparin right away.”



“The nurse thought her pain medicine might be making her confused. But Serena insisted...”

“I was like, listen to Dr. Williams!”

Distinct Experience: Maternal health

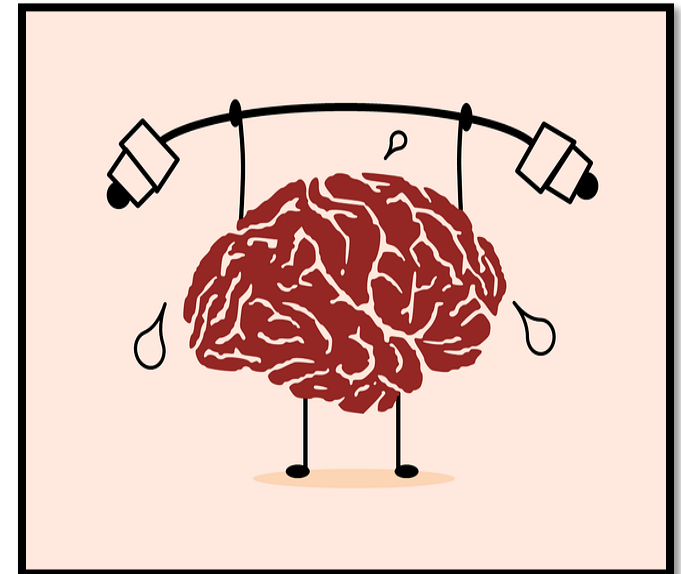


- ▶ **A baby is born every 8 seconds in the US**
- ▶ **More hospital stays are for pregnancy, childbirth, newborns than any other reason by far.**
- ▶ **The U.S. has the highest maternal mortality rate among developed countries**
- ▶ **It is the only developed country where the maternal mortality rate continues to rise**
 - ▶ Approx 60% were preventable
- ▶ **Racial Disparities**
 - ▶ Between 2011-2013, **12.7 white women** died per 100,00 live births compared to **43.5 black women**

Distinct Experience: Mental Health



- ▶ **In 2017, depression and anxiety were 2x more common in women than men**
 - ▶ Most women believe that depression is “a normal part of aging”
- ▶ **Between 5-25% of all pregnant, postpartum, and parenting women have some type of depression**
- ▶ **Gender-based expectations associated with balancing work and family can cause women to delay accessing care**



Policy opportunities



- ▶ **Advance health equity**
- ▶ **Reduce the financial burden of health care for all women and families**
- ▶ **Improve maternal health outcomes by reducing disparities and transforming the delivery of maternal health care**
- ▶ **Establish infrastructure to listen to women and take their concerns seriously**

For more information



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Nancy C. Lee M.D.*

For the Patient-Centered
Primary Care Collaborative
Feb. 25, 2019

*Board Member, Black Women's Health Imperative

Black Women's Health Imperative

For 35 years, BWHI has been the only national organization solely dedicated to the health and wellness of the nation's 21 million Black women and girls.

700 Pennsylvania Avenue SE, Suite 2059,
Washington, DC 20003
www.bwhi.org



BLACK WOMEN'S
HEALTH IMPERATIVE

BWHI FOCUS

- **Policy**
- **Wellness**
- **HIV Prevention**
- **Research Translation**
- **Reproductive Justice**



Black women face many health disparities

- 80% are overweight or obese, higher than women of other races
- A 42% higher mortality rate from breast cancer
- Have 15% more cortisol (the stress hormone) in their blood at any point in time
- Higher prevalence of heart disease, diabetes, hypertension, and depression than women of other races
- ...



Implicit Bias and Racism Affect Health of Black Women

- Research since 2013 show that provider beliefs about Black people are linked to racial disparities in health and health care
- Cultural stereotypes influence how information about an individual is processed and
- These stereotypes lead to unintended biases in decision-making, called “implicit bias”

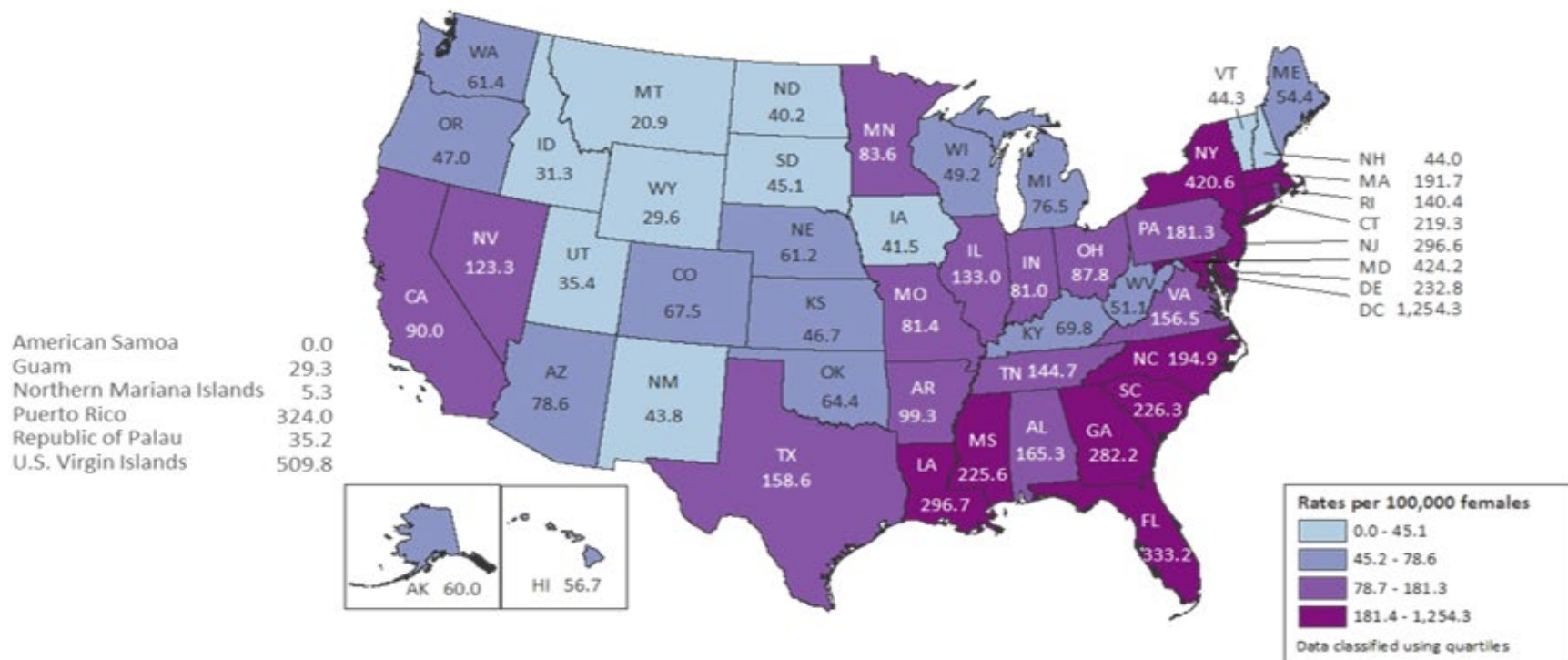


**Black women account
for 13% of the U.S.
female population and
64% of all new HIV
infections!**

13%

64%

Where HIV Infections Among Females are the Highest





Pre-exposure Prophylaxis (PrEP)

- 1° care providers have a critical role in preventing HIV with PrEP (Truvada®)
- Doctors are hesitant about PrEP for women; it's been prescribed primarily for gay men
- NO HIV risk assessments tool is available for women
- Treatment protocols must consider the lived experiences of Black women
- Provider training programs are needed

Black Women are Unaware of PrEP



Who should get PrEP:

- Women with multiple partners who often have a new STD
- Anyone whose sexual partner is HIV +
- IV drug users

<https://www.cdc.gov/hiv/risk/prep/index.html>

Maternal Mortality by Race and Ethnicity

RACE/ETHNICITY

Maternal Mortality - Hispanic



Maternal Mortality - Black



Maternal Mortality - Asian/Pacific Islander



Maternal Mortality - White



Maternal Mortality - AIAN



Deaths per 100,000 live births

CDC Data 2011 - 2015




Why is there a higher rate of maternal mortality for Black women?

Chronic illness and overall health

- **Obesity and hypertension – risk factor for pregnancy complications higher among black women**

Other differences – social determinants of health:

- **Income, education, housing, insurance coverage, access to healthcare, excess stress**
- **Economic, social, environmental, biologic, genetic, behavioral and healthcare factors**
- **Implicit bias and variations in ways healthcare is delivered to black women**



To reduce maternal mortality and severe morbidity

- Adopt protocol from California Collaborative to reduce hemorrhage and other hospital associated events
- States have not universally adopted these quality protocols
- Every state should perform maternal mortality reviews
- NYC study found 65% of white women vs 23% black women gave birth in the safest hospitals
- Improve care in hospitals that disproportionately serve black women
- Train healthcare providers about implicit bias



BLACK WOMEN'S
HEALTH IMPERATIVE



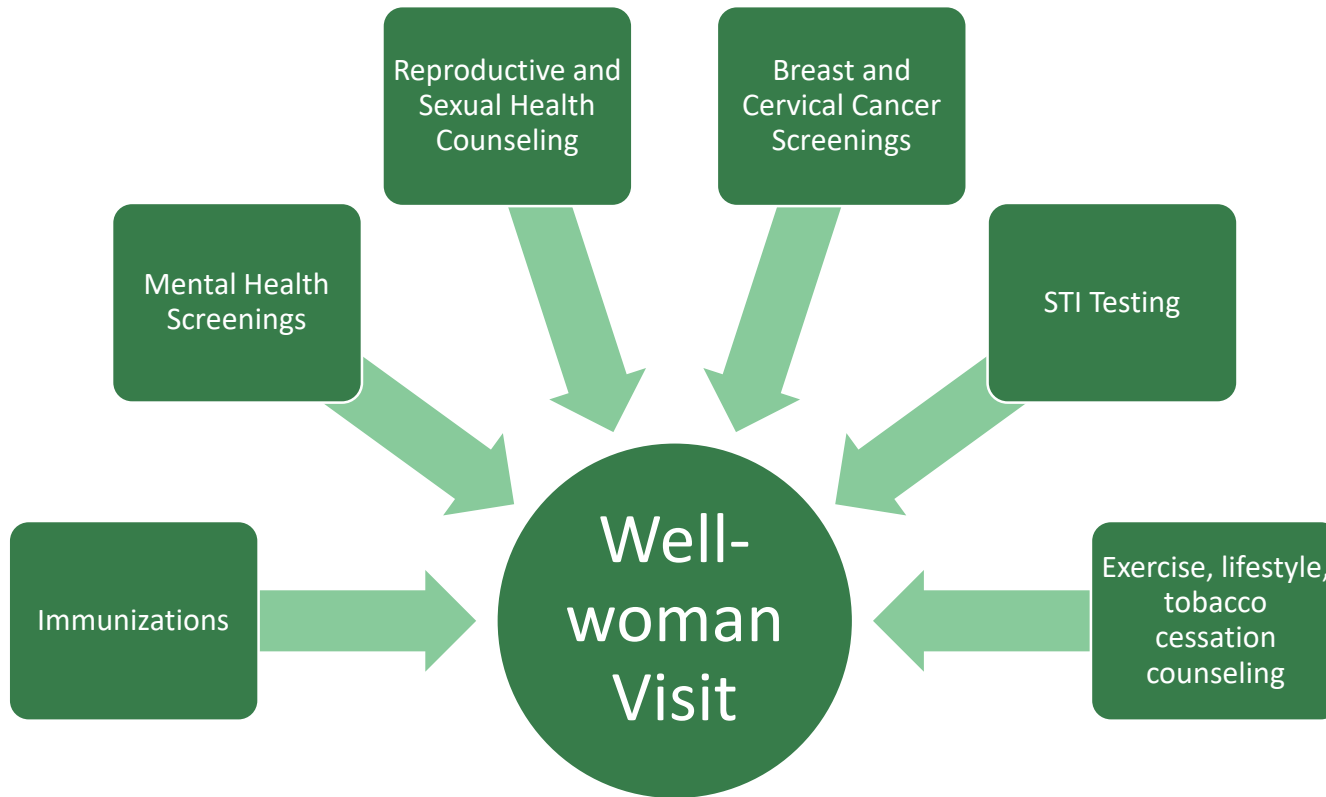
BWHI.org

The Role of the Provider in Addressing Women's Health Needs

Meredith Yinger, MPH
Health Policy Analyst



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Perinatal care serves as an opportunity to...

- Connect women to mental health and other providers
- Treat substance use disorder
- Provide postpartum contraception
- Prescribe PrEP
- Administer immunizations
- Provide tobacco cessation, nutrition counseling
- Transition to primary care physician



Using Team-based Care to Address Women's Unique Needs

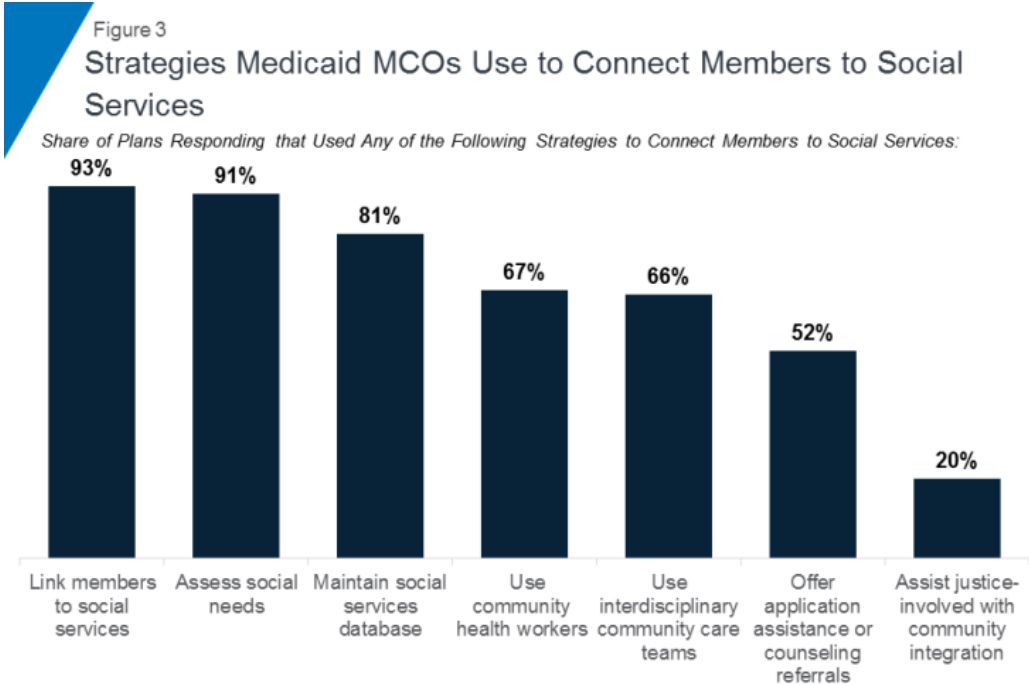


Using Team-based Care to Address Women's Unique Needs



- Heart disease
- Fibroids
- Cancer screenings
- Women as caregivers

Care Coordination and Social Needs



NOTES: Plans were asked: "In the Past 12 months, has your Medicaid MCO used any of the following strategies to connect members with social services?" "Other" responses (4% of plans) not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.



Artiga S, Hinton E. Beyond health care: the role of social determinants in promoting health and health equity. Kaiser Family Foundation. 2018

Alternative payment models as a tool



Addressing Disparities



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH **A I M**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Thank you!



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Questions