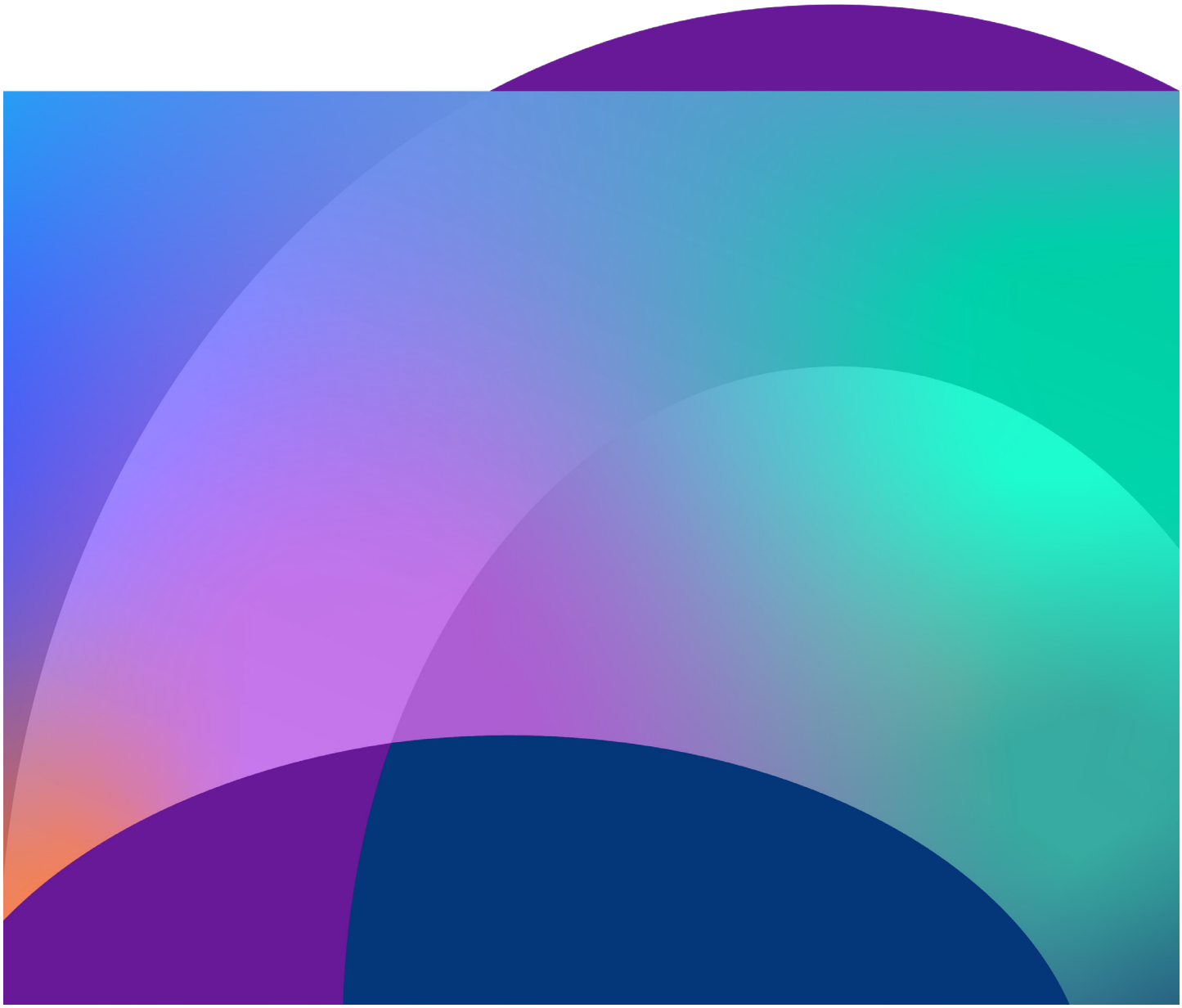
Avalere eBook

Women's Health Landscape

Authored by Avalere Experts



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Introduction

Avalere advises policymakers, industry stakeholders, and advocacy organizations by analyzing the spectrum of women's health needs and researching coverage, care, and outcomes pertaining to women's health and health services.

Many factors contribute to the complexity of women's healthcare access, including the dynamic nature of health policy and regulations in the United States, insufficient evidence regarding women's specific health requirements, and ongoing transitions toward patient-centered quality care and outcomes. Avalere's cross-functional Women's Health team collated trends, insights, and learnings related to women's health.

In this eBook, Avalere experts discuss findings on the impact of recommendations for health screening, how technology can aid in delivering care, and the disparities that exist in women's healthcare services.

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How We Help Stakeholders Identify Factors Impacting Women's Health Across Their Lifespan

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→ Innovation in Technology

→ Breast Cancer Screening

Avalere is a leading healthcare consultancy advising clients on evidence and access strategy through targeted lenses. We work with clients across the women's health spectrum to design custom strategies meeting the unique needs, preferences, and priorities of women.

Sample of Clinical Focus Areas in Women's Health

Infancy & Childhood (0-10)

- Immunizations
- Childhood obesity
- Mental health disorders (e.g., Attention-deficit/ hyperactivity disorder)
- Rare genetic disease

Adolescence (11-24)

- Puberty-related hormonal changes
- Mental health disorders
- Sexual health
- Obesity and eating disorders
- Maternal health

Adulthood (25-64)

- Fertility-related issues
- Maternal & post-partum health
- Mental health disorders
- Menopause-related hormonal changes
- Cancers
- Cardiovascular health

Late Adulthood (65+)

- Cognitive decline
- Musculoskeletal and joint health
- Chronic conditions (e.g., diabetes, hypertension)
- Cancers
- Cardiovascular health
- Functional limitations

Avalere can help stakeholders answer key strategic questions to address challenges for women accessing care in different stages of their lives:

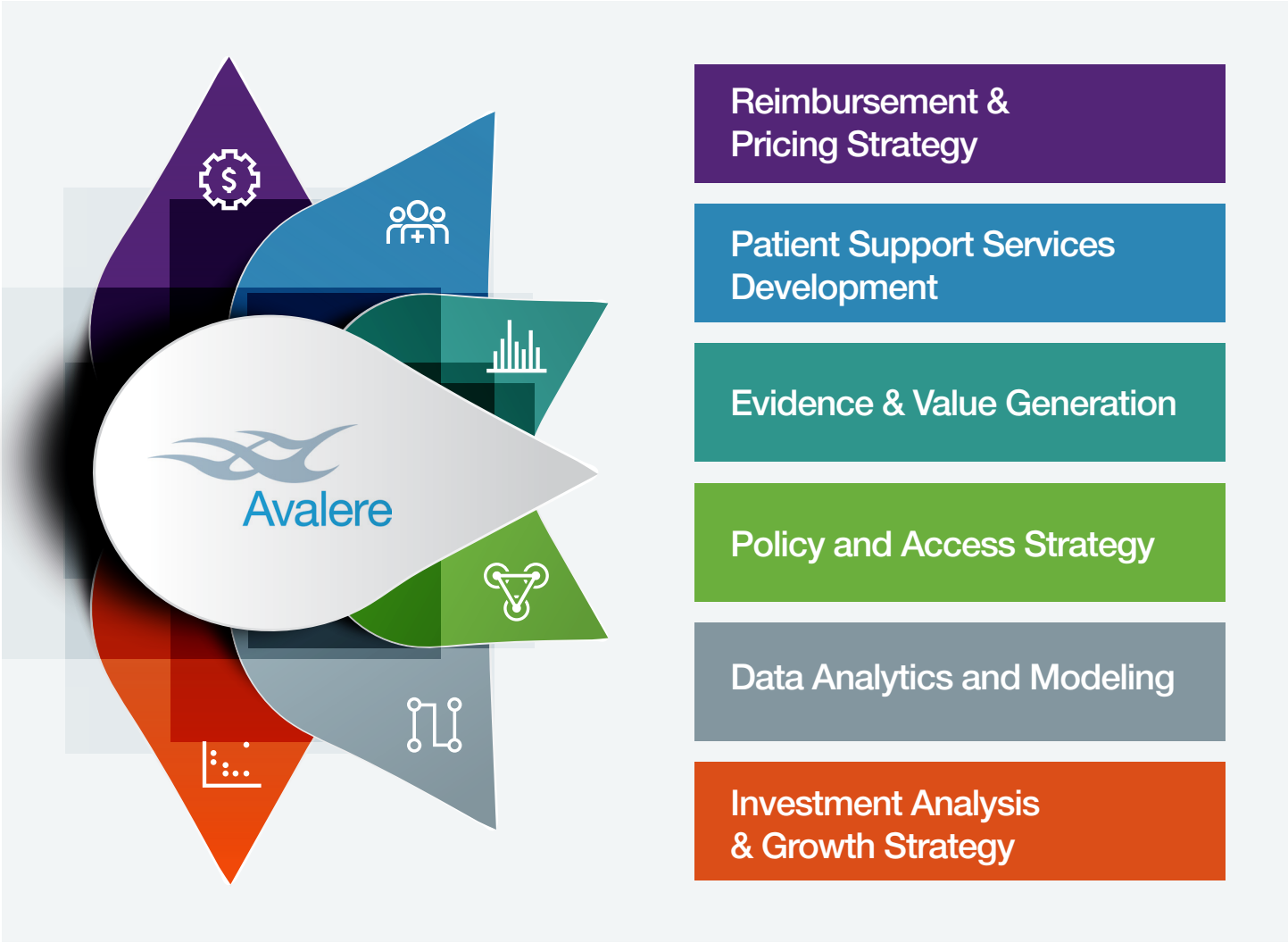
How does the changing policy and regulatory environment impact access to therapies?

What are the unique disease burdens and priorities for treatment experienced by women?

How can early-stage products ensure clinical studies and value messaging encompass women?

How can access strategies be tailored to women to drive uptake of new therapies?

Avalere Capabilities



Technology Is Driving Innovation in Women's Health

Next Up

→ Breast Cancer Screening

→ Cognitive Health Disparities

The FemTech industry is rapidly growing and evolving as health equity and women's health research become a larger focus and target priority in the US.

Access Challenges in Women's Health

Increased cultural focus on women's health is driving a paradigm shift towards improved innovation and investment in products and services. At the same time, longstanding disparities in access to care have persisted, garnering increased attention within health equity discussions.

For example, in 2023 the Biden administration launched an initiative to accelerate and increase research in women's health to address these disparities. Women face many barriers within the current healthcare system, including the underdiagnosis of medical conditions, fragmentation of the care continuum, inadequate representation in clinical trials, and ambiguities surrounding insurance coverage for necessary care. These obstacles have contributed to the United States displaying less favorable metrics and worse outcomes for women than other developed countries, despite spending the most on healthcare.

One notable example of this is maternal health outcomes. A Commonwealth Fund analysis found that the United States has the highest maternal mortality rates when compared to other high-income nations, with about 24 maternal deaths per 100,000 live births; this is substantially higher than the next highest country (New Zealand) at 13.6 maternal deaths. Data from the Centers for Disease Control and Prevention has also identified racial disparities in US maternal health outcomes: women of color are three times more likely to die from pregnancy-related causes than White women.

Further, women have historically been underrepresented in medical research, employed women's out-of-pocket costs are an estimated to be $15.4 billion higher than those of men, and social and political stigma are widespread within women's health. Health disparities are further compounded by provider bias, structural racism, lack of access or

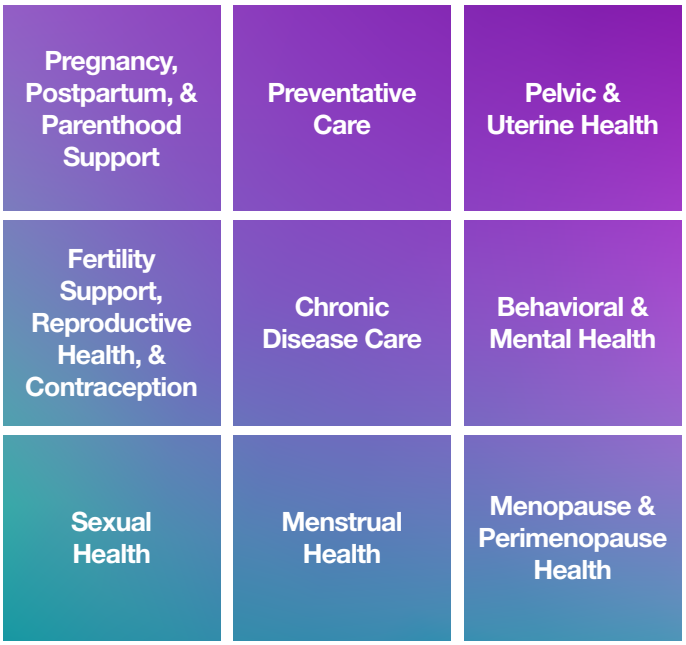
affordability, and systemic challenges. Current structural challenges in coverage, coding, and reimbursement have triggered the need for innovative paths to bring necessary services to market, such as self-pay or employer-covered benefits. In women's health, digital health companies aiming to close gaps and address these fundamental access challenges have focused on improving access to and awareness of care for more innovative solutions in fertility services, menopause care, and chronic disease management; these companies have with a market potential of around $50 billion in 2025. As these stakeholders push to unlock expanded coverage, coding, and payment options for women's health, they illustrate how the FemTech industry can assist in providing broadened and equitable care.

What is FemTech?

The term "FemTech", coined by Ida Tin, encompasses technology-based innovation in the women's health space, including products, diagnostics, medical devices, digital therapeutics, consumer applications, and services. FemTech intends to address female health issues by developing evidence, improving consumer experience, improving diagnoses, and ultimately improving overall health and wellness. While the term is just that—a term—it describes a new wave of inclusive innovations to support women and their families.

Innovations in women's health have often centered around the following subsectors, likely addressing issues in more than one sector at a time (Figure 1).

Figure 1: Interrelated Women's Health Technology Sectors



Clearly, women's health extends beyond maternal health. As of 2021, companies that provided pregnancy services comprised about 21% of the FemTech market, followed closely by those offering reproductive health and menstrual health services. The industry strives to destigmatize discussions and treatment related to women's health, addressing areas such as sexual wellness and education, menopause, pelvic healthcare, and chronic disease management.

Women's health technology encompasses various product types and conduits for service, including consumer products, devices (e.g., wearables and hardware), apps, digital platforms, healthcare software, and diagnostics. The first three product types collectively account for over 50% of the product share within women's health technology (Figure 2).

Figure 2: Proportion of Product Types in FemTech

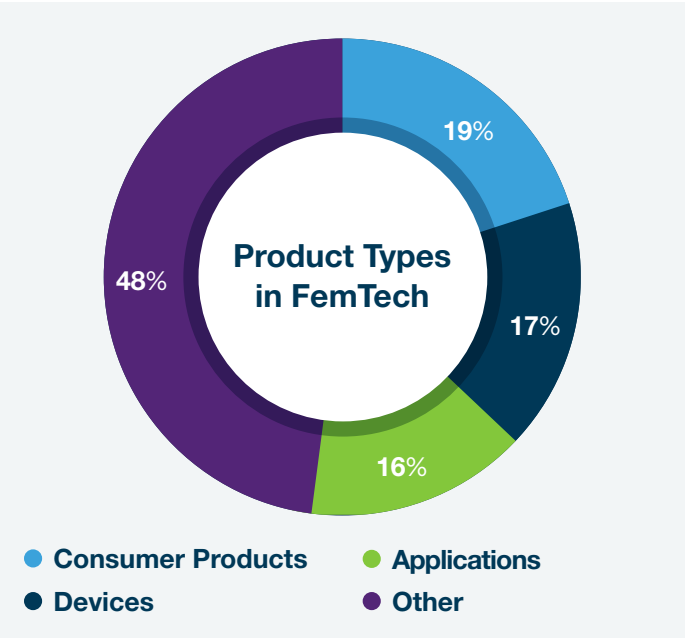
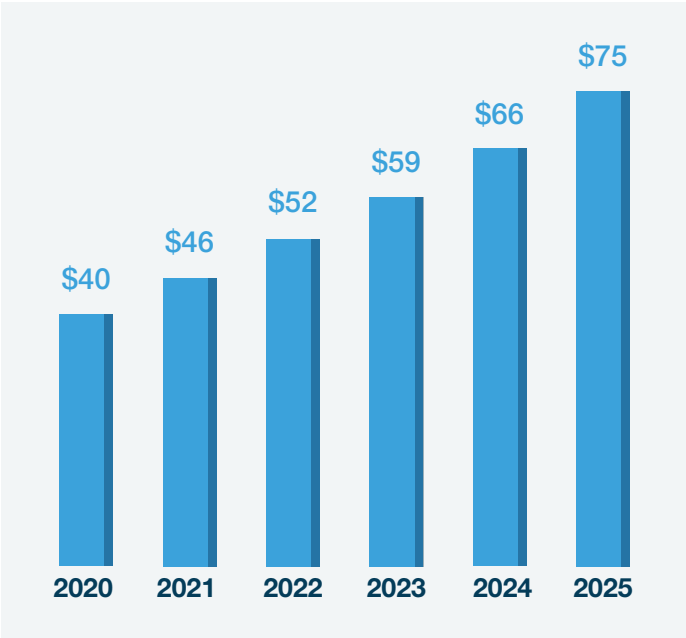


Figure 3: Projected FemTech Market Size (in Billions), 2020–2025



As of 2024 estimates, the FemTech market has an estimated value of $50 to $60 billion, marking a substantial increase from its $130 million value in 2013. Projections indicate that the market is expected to sustain its growth, with an anticipated compound annual growth rate (CAGR) of 16% from 2023 to 2032 (Figure 3).

Reimbursement for FemTech Products and Services

Payment for FemTech has deviated from traditional methodologies, as many of the products and services offered may not be covered by health plans through typical medical or pharmacy benefits. Payment is often routed through one of three end-markets: traditional health plan coverage, employer-sponsored coverage, and direct-to-consumer models. The latter two markets are currently the more common, although all three face unique challenges. Coverage, coding, and payment structures—which are critical to defining reimbursement—are often unclear. In addition, the perceived value of products and services may be variable, and the awareness of need, demand, and service options is limited.

Until recently, traditional insurers often did not realize the value of many women's health services provided by FemTech. While traditional coverage is expanding, the market has also employed alternative pathways such as direct-to-consumer models, employer carve-outs, and outsourced care management models. For example, Maven Clinic, Ovia, or Wildflower offer digital solutions for Medicaid beneficiaries by partnering with managed care organizations to enhance maternity services. Health plans

have sought to support employers in this arena as well. For example, UnitedHealthcare (UHC) launched its UHC Hub (a digital health contracting platform) with partners Maven Clinic, Cleo, and Wellthy in January 2024. In menopause, groups like Midi Health, Elektra Health, and others are finding traction with employers and health plans by billing for services as an in-network provider. While these payment methodologies and avenues are useful, they are not sustainable or equitably distributed within the women's health technology market, as they are dependent upon patients' disposable income, employers' offerings, and reactive coverage options.

Learn More about the Potential of FemTech

Little research has been done to assess traditional payer perspectives of women's health technology, including coverage of, payment for, and value of products and services. While subsectors such as fertility services and menopause have slowly gained traction among employer benefits, Avalere is primed to research additional subsectors within women's health that may see increased volume through technology.

Advancing the sector will require multi-stakeholder partnerships, including provider engagement to understand how to incorporate FemTech solutions into the treatment journey and improve care delivery, as well as leveraged payer and employer perspectives on evidence needed to drive broader coverage of these solutions. It will also require increased patient access to drive improvements in health equity, and improved understanding of potential payment and care delivery models.

Connect with Avalere to discuss how we can help you navigate these policy, access, and evidentiary questions.

Breast Cancer Screening Recommendations May Drive Inequities

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New USPSTF breast cancer screening recommendations may not address the disparities experienced by Black women.

In April 2024, the United States Preventive Services Task Force (USPSTF) updated its breast cancer screening recommendations (see Table 1). It lowered the age that women were recommended to start biennial breast cancer screening from 50 to 40. Previously, USPSTF recommended biennial screening for all women aged 50 to 74 (Grade B recommendation) and deferred the decision to start screening mammography for those 40–49 to providers' professional judgement and patients' preferences (Grade C).

While the updated recommendation is more closely aligned with other guidelines in terms of age of screening initiation and individual risk, the USPSTF recommendation continues to differ from other recommendations regarding the recommended screening interval (see Table 2).

Table 1: Summary of USPSTF Recommendations for Breast Cancer Screening

Population	Recommendation	Grade
Women aged 40 to 74 years	Biennial screening mammography for women aged 40 to 74 years.	B
Women 75 years or older	USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in this population.	I
Women with dense breasts	USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women in this population on an otherwise negative screening mammogram.	I

Table 2: Overview of Recommendations Guideline Developers

Organization	Recommendation
American Cancer Society	Recommends annual screening mammography for women aged 45–54 at average risk and biennial screening starting at age 55. It also recommends that women 40–44 have the option to start screening with a mammogram every year, and those at high risk get a breast MRI in addition to a mammogram starting at age 30.
The American College of Obstetricians & Gynecologists	Recommends screening mammography starting at age 40 and that screening be performed every annually or biennial, based on shared decision-making.
The American College of Radiology	Recommends that all women undergo risk assessment for breast cancer at age 25, and that screening mammography be initiated for women at average risk annually starting at age 40.
American College of Family Physicians	Recommends biennial screening mammography for women of average risk women from the ages of 50 to 74.

Notably, several guideline developers recommend annual mammograms in recognition of evidence that regular mammograms can identify breast cancer at an earlier stage, when interventions are more likely to be successful. The biennial screening interval that the USPSTF currently recommends may delay the initial breast cancer diagnosis, leading to later-stage diagnoses with detrimental consequences for treatment outcomes. This is particularly true for women of color, especially Black women, who, despite having a 4% lower overall risk of developing breast cancer when compared to White women, are more prone to developing aggressive, advanced-stage breast cancer at a younger age.

Breast Cancer Disparities

While Black women have similar or higher rates of mammography screening, they are disproportionately diagnosed with breast cancer beyond stage 1 (when intervention may be more complex) as compared to other racial and ethnic groups. Additionally, the breast cancer mortality rate for Black women is 40% higher than that of White women. Rates of one aggressive form of breast cancer, triple-negative breast cancer (TNBC), which accounts for 15–20% of all cases of breast cancer, are higher in Black women (33.8 cases per 100,000) compared to White (17.5) and Hispanic (14.7) women. The significantly higher age-adjusted incidence of TNBC in Black women as compared to White women was limited to younger women aged 20–44.

Racial disparities in breast cancer outcomes stem from a complex interplay of social and non-biological factors. While the current screening recommendations are informed by existing evidence, there is a concern that they may exacerbate these health disparities among

Black women who are at a heightened risk of developing aggressive forms of breast cancer, including TNBC.

Application of the Health Equity Framework

In acknowledgement of racial disparities in breast cancer, the USPSTF applied its health equity framework to formulate the recent breast cancer recommendation. Published in 2023, the framework and its accompanying checklist were designed to ensure that the Task Force incorporates the health equity perspective throughout the recommendation process—from topic nomination to dissemination—through equity-focused prioritization criteria, engagement with diverse stakeholders, and incorporation of equity-relevant research questions (i.e., looking beyond effectiveness and harms), among other factors.

To that end, the Task Force incorporated several key and contextual questions focused on disparities in breast cancer incidence, outcomes, and access when developing the breast cancer recommendation. Specifically, the Task Force commissioned modeling studies specific to Black women and featured contextual questions aimed at understanding the drivers of and methods to address disparate health outcomes. Additionally, the USPSTF considered the importance of equitable access to appropriate follow-up care and testing, including biopsies.

Despite using the framework, stakeholders may believe the published recommendations do not adequately address health disparities, suggesting that further research is needed to ensure future recommendations are appropriate for all women. In fact, the Task Force highlighted the need for additional research to better understand and address high breast cancer mortality in Black women, including how variations in care may lead to increased risk of breast cancer morbidity and mortality, as well as strategies for addressing this disparity.

Furthermore, the Task Force called for research to examine whether the balance of benefits and harms related to annual breast cancer screening is different for Black women than it is for all women. Though the Task Force largely focused on Black women because it is the group that experiences the poorest health outcomes from breast cancer, it also emphasized that all studies should prioritize inclusion of all racial and ethnic groups so we can understand whether the effectiveness of screening, diagnosis, and treatment varies by population.

Areas for Additional Research

USPSTF prioritizes “high-quality” evidence, such as that from randomized controlled trials, when making or changing its recommendations. However, historically, Black women have been underrepresented in these studies, which may lead to standards of care that do not adequately address the specific needs of Black women and potentially overlook differences that could impact screening effectiveness and subsequent outcomes.

For instance, more than 10% of Black women with breast cancer are diagnosed before age 40, which suggests the recent shift in USPSTF recommendations may still miss many Black women, despite reflecting progress.

Although USPSTF acknowledges that reducing the age of screening is not going to improve inequities in Black women, it is urgently calling for more evidence to understand specific risks in Black women. Until then, USPSTF has acknowledged that inequities in breast cancer outcomes will **continue**. To address these disparities and improve the effectiveness of breast cancer screening, researchers should consider opportunities to include a diverse range of participants, including Black women under 40, in research studies and randomized controlled trials to inform screening guidelines to advance understanding and improve outcomes in breast cancer treatment and prevention.

Dive Deeper

Avalere assists stakeholders in understanding USPSTF's recommendations and can leverage a bench of experts in regulatory strategy, evidence strategy, and patient access to focus on how clinical trial design, new innovations, and access considerations may affect healthcare disparities.

Addressing Sex and Gender Disparities in Cognitive Health

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→ Key Leadership Quotes

Women are more likely to experience reduced cognitive health later in life. Recent federal efforts seek to address the paucity of research on this phenomenon.

Background

Cognitive health is defined as the ability to clearly think, learn, and remember, and is distinct from mental health, which focuses on psychological and emotional functions associated with the brain.

Aging causes cognitive decline, but some adults experience a more pronounced decline in executive functions and memory than expected for their age. This decline, influenced by hereditary and lifestyle factors, can lead to conditions like Alzheimer's disease and related dementias (ADRD), which progressively impair daily activities. While age is the primary risk factor, sex- and gender-specific factors also contribute to cognitive health decline.

Sex Differences in Cognitive Decline

Research shows that women decline faster in global cognition and executive function than men. During perimenopause and menopause, women often experience "brain fog" due to a sharp decline in estrogen, which has a neuroprotective role. Post-menopause, lower estrogen levels are linked to higher cardiovascular disease risk, making women more susceptible to vascular dementias than men of the same age.

Women experiencing cognitive decline tend to outperform men on verbal memory examinations testing cognitive decline, indicating additional cognitive reserve in women over men. This can delay clinical intervention in women, leading to more advanced disease at diagnosis and affecting outcomes.

Women comprise two-thirds of Alzheimer's disease (AD) cases and have twice the risk of developing it compared to men. This disparity is partly due to genetic and biological factors, such as a higher likelihood of carrying the APOE4 mutation, a major genetic risk factor for early-onset AD. Additional studies are needed to understand why we see sex and

gender differences in AD risk, burden, and progression, and to advance women-focused care and treatment.

Economic Impact of Women-Focused ADRD Research

Women have long been understudied and underrepresented in research and clinical trials, with the lack of funding even more pronounced in conditions that affect women exclusively (e.g., menopause) or disproportionately (e.g., ADRD). Despite the high burden of ADRD on women, 12% ($287.8 million) of the National Institutes of Health's (NIH) 2019 budget for AD went to women-focused research.

The total cost of AD to families, businesses, and the government is estimated to exceed $300 billion per year. Part of this cost comes from the overwhelming and often unpaid caregiver burden for ADRD. Moreover, women make up 60% of caregivers for people with AD.

A 2021 report found that doubling NIH funding for women-focused ADRD research would yield $930 million in economic returns through reduced nursing home care and fewer years lived with ADRD, highlighting the benefits of investing in women's ADRD research.

Figure 1. Federal Women's Health Initiatives

November 2023

Initiative on Women's Health Research

The White House launched an initiative to address research gaps in (1) diseases that only affect women (e.g., endometriosis), (2) diseases that affect women differently from men (e.g., heart attacks), and (3) diseases that disproportionally affect women (e.g., Alzheimer's disease).

March 2024

Women's Health Executive Order

President Biden signed an executive order (EO) to prioritize women's health research across the federal research budget and encourage and produce new research related to women's health. This EO also outlined actions for several federal agencies.

April 2024

NIH Advisory Committee Activity

The NIH Advisory Committee on Women's Health Research offered updates on current and upcoming NIH programs and engagements. Experts in the field remarked on promising innovations in the pipeline related to hormone-replacement therapy and discussed implications of menopause on risk of ADRD.

Recent Initiatives and Ongoing Research

There are several ongoing initiatives designed to address gaps in women's health over the next several years, with ADRD as an area of interest. (Figure 1).

President Biden's March 2024 executive order allocates **$200 million** to the NIH for women's health research and **$100 million** to the Advanced Research Projects Agency for Health (ARPA-H) for innovative research projects that may otherwise not be granted due to their high-risk nature. One topic of interest for ARPA-H is "Advancing Women's Brain Health Via Lymphatic Targeting," which prioritizes research on the influence of sex differences in the lymphatic system on brain health in women to inform the prevention, early diagnosis, and treatment of neurodegenerative diseases.

In addition to enacting the executive order, the Biden administration has urged federal legislators to create and invest $12 billion in a central fund for women's health to galvanize research. The national focus on women's health and increased research is important for stakeholders to consider in developing their own priorities and research direction.

Work With Us

Avalere is uniquely positioned to assist stakeholders in understanding the patient journey of women facing cognitive health issues and can leverage a bench of experts in regulatory strategy, evidence strategy, and patient access to focus on clinical trial design, new innovations, and access considerations in this space. Contact us to discuss how we use primary research to better understand the gaps and barriers women face in diagnosing and treating conditions related to cognitive decline.

Most Women with Cervical Cancer Were Not Screened Before Diagnosis

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An Avalere analysis shows that those who had received cervical cancer screening within five years prior to diagnosis were diagnosed at relatively younger ages.

Background

The American Cancer Society (ACS) and the US Preventive Services Task Force (USPSTF) have both issued recommendations for cervical cancer screening frequency across age groups (Figure 1). Typical screenings for cervical cancer include a Papanicolaou (Pap) test and/or Human Papillomavirus (HPV) test. Recommendations from both organizations are similar, although USPSTF recommends screenings to begin at age 21 and the ACS at 25.

Despite the Affordable Care Act (ACA) requirement that most commercial health insurers provide coverage of women's preventive healthcare (including cervical cancer screenings) with no cost sharing, most women are not receiving cervical cancer screenings in compliance with recommendations. There are notable disparities by insurance type (e.g., commercial vs. Medicaid) and age. Cervical cancer is the fourth most common cancer in U.S. women aged 15-44. The mortality

Figure 1. ACS and USPSTF Screening Recommendations Across Age Groups

Age	2020 ACS	2018 USPSTF
21–24	No screening	Pap test every three years
25–29	Pap test every three years, HPV test every five years, or HPV/Pap cotest every five years	Pap test every three years
30–65	Pap test every three years, HPV test every five years, or HPV/Pap cotest every five years	Pap test every three years, HPV test every five years, or HPV/Pap cotest every five years
>65	No screening if a series of prior tests were normal	No screening if a series of prior tests were normal and not at high risk for cervical cancer

rate for Black and Native American women is approximately 65% higher than for White women. Disparities in survival rates also exist. Surveillance, Epidemiology, and End Results (SEER) data from 2014 to 2020 shows that Non-Hispanic Black women had the lowest five-year survival rate (58.1%). Additionally, younger women (15-39) have the highest survival rates, while women 75+ have the lowest.

Methodology

Avalere researched the utilization of recommended cervical cancer screening in women, prior to a cervical cancer diagnosis. Avalere performed a retrospective analysis of women 26+ years of age who were newly diagnosed with cervical cancer in 2021-2022, and whether they were screened for cervical cancer in the five years prior to their diagnosis (age 21+ years), to capture the age range for screening in guideline recommendations. Avalere conducted this analysis using a convenience sample of Managed Medicaid, commercial insurance, and Medicare Advantage adjudicated claims. The analysis also looked specifically at women continuously enrolled in the insurance type for the analysis timeframe to ensure capture of all testing. Since the screening recommendations do not recommend regular screening past 65, the Medicare FFS population was not included.

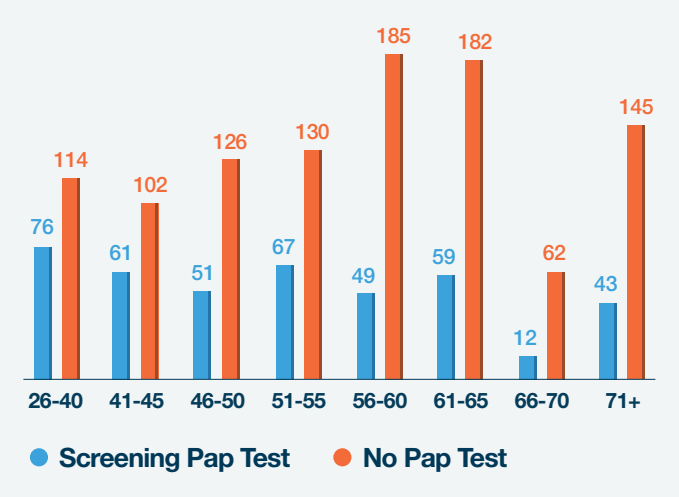
Findings

The analysis revealed that around 29% of the approximately 1,500 women aged 21+ years in the sample received at least one screening Pap test in the five years preceding their diagnosis (Figure 2). In this group, 82% (N=1,202) of women were in the age group 21-65 years recommended for screening. The remaining 18% of women (N=262) received screening despite being aged 65 and older, an age group for which screening of the general population is not recommended. Despite current recommendations for Pap tests every three years, the majority of the women (approximately 70%) in this sample did not undergo any screening Pap test within the five-year period preceding diagnosis.

This analysis further showed that those receiving regular Pap tests were diagnosed at younger ages, with the highest number of diagnoses occurring in the 26–40 age range. Conversely, in the group that did not receive a screening Pap test in the five years prior to diagnosis, the number with a diagnosis increased with age, peaking in the 56-60 age group. The analysis also found 23% of women aged 71+ who were diagnosed with cervical cancer also underwent screening, which may have been indicated based on meeting personal criteria. Since age and severity at the time of diagnosis are directly correlated with survival in cervical cancer, diagnoses at older ages may be concerning with regards to outcomes. Additionally, as the likelihood of comorbidities increases with age, overall treatment costs may rise for women diagnosed in older age cohorts.

The analysis did not find any meaningful difference in the presence of metastatic cancer (early vs. advanced). However, metastatic cancer may not be captured consistently in adjudicated claims for cervical cancer.

Figure 2. Number of Women Diagnosed with Cervical Cancer in 2021–2022 Who Received Screening Within the Five-Year Period Prior to Diagnosis, Continuously Enrolled, Across Age Groups (N=1,464)



Conclusion

Further research is needed to analyze the breakdown of cervical cancer cases by race and ethnicity to understand any disparities in screening and outcomes. Additionally, researching healthcare resource utilization (HCRU) costs post-diagnosis will help stakeholders understand the cost of not screening per recommendations and how HCRU varies based on the age at which cervical cancer is diagnosed. The 71+ population can also be further studied in Medicare FFS data to understand the impact of limited screening criteria on the early diagnosis of women in this age group.

Current and additional findings can help inform stakeholders focused on primary care, gynecology, and cervical cancer. Healthcare providers play an important role in communicating the importance of screening. For payers, the costs associated with treating cervical cancer patients may drive a focus on early screening and access to screening. Manufacturers of cervical cancer diagnostic tests and therapies can identify barriers within the patient journey and partner with providers to ensure early and timely screening and diagnosis. Additional research into demographic factors, age at diagnosis, and long-term costs could further inform screening guidelines, resource allocation, and targeted interventions to address cervical cancer disparities.

How Can Avalere Help?

Stakeholders across the care continuum including providers, payers, patients stand to benefit significantly from a proactive approach to preventive care and early detection. Avalere helps these stakeholders address key questions and initiatives like those identified in this study. For example:

- Stakeholder primary research can provide insights into stakeholder decision-making motivations and gaps in the care continuum.
- Patient support services guidance can support education and access solutions to overcome barriers to care.

Data Source

For this analysis, Avalere used commercial and Managed Medicaid claims data from Inovalon's proprietary "Medical Outcomes Research for Effectiveness and Economics" (MORE^2) Registry®, accessed by Avalere via an Agreement with Inovalon, Inc.

Explore examples of our team's thoughts on the women's health market, patient access, and the effects of recent trends on various stakeholders. ⟶

Key Leadership Quotes

Sarah Alwardt

Read Bio

President

At Avalere, subject matter experts like President Sarah Alwardt work closely with women's health stakeholders to drive access to high-quality care that meets patients' unique needs, preferences, and priorities.

Sarah's Take

"In the face of healthcare's most complex challenges, our clients need a partner who can deliver practical, actionable solutions. With recent federal focus on accelerating women's health research, this is an opportune time for stakeholders to shape the future of women's care. Our deep subject-matter expertise and data-driven insights help stakeholders navigate policy developments to explore opportunities to include the patient's perspective in thier care journey and overcome barriers to access care."

Video Series

Watch Now

The Impact of Caregiving on Mental Health

Shelby Harrington

Read Bio

Managing Director

Shelby collaborates with manufacturers and health plans to generate evidence, define value, and build market strategies that resonate with women.

Shelby's Take

"Delivering person-centered healthcare means engaging patients of all genders and from all backgrounds in building systems tailored to the unique needs of diverse populations. Women's health should be a core pillar of all healthcare organizations' equity strategy."

Video Series

Watch Now

Innovations in Fertility and Family-Forming Care

Brigit Kyei-Baffour

Read Bio

Principal

Brigit advises clients on issues related to market access, policy, and reimbursement strategies for digital health, diagnostic, medical device, and pharmaceutical products related to women's health.

Brigit's Take

"FemTech is often used in the context of fertility and reproductive care, but it goes far beyond that, incorporating education and awareness for quality care and access for women's health and increasingly driving innovation in the field. Investments in FemTech are enabling progress toward gender equity in technology, venture capital, and health while fostering creative solutions to close gaps in care."

Amy Schroeder

Read Bio

Principal Research Scientist

As Amy and others conduct research to uncover the decisions that affect patient access to healthcare, they help stakeholders identify methodsto include the perspective of the individual in their own care decisions.

Amy's Take

"Incorporating the patient perspective into women's healthcare enables us to support women both as a group and as individuals. This challenges us to look beyond what is considered 'adequate' or 'appropriate' for all in order to understand what in healthcare is working well for individuals and what needs to change. Our work in women's health is a great example of this, and shows that we are working to message support for women, as a group and as individuals, on issues affecting their health."

Jessica Cortez

Read Bio

Principal

By prioritizing personalized care and comprehensive support, Jessica helps clients enhance patient outcomes and ensure women have access to the resources they need throughout their healthcare journey.

Jessica's Take

"Empowering women through robust patient support programs is crucial in addressing the unique healthcare needs of women. By prioritizing personalized care and comprehensive support, we can enhance patient outcomes and ensure women have access to the resources they need throughout their healthcare journey. Our commitment is to drive innovation with our clients in patient support, enabling women to navigate their health with confidence and resilience."

Video Series

Watch Now

The Evolution of Lactation Care

Margia Argüello

Read Bio

Consultant II

Margia and other Avalere experts understand that high-quality, inclusive healthcare efforts need to involve women from all racial and ethnic backgrounds.

Margia's Take

"True inclusion in healthcare is achieved when standards of care and products are created with diversity in mind, where women from all ethnic and racial backgrounds are fully involved, end-to-end, in the research process."

We Know Healthcare.

Trusted Partnership.

Avalere, a US-based consulting firm, offers deep expertise in addressing access barriers across the women's health landscape.

Experience that Matters.

Our subject matter experts advise throughout the women's health continuum, from financial investments in women's health companies to market access and regulatory strategy development, evidence generation, and federal and state policy analysis.

Strategy Realized.

We also provide in-depth perspectives on patient disease burden and barriers, payer and physician perspectives, innovation of digital health technologies, and reimbursement considerations for products in the women's health market.

Avalere
part of Avalere Health

About Us

A healthcare consulting firm for more than 20 years, Avalere partners with leading life sciences companies, health plans, providers, and investors to bring innovative, data-driven solutions to today's most complex healthcare challenges.

Avalere is part of **Avalere Health**. We partner with its Global team across markets and regions to help clients navigate complex healthcare ecosystems and make better health happen.

For more information, please contact **info@avalere.com**. You can also visit us at **avalere.com**.

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