

## Women on Health

In a male-dominated biomedical engineering world, one can ask the question whether medical technologies are developed to solve a clinical problem, satisfy an intellectual challenge or merely create investment opportunities to those who believe healthcare is the last safe haven.

Regardless of the response, the answer is marketing: the technology has to fulfill the need at the right price to create product demand. Women understand that equation the best: they do not adore technology without a reason and they make more rational decisions for the household.

In our society where the patient-consumer has started to drive the entire healthcare chain, women have literally taken over the decision-making role. So why not apply the marketing rules and start to look at their needs? This edition of The MarkeTech Group Minute attempts to answer this question.

## MARKET OVERVIEW:

### The US and EU PACS Markets

Over the last year, RL Johnson & Associates worked with The MarkeTech Group to compile the installed base of PACS. One key benefit of this effort is in establishing standard definitions of PACS.

#### Teleradiology:

- Price range \$30-70K.
- Image server linked to a PACS and/or a digitizer.
- Not a PACS but often integrated in a PACS offer.

#### Modular PACS:

- Price range \$200-400K.
- Small network linking 2-9 workstations.
- Defined as single modality or small budget PACS.

#### Radiology PACS (low-end):

- Price range \$200-900K.
- A multi-modality solution connecting DICOM scanners and linking 4-20 workstations.
- RIS communication is essential; limited workflow management.
- The main purpose is internal image distribution ("wet" read).

#### Radiology PACS (filmless):

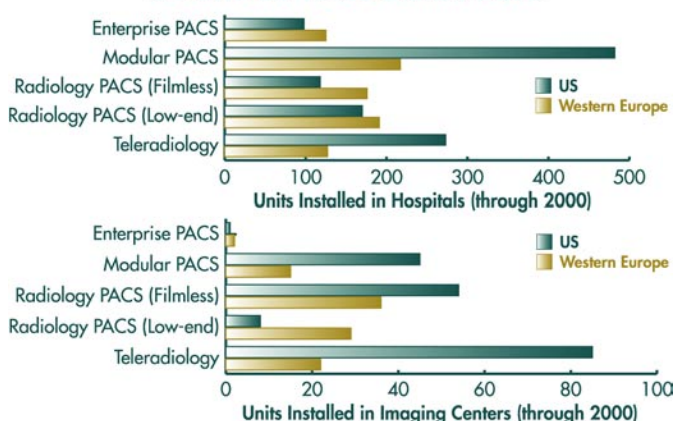
- Price range \$1-4 million; additions to low-end PACS include:
  - Minimum of two primary reading workstations
  - Workflow management tools
  - At least three months storage of exams plus long term archive
- The main focus is productivity and workflow improvement.

#### Enterprise PACS:

- Price range \$4-10 million; additions to the filmless PACS include:
  - At least 5 primary reading workstations, across different departments; includes specialty workstations (ortho, ICU, ER, etc)
  - Full RIS/HIS integration
- A Designed for Health Systems needing multi-campus image management solutions.

The following graphs represent approximately 70% of EU PACS install base, and 50% of US PACS install base.

### US and EU PACS Install Base



## CASE STUDY:

### Opportunity Analysis

- The Client: A therapeutic device company
- The Challenge: Assess the viable business opportunities of retargeting a current product/technology to the spine pain management market.
- Our Solution: Test the value of this technology and corresponding treatment by conducting in-depth interviews with key spine pain management stakeholders. Conduct a competitive analysis, pinpoint opportunities and propose a go-to-market strategy. This strategy involved a costly, initial education of the client base on the treatment value. It required penetrating a small market dominated by one player.
- The Impact: The Client avoided a costly misstep. The original haste to enter this market evolved into a careful assessment of viable alternatives for this technology.



The MarkeTech Group

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Dr. Bonnie Zell, Director of Aurora Women's Pavilion

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

**A:** Viewed economically, women are the number one decision makers in healthcare: they make healthcare decisions for their families, live longer and utilize services more than men. Ethically, the aging population is predominantly female and society should care for women proportionally. Diseases specific to women go beyond the GYN sphere, creating a need for women-specific care process. Women's different, distinctive life cycles, from young reproductive age to post-menopausal, require different stages of care. From an information viewpoint, women are interested in learning about care improvements and want to be empowered to make better decisions. Additionally, a care delivery system must build trust with women; creating a positive impression with women will generate a long-term, positive impact on business lines and overall care.

**Q: What were the drivers for creating Aurora Health Care's Women's Pavilion?**

**A:** Aurora Health Care originally needed to build a state-of-the-art tertiary care OB services facility. However, top management reviewed the demographics and realized that there was an opportunity to create a comprehensive women's health facility. Aurora Health Care had the ambition to create tools and programs to uniquely address women's health needs. This initiative was about thinking differently, supporting the patient-physician relationship from a women's health perspective, and using existing resources in a much more rational, woman-centric way which makes sense from clinical, social and financial viewpoints.

**Q: What would be your top five criteria for creating success in a women's health center?**

**A:** 1. 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. These physicians will clearly be behind the success of the initiative. 3. Secure a full-time physician to perform a very detailed need-assessment analysis in the community. 4. Get the pulse from the patients, get the pulse from the overall stakeholders and meet every single physician, one on one, that will play a role. Involve the primary care physicians and not just the OB/GYNs - be inclusive, not exclusive. 5. Be capable of creating health-risk assessment tools. Create a virtual system that revolves around information technology in order to share information and resources.

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

**A:** It can be both as long as there is one portal of entry for women. In other words, you must successfully manage the downstream pathways in a very coordinated manner. You could have a virtual model as long as you have information and coordination links between the players.

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

**A:** Women's health is not a marketing ploy. Providing in-depth women's care is definitely a long-term trend.

For more information on Aurora Women's Pavilion, please visit: [www.aurorahealthcare.org/facilities/more/0014/lifetime.asp](http://www.aurorahealthcare.org/facilities/more/0014/lifetime.asp)

Long version of this interview: [www.themarketgroup.com/news/minute/tmtg-min7-zell.pdf](http://www.themarketgroup.com/news/minute/tmtg-min7-zell.pdf)

## ON THE HORIZON: Towards Women's Healthcare

### HIGHLIGHTS

- Definition: A line of service programs aimed at health preservation and illness prevention for women from adolescence through childbirth, menopause and beyond.
- Traditional Services: breast cancer screening, OB-GYN (fertility through menopause), and osteoporosis screening.
- Emerging Services: treating chronic disorders impacting women proportionately more than men such as urinary incontinence (85% women), osteoporosis (80% women), arthritis (62% women); and offering specialty services, such as cardiology, and mental health.
- In the US, 2300 hospitals offer women's health programs and 1625 imaging centers offer screening and diagnostic imaging services to women. 20-25 comprehensive centers exist.
- Imaging and screening centers focus on single conditions, and do not coordinate women's care.
- Comprehensive women's health centers provide a single access point to integrated care services specifically designed for women.

### AT STAKE!

- Women make 70% of the healthcare decisions for their families.
- Women seek to avoid hospitals when receiving screening exams; they focus on 'well-health' care.
- Women's health centers provide a potential competitive advantage: centralizing profitable services or becoming the conduit to other specialties.

### SO WHAT?

- Catering to women may drive early adoption of new technology.
- Comprehensive centers will likely develop in highly competitive urban areas.
- Women's health centers cater to local market demands; no universal offer will succeed.

websites: [www.4woman.gov](http://www.4woman.gov), [www.womens-health.org](http://www.womens-health.org)

## THE ASSOCIATE CORNER: A Win-Win Strategy

**W**omen's health can be defined clinically as an array of medical challenges unique to women: breast cancer, osteoporosis, gynecological disorders, fertility, etc. Women also face chronic disorders such as incontinence, arthritis, obesity, and mental health conditions. To address these needs, healthcare institutions have established women's health programs. Most institutions start their women's health center by combining breast and osteoporosis screening with advanced imaging. A few programs follow a more radical approach: building comprehensive women's hospitals to provide services for an entire lifespan.

Women's health is also a business strategy, recognizing women as the key healthcare decision-makers for their families. In a recent US survey, 80%+ of women reported being responsible for their family's health-related financial decisions. Women spend more disposable income on out-of-pocket health care expenses than men.

Acknowledging women's growing influence, institutions are bolstering their women's health programs to gain the loyalty of the woman and retain her family as "customers." This strategy is designed to provide women with convenient access to appropriate information technology and thoughtful care. Health systems originally justify this service line as a revenue source, but discover broader strategic advantages of increased market share and profitability. Increased institutional revenues in gender-neutral service lines, such as cardiology, underscore this winning strategy.

**Barbara Reiss** provides marketing and strategic consulting services to healthcare providers and pharmaceutical companies. For more information, please visit: [www.themarketgroup.com/team/team\\_members.htm](http://www.themarketgroup.com/team/team_members.htm)