

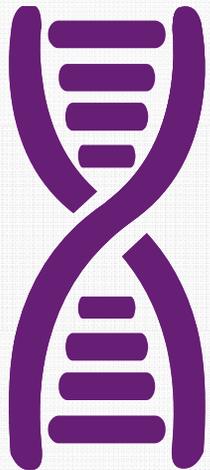


Society for Women's Health Research



Phyllis Greenberger, MSW
President and CEO

WHO IS SWHR?



THE SOCIETY FOR WOMEN'S HEALTH RESEARCH (SWHR®) is the premier thought leader in promoting women's health and research on biological differences in disease.

WHEN IT BEGAN

FOUNDED
IN 1990

SWHR was founded in 1990 by Florence P. Haseltine, PhD, MD, with the help of other physicians, medical researchers, and health advocates who wanted to bring attention to the lack of inclusion of women in medical research and clinical trials.



*SWHR Founder Florence P. Haseltine, PhD, MD and
Phyllis Greenberger, MSW, President and CEO of SWHR.*

AT A GLANCE



SCIENCE

Support dialogue research on diseases and disorders that affect women disproportionately or differently than men to advance the field of sex-based biology.



ADVOCACY

Provide expert testimony to Congress and guidance on legislative and regulatory matters on women's health and sex differences research.



EDUCATION

Organize numerous campaigns, conferences, and media briefings about women's health issues and encourage the appropriate inclusion of women and minorities in medical research studies.

NATIONAL DIALOGUE FOR HEALTHCARE INNOVATION

- SWHR provided one of the patient perspectives in HLC's efforts to achieve greater healthcare quality and cost-efficiency in the healthcare system.
- Participated within the workgroup focused on Patient Engagement and Adherence:
 - Comprehensive care planning
 - Medication therapy management

COMPREHENSIVE CARE PLANNING

- Medication adherence:
 - Whether patients take their medications as prescribed as well as whether they continue to take a prescribed medication. ¹
- Non Adherence negatively impacts patient health and the healthcare system:
 - On average, 50%- 60% of patients with chronic conditions fail to take their medications as prescribed.
 - Could potentially cost the U.S. healthcare system as much as \$300 billion annually.

WOMEN AND ADHERENCE

- Tend to use more prescription drugs than men.
5 (women) vs. 3.7 (men)
- Had poorer adherence rates in using prescription drugs than men.
- Were not being prescribed proper amounts of medications.
- May indicate a need for more personalized drug selection and therapeutic management to improve clinical outcomes.

Influence of patient sex and gender on medication use, adherence, and prescribing alignment with guidelines. J Womens Health (Larchmt). 2014 Feb;23(2):112-9. doi: 10.1089/jwh.2012.3972. Epub 2013 Nov 8.

COORDINATED CARE PLAN PRINCIPLES

1. Must address the population's multiple comorbidities and complex care needs.
2. Chronic Disease Programs must address the illness across the entire continuum of care, promote screening and identification of risk factors for patients all along the disease spectrum, and focus on hospital to home transitions.
3. Comprehensive Care planning must be cognizant of issues related to the individual and community level context.

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ENHANCED MTM MODEL RECOMMENDATIONS

1. Accelerated implementation of Enhanced MTM model.
2. Design should be expanded to offer benefits to all Part D members, including Medicare Advantage Plans.
3. CMS should provide participating plans the opportunity to join in developing quality measures. These measures should be formed and evaluated through an intensive, transparent process.
4. CMS should consider robust education of providers and pharmacies.
5. CMS should reconsider its stance regarding collaboration between pharmaceutical manufacturers and health plans.

THANK YOU

Questions?

Comments?



**Society for Women's
Health Research**