What is the "Pink Tax", Why Are Our Patients Paying It, And What Can We Do About It?

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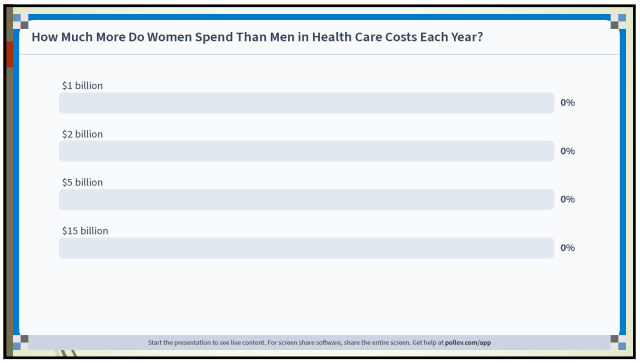
1

Learning Objectives

- Medicine is getting administratively harder to practice
- Women, in particular, are bigger users of the healthcare system and medications
- Even accounting for greater use, women pay more compared to men for their healthcare and medications
- It is worth paying attention to these issues, as OBGYNs we and our patients are disproportionately affected

2

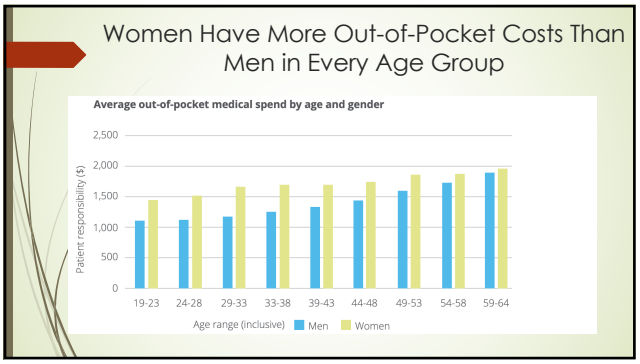
3


How Much More Do Women Spend Than Men in Health Care Costs Each Year?
$1 billion
0%
$2 billion
0%
$5 billion
0%
$15 billion
0%
Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

4

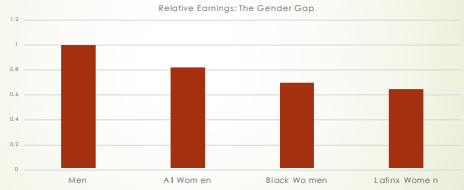

$15.4B
per year
Deloitte.
Hiding in plain sight:
The health care
gender toll
Marielle Farina, FSA, MAAA

5


Women Have More Out-of-Pocket Costs Than Men in Every Age Group
Average out-of-pocket medical spend by age and gender
Patient responsibility ($)
2,500
2,000
1,500
1,000
500
0
19-23
24-28
29-33
33-38
39-43
44-48
49-53
54-58
59-64
Age range (inclusive)
Men
Women

6

This Effectively Widens the Wage Gap



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Contributing Factors

- Average out of pocket cost for a single delivery is $2,900
- 40% of US babies are to unmarried women

8

Contributing Factors

- Ongoing policies that have not been re-evaluated for equity
- Women with employer-sponsored plans utilize more services from:
  - Radiology
  - Laboratory
  - Mental health
  - Emergency room
  - Office visits
  - PT/OT
  - Chiropractic

9

There is No Evil Genius Behind This

10

Contributing Factors

- High frequency of gynecological examinations
- Relatively high cost of breast cancer imaging compared to other types of cancer
- Menopause

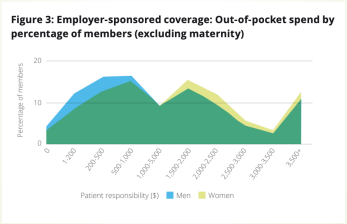
11

Women Seek More Health Care and More Treatment Than Men

- Women experience 10% more in health expenditures (beyond childbirth)
- Women pay 18% more for medications and co-pays

12

Women Receive Less Actuarial Value Per Health Care Premium Dollar



13

How Does This Play Out in Real Life

- Higher co-pays
- Excluded services
  - Genetic carrier screening (pre conception)
- Excluded medications
  - Many hormone therapies
  - Contraceptives

14

What Would It Cost Employers to Close This Gap?

- $133 per enrolled employee annually

https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-health-gender-gap.pdf

15

What Can We Do to Help?

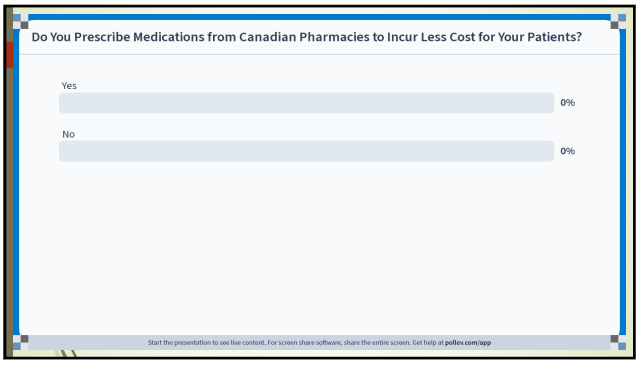
- Point out to your pharmacies or frequently used insurance plans when FDA approved medications that are safe and effective for your patients are not covered
- Ask your local legislatures about their position on this issue or bring it to their attention
- ACOG state lobbying efforts should be directed towards this issue
- Appeal to hospital pharmacy committees to include key medications on formulary
- Encourage your patients to ask their insurance provider why indicated medications are not covered

16

What Can We Do to Help?

- Find the least expensive source of your most commonly prescribed meds
- Advocate for cost effective medications with your common insurance carriers
- Encourage your patients to petition pharmacy benefit managers to make medications available

17



18

Relative Costs of Some Medications

Medication	US cost/3mos (goodrx)	Canadian cost
Estring	$498	$249
Leuprolide acetate depot 3.75mg	$1523	$502
Elagolix 150mg	$3012	$750
Mirabegron	$1305	$420
Semaglutide 1mg	$4158	$1410
Estradiol/norethindrone patch	$705	$210

19

Upsides and Downsides to Prescribing from Canada

- Source of the medication is not always known: usually Canada or UK but sometimes India
- Potential for less regulatory oversight (India)
- Substitutions not acceptable
- Many websites will indicate the source: if it is EU or Canada, regulatory processes are excellent and on a par with the FDA

20

Should We Be Re-Evaluating Our Routine Practices?

- USPSTF
  - Biennial mammograms age 50-74
  - Cervical cancer screening every 3-5 years
  - NO recommendation for annual pelvic exam for women at any age other than cancer screening
- ACOG
  - Offer mammograms starting at age 40-75 years, 1-2 year intervals
  - Cervical cancer screening per USPSTF
  - Pelvic exam 'only when [a woman] has symptoms or has a medical history that requires it'

21

Can We as Individuals Husband Resources Better?

22

Do All of Our Patients Need Annual GYN Exams?

There is not much research on the usefulness of annual pelvic exams for women who aren't pregnant, experiencing symptoms, or at risk for gynecological conditions. The American College of Obstetricians and Gynecologists (ACOG) recommends women have pelvic exams only when they have symptoms or have a medical history that requires it.

Ultimately, you and your ob-gyn or other health care professional should make this decision together. Discuss your medical history and the risks and benefits of a pelvic exam.

BUT

Experts recommend that you visit your ob-gyn at least once a year for a well-woman visit. The purpose of this checkup is to help you stay healthy and prevent health problems at all stages of life.

Well-woman visits are an important part of your health care, even if you do not need a pelvic exam. They are a chance for you and your ob-gyn to talk about sex, birth control, planning for pregnancy, and more.

ACOG
The American College of Obstetricians and Gynecologists

23

Breast Cancer Costs

- $29.8B per year
- 14% of all cancer treatment costs, highest treatment cost of any cancer
- Initial care phase costs $36,930
- End-of-life care phase costs $78,800
- Yet breast cancers detected early are much less expensive to treat

https://www.cdc.gov/chronicdisease/programs-impact/pop/breast-cancer.htm

24

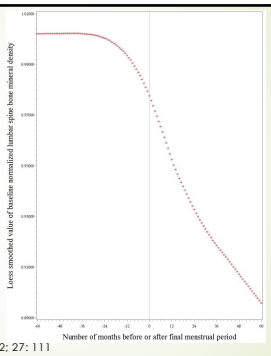
Osteoporosis

- All cause costs: excess of 31K/fracture
- Hip fracture: excess cost of 54K
- Twice the pharmacy costs vs non-fracture group
- Twice the death rate

Williams, SA, et al, Annals of Pharmacotherapy 2021; 55:821

25

Lumbar Spine BMD Loss in Relation to FMP



Greendale J Bone Miner Res 2012; 27: 111

26

Recommendations

- USPSTF
  - Screen at age 65
  - Screen sooner if there is increased risk (based on formal risk assessment tool)
- ACOG
  - Age 65 and older

27

Can We Make Life Easier for Ourselves?

- Join the AMA: pre authorizations
- Make friends with your pharmacy committee

28

AMA Join Renew Enter Search Term Member Benefits

Advocacy in action: Fixing prior authorization

UPDATED: JUN 7, 2023 • 4 MIN READ

"Prior authorization is overused, costly, inefficient, opaque and responsible for patient care delays"

29

Mass Amnesia of Health Insurance Pharmacy Benefits Every New Year

30

AMA Goals

- Cut the overall volume of PA
- Promote automation
- Establish 24-48hr response times
- **Adverse determination should be made only by a physician licensed in the state and of the same specialty that typically manages the patient's condition**
- Make each PA valid for at least one year
- Require public release of insurer's PA data

31

Summary

- We are women's health care providers
- Women are systematically overpaying for services and get less benefit per the health collars paid by their employers
- We are overburdened by the red tape that goes along with women's increased utilization of healthcare
- There are some actions we can take to call attention to these discrepancies and help fix the system

32

Sometimes You Have to Laugh

- https://jenniferlycette.com/blog/
- A physician's typical day, as envisioned by a non-clinician healthcare MBA: a satire

33