

Women's Health - A Long Term Trend

Interview with Dr. Bonnie Zell

Dr. Bonnie Zell is the Medical Director of Aurora's Women's Health Pavilion

Interviewer: Christian Renaudin, TMTG

CR: Do you agree with our definition of a comprehensive women's health center? *A line of service programs aimed at health preservation and illness prevention for women, from adolescence through childbirth and menopause.

BZ: I would broaden the definition. I think it has to cover the lifespan of women, not just through menopause, but also beyond. Aging women have a greater impact on health system cost than younger women.

CR: Why should Healthcare Delivery Organizations invest in women's health?

BZ: There are several answers to that question, depending on how you look at the issue.

1. From an economics viewpoint: women are the number one decision makers for health care choices. They decide for themselves and their families. They choose and select the providers. They utilize services much more than men. They live longer. They drive care utilization. So it seems natural to target on high volume utilization. Therefore, if health systems focus on women, they make great economic decisions from an investment viewpoint.

2. From an ethical viewpoint there is an overlap: one, the overall aging population tends to be female dominated. So our society should care for women proportionally. Second, diseases specific to women are numerous and not just limited to the GYN sphere. So there is a need for women specific care pathways. And finally, since there are different distinctive cycles during the life of a woman, from young reproductive age to mature reproductive age to peri-menopausal and post-menopausal, there needs to be different emphases of care depending on the particular cycle. Men go through the same phenomenon, but it is much less pronounced.

3. From an information viewpoint

Women are information savvy. They are very quick at assessing what is good, what is not good. They are interested in learning about care improvements; they are interested in finding new treatments, and new therapies. They want to be empowered to make better decisions. So it is critical from a health care provider strategy to address any discontent or dissatisfaction from an information viewpoint. I think women are dissatisfied due to the lack of information or the lack of relevant information for a particular disease process. They would like more accurate research and more evidence based, consistent information. In addition they are unhappy about the fact that none of the literature truly addresses the issue of alternative therapies.

Additionally, as a care delivery system, you have to build trust with women. You have to create a positive opinion about your services, and your ability to provide accurate, reliable information. Once you create a positive impression about the information and services you are providing, not only will women continue to utilize the women's healthcare center, they will bring their families to benefit from other services provided by the healthcare system. Overall business will increase.

However, I think there are issues much beyond women's health. . Women's healthcare should not only be seen as caring for women. This is also caring for the entire family and even the community since women are so involved in the healthcare process. So a society that demonstrates an ability to care for women is a society that demonstrates the ability to take care of itself overall.

The problem actually starts with the way women's health care is defined. Very often women's health is defined as only breast care, reproductive care, and so forth, which I call "body part health care". I think women's health covers all aspects of care. It's a more comprehensive and integrated approach. For example, the mortality rate for heart disease is much higher for women. The smoking problem is much greater with women. There are many other examples I could give you where gender makes a difference in terms of morbidity and mortality.

CR: Your center is fairly unique in its comprehensiveness and was created earlier this year. I think the idea came from top management at Aurora Health Care? What were the drivers for the creation and what are they today? Have you seen any impact yet?

BZ: Aurora Health Care needed to build a state-of-the-art tertiary care OB services facility. So it started with a much more traditional view. However, top management quickly looked at the demographics and realized that this was a golden opportunity to create something unique for women's health in general. Yes, they would build an obstetrics department in a fairly different way, but they would also, thinking outside the box, address the whole issue of women's health and expand the service line beyond OB services. The idea was to help the aging woman, and to provide a state of the art, comprehensive and integrated delivery system for women. Aurora Health Care had the ambition to create tools and programs that would uniquely address women's health needs.

As part of this effort, I was recruited to, so to speak, to "add meat to the bone". Aurora Health Care recognized the benefit during conceptualization and implementation of having a physician to champion the effort. So Aurora Health Care charged me with the creation and implementation of the model, this included creating the tools and the processes that would be so critical for success. This is about thinking differently and developing tools to support the patient/physician relationship in order to help physicians provide comprehensive, integrated care. For example, providing health risk assessments to physicians to help determine a patient's specific risk or providing guidance on appropriate approaches for patients to consider. This is about using existing resources in a much more rational way, taking advantage of all available resources in the healthcare system and focusing on a multi-disciplinary approach.

CR: But you have not told me yet about the impact?

BZ: Well, keep in mind that we've been operating for five months, and so far the only major feedback I have is subjective. I can tell you that there's a great perception from the community. The mood is very positive. The patients are enthusiastic, the physicians are extremely positive towards the program. How many patients have told us, "This is about time that a facility or an organization started to look at our needs from a woman's perspective." Our financial numbers are at or are exceeding our expectations in all of the programs.

CR: You have been an outspoken advocate for women's health center issues. What would be your top five criteria for creating success in a women's health center?

- BZ:
1. The number one criteria is to have a champion — a physician that has a vision for this type of program.
 2. This physician needs to get the other physicians in the community to embrace and buy into the idea. They will clearly need to be behind the success of your initiative, so you have to address turf battle issues.
 3. You have to secure as a consultant or full-time a physician like myself to do a very detailed need-assessment analysis in the community of the physicians and the patients. If market research has been done regarding the community of patients, analysis review should involve the physician champion.
 4. You have to get the pulse from the patients, you have to get the pulse from the overall stakeholders and meet each key physician, one on one, that could play a significant role. You can't rely on a group setting to address the physicians. You have to be able to convince them why the concept works, and describe the benefits derived from it for them as well as their patients. And again, this is not limited to clinical care, this is also behavioral health, this is about information programs, this is about biofeedback. You have to involve the primary care physician for women, not just the OB/GYN physicians. You need to be inclusive, not exclusive. Finally, you have to include other players into the system overall: administrators, nurses, etc.
 5. A good way to begin is to create health-risk assessment tools. Having the ability to share this information via computerized systems is a great asset. Creating a virtual system that revolves around information technology to share resources has added value.

CR: So it sounds like you're not talking so much about investing in tools, facilities, buildings, etc.?

BZ: That's not the essential piece. The essential piece is to get people to utilize what already exists, what's already available, but in a different way.

CR: Do you see more centers like yours being developed in the near future?

BZ: Yes. I think there'll be a lot more centers like this one. I've been solicited by numerous organizations to share our experience, as have our architects. There are other facilities at this time breaking ground and starting to create a similar comprehensive center.

CR: Is the "brick and mortar" model the right one, or can you have a virtual women's health center as well?

BZ: I think it can be both. As long as there is one portal of entry for women. In other words, as long as you manage well the downstream pathways in a very coordinated manner, whether or not the center itself is comprehensive at one site is less relevant. In other words, you have to have someone full time who will guarantee the ongoing management of women's healthcare between the different stakeholders and physicians. You could have a virtual model as long as you have an information and coordination link between providers. Obviously, at this center we have chosen to provide more resources in one site. But not everything is here and we do send our patients to other sites on an as needed basis.

CR: Is women's healthcare a long-term trend or a fad?

BZ: This is definitely a long-term trend. This is in-depth women's care. I think you have to be careful about promoting women's healthcare simply as a marketing tool. If you promise women a certain level of service and do not deliver, the strategy would most likely backfire and have a negative effect on your facility. Women tend to be very skeptical. This needs to be a long-term commitment.

CR: Are there any outcome studies available so far that show the value?

BZ: Within two years there will be enough financial data to demonstrate or at least support the value of this center. We are trying to be creative in the way we define benchmarks, looking at services downstream that are not limited specifically to women's health, but which have been triggered by the women's health initiative. For example, identifying or diagnosing particular diseases that are not strictly woman-specific through screening that occurs at our center will be included in the overall impact analysis, such as cardiac issues.

CR: Any clinical outcome studies on the horizon?

BZ: We will first look at the financial data and then beyond that initial assessment we will start to gather clinical information. This is a much longer-term goal; we will be capturing clinical data over a one to five year timeframe.

CR: Are your services directed to all women or just the high-end, wealthy, worried-well segment?

BZ: Our services are offered to all women in our community regardless of the ability to pay. We are developing concepts for all women in a comprehensive and integrated manner throughout the system. The payer mix will obviously influence the financial returns.

CR: Do you think Medicare and Medicaid are sensitive to the cause and looking at this initiative as a positive experience?

BZ: Yes, their interest is linked to the positive impact that we will have in augmenting screening to the general population, since women represent the majority of patients and referrals. There is an organization in Wisconsin that is very supportive of Women's health called "Wisconsin Well Woman." It provides basic screening for women. They see our programs as supporting their efforts.

CR: Is a comprehensive women's health care center only the domain of academic centers, or is it also viable at the community level?

BZ: I would think this is even more viable at the community level because that's what it's meant to be. Studying these tools and infrastructure systems at the academic level would also be valuable.

CR: What models for women's health centers do you think will prevail or which will fail?

BZ: I think that models without depth that are purely marketing tools will fail. Programs that do not look at the global picture or that look only at "body parts" such as breast cancer screening alone, will fall well below their potential. We have to include other aspects of women's health like depression, which has a substantial impact on sick time, affecting employers in a major way. I think that outcome studies are often oriented to short-term results. It is in the payers best interest to also focus on longer-term outcomes.

CR: Should the vendors tailor medical devices or medical technologies to women's specific disease?

BZ: Since women utilize medical care the most, there are multiple opportunities to recognize where gender differences exist (ex. Breast related issues and incontinence). Women are not small men, so if you look at the equipment, it's often too big to be useful for women. I would have the same comment for children's care.

I think pharmaceutical products should be more specific to women (hormonal considerations and proper dosage), and we do expect a lot of improvements in this area.

If I were an equipment vendor, I would look at the demographics and draw the conclusions of who is truly the market. I think just the fact that vendors are asking this question is encouraging and indicates that they are definitely on the right track.



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