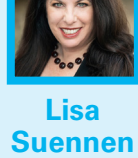


Twitter Chat Q&A: Transforming Primary Healthcare for Women



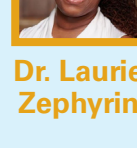
Lisa Suennen

Q

Why should primary care play a significant role in women's lives?

A

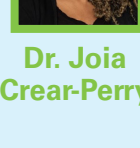
Primary healthcare is the front door into the healthcare system. The primary healthcare team can help address people's healthcare, social and mental health needs. Health systems are siloed, making it challenging for busy women—many of whom are essential workers making health decisions for their families, and who make 60-70¢ on the dollar compared to men—to access care. Integrated primary care can provide needed connections. Read on [here](#).



Dr. Laurie Zephyrin

A

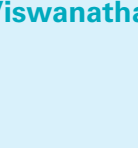
Primary care is critical to ensuring women are able to live healthy lives, whether they desire ever becoming pregnant or not. We know that so much money is spent at the point of delivering a baby on women's health, yet relatively no resources are allocated to ensure we are healthy.



Dr. Joia Crear-Perry

A

Primary care across the life course is also critical for women because women experience cardio, neuro and mental health needs that are unique from men's.



Pavitra Viswanathan



Lisa Suennen

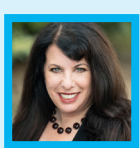
Also worth mentioning is that women are losing work opportunities during the pandemic faster than men and are often left with all of the family responsibilities, putting their own well-being last. Primary care can help with that, especially virtual models.

A

Women are key health decision makers across the life cycle. We have to orient our access to primary care to their needs.



Dr. Toyin Ajayi



Lisa Suennen

Q

How can comprehensive primary care improve health outcomes and promote health equity for women?

A

Comprehensive primary care promotes health equity by centering on patients' values, tailoring the visit to address the specific needs of each patient and creating an environment that promotes patient-centered care.



Dr. Joia Crear-Perry

A

Equity-oriented primary healthcare can be a step to addressing disparities: Black women are two to three times more likely to die in childbirth, and Black women have similar rates of breast cancer as white women but have a 40% higher chance of dying from it.



Dr. Laurie Zephyrin



Lisa Suennen

That is inexcusable and addressable—we must do better!

A

Yes, and we must recognize that our overall system is rooted in historical, structural policies and beliefs (including racism) that create disparities. So primary healthcare HAS to deliberately address and counteract these structural factors; otherwise we just perpetuate them.



Dr. Toyin Ajayi



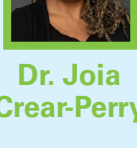
Pavitra Viswanathan

Q

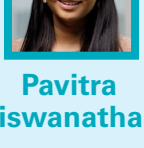
How does our primary care system fall short for women?

A

Primary care systems fail patients when they don't provide an environment for patients to feel supported, heard and valued as the most knowledgeable person about their own bodies and healthcare needs.



Dr. Joia Crear-Perry



Pavitra Viswanathan

A

Beautifully said. By taking the time to build trusted relationships, primary care providers can empower women to ask informed questions and make decisions about their care.

A

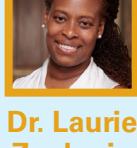
One way is by delivering everything in vanilla—one flavor, and it is, not coincidentally, white. We need to intentionally differentiate between issues of gender when delivering care. We also forget to think about women throughout the life cycle—our healthcare needs do not end with the end of our childbearing years—they are just beginning then!



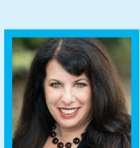
Lisa Suennen

A

Many primary healthcare systems fall short in building trusting relationships with people and communities. It takes intentional work to truly partner with people and address health inequities and systemic racism.



Dr. Laurie Zephyrin



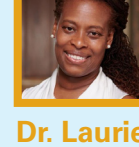
Lisa Suennen

Q

What things can policymakers, payers, entrepreneurs, clinical leaders and investors do to improve primary care for women in the next ten years?

A

There is room for policymakers, payers and investors to align incentives to disrupt the system. Efforts to expand Medicaid, invest in community health centers, restructure primary care reimbursement and require more diversity in clinical leadership are all at their disposal.



Dr. Laurie Zephyrin

A

Continue to expand Medicaid!



Dr. Toyin Ajayi

A

They should invest in healthcare innovations for women. Platforms like Health HUE and Therapy for Black Girls are Black women-developed digital platforms designed to connect Black women and individuals with culturally congruent providers and health education.



Dr. Joia Crear-Perry



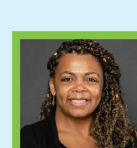
Pavitra Viswanathan

Q

How has COVID-19 revealed weaknesses in the primary care system?

A

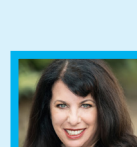
The COVID-19 pandemic has exacerbated and illuminated the vast inequities in our healthcare system. Limited COVID-19 testing and delayed management of chronic conditions are a result of decades of underinvestments in primary care, particularly in Black communities.



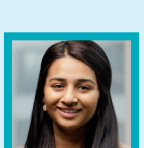
Dr. Joia Crear-Perry

A

On the plus side, the increasing role of virtual health and telemedicine, due to the pandemic, is at least expanding access opportunities, although the system needs to ensure availability of gender-sensitive providers for this purpose.



Lisa Suennen



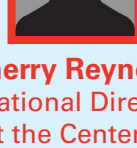
Pavitra Viswanathan

A

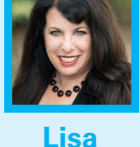
Now, the system needs to figure out how to extend successful interventions like telemedicine that were expanded during the pandemic and continue to work to make primary care more accessible and equitable.

A

Lots of health systems have already moved to a virtual health model. Kaiser Permanente had 50% of primary care visits online way back in 2016. What changed is that Medicare is now covering services for 60 million patients. Now 40% of primary care visits are up from 0.1% before COVID-19.



Sherry Reynolds,
National Director
at the Center for
Health Innovation



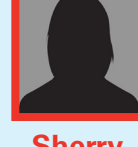
Lisa Suennen

Q

Has anyone seen great examples of primary care done especially well for women's health? I'm also impressed by the 1 million women per year who enter menopause—shout out to Gennev, Lisa Health and Elektra Health. Also, some great work is being done at MassGeneral Medicine.

A

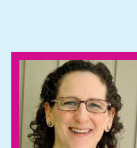
One that I follow for women's health is Gennev. They provide telehealth gynecology services and prescription support for menopause. The team is amazing—CEO Jill Angelo engages with women and their health on their terms.



Sherry Reynolds

A

Yes, Tia Health is working on its model for healthcare for women. Maven is doing remote Ob/Gyn health for many different conditions. Gennev is working on menopause. Ob/Gyns used to do a lot more primary care work for women, but as the big-box health plans have gotten bigger, Ob/Gyns are no longer allowed to do that. In fact, Sutter Health Ob/Gyns mostly do not provide Pap smears any more. Those are often done by the PMD.



Dr. Ruth Ann Crystal,
Stanford
Medicine

A

Yes! Look to Elation Health's network of primary care practices, led by Kyna Fong. Lyra Health too, which focuses on mental health as primary care. And Lisa Health and The Cusp for menopause specifically.

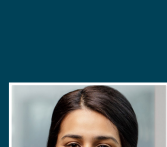


Emily Peters,
Founder of
Uncommon Bold

Contact



Lisa Suennen
Leader
Manatt Digital and Technology
415.291.7418
lsuennen@manatt.com



Pavitra Viswanathan
Consultant
Manatt Health
212.704.1902
pviswanathan@manatt.com

About Manatt Health

Manatt Health integrates consulting and legal expertise to better serve the complex needs of clients across the healthcare system. Combining firsthand experience in shaping public policy, sophisticated strategy insight, deep analytical and legal excellence, we provide uniquely valuable professional services to the full range of health industry players. Our diverse team of more than 160 consultants and attorneys from Manatt, Phelps & Phillips, LLP, and its consulting subsidiary, Manatt Health Strategies, LLC, is passionate about helping our clients advance their business interests, fulfill their missions and lead healthcare into the future.