

**Opportunities for Action:**

# Ending Disparities in Women's Health Research, Funding, and Access

Key takeaways from Women's Health @ Top of Mind,  
a symposium at the Top of Mind Summit: Life Sciences 2024



Center for **Connected** Medicine

**UPMC Enterprises**



Welcome and Opening Remarks

Women's Health & You at Work

Welcome and Opening Remarks

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# Introduction

**UPMC Enterprises and the Center for Connected Medicine at UPMC hosted the Top of Mind Summit: Life Sciences on September 9-10, 2024, to highlight how creative partnerships across key stakeholder groups can accelerate health care innovation. A centerpiece of the Summit was a symposium focused on critical inequities in women's health.**

The program, produced in partnership with **Magee-Womens Research Institute, UPMC Magee-Womens Hospital, Women's Health Access Matters (WHAM), and Lightstone Ventures**, served as a platform to explore how stakeholders can drive innovation in all areas of health care that will ensure equitable health and access for women. This timely, thoughtful, and well-attended symposium gathered more than 70 leaders from pharma, biotech, medical technology, clinical care, insurance, research, and venture capital to grapple with these challenges and drive actionable ideas to spur innovation, educational advances, and global improvements in women's health.

The program leveraged the growing recognition across the industry of inequities in women's health and was the first coordinated effort to pull a representative cross-section of experts together to look at problems and, importantly, pinpoint the best places to intervene. The event also was unique because it involved female and male experts to help close the gender divide and focused on moving from awareness building to action.

From the outset, the symposium program highlighted the many ways that women's health has long been underrepresented within the broader health care ecosystem. There is the long-running precedent in medical research and clinical trials of excluding women from studies and even once allowing their participation, their inclusion is still disproportionate to men. This approach has led to a lack of understanding about how diseases of the body and mind may manifest differently in women, resulting in diagnostic and treatment paradigms that are often inaccurate, less efficacious, more time-consuming, or even harmful.

While significant research and funding exist for conditions such as cardiovascular disease, autoimmune disorders, and Alzheimer's disease, there is a persistent lack of targeted research addressing how these diseases uniquely impact women. Despite women being disproportionately affected, studies often fail to incorporate sex as a biological variable, resulting in limited understanding of sex-specific differences in disease presentation and treatment efficacy.

This exclusion extends to health issues traditionally categorized as "women's health," such as obstetric and gynecologic care, maternal and postpartum health, and menopause. The result is a health care system that fails to adequately and equitably meet the fundamental needs of half the people it is designed to serve.

Over the course of a keynote, two panel discussions, and an in-depth workshopping session, the symposium program focused on challenges and solutions in three areas: **Research, Funding, and Access**. And within the topic of Access, which was mined extensively during the workshopping session, three sub-topics were discussed: **Medical Education, Reimbursement, and Care Pathways**.

**“Women are not a niche research or clinical segment. They are 51% of the entire U.S. population.”**

While there are many areas that contribute to disparities and are valid for exploration and solutions, the symposium organizers chose research, funding, and access as three key factors that could be tackled in a one-day program.

Acknowledging that the challenges are numerous, a primary goal of the symposium was to move beyond a reenumeration of the problems and identify actions that participants could take individually and in concert with fellow attendees and their own organizations. What follows is a summary of the key takeaways from the formal discussions and opportunities for action that symposium participants agreed all stakeholders can and should take to advance women's health equity and care.

## Keynote Fireside

# Partnering to Usher in a New Era of Women's Health

### Speakers:



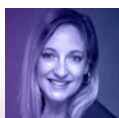
#### Richard Beigi

President, UPMC Magee-Womens and UPMC Mercy hospitals



#### Carolee Lee

CEO and Founder, Women's Health Access Matters (WHAM)



#### Anna Mamo

Director, UPMC Enterprises

To set the tone and highlight the symposium theme of partnership, the opening keynote fireside chat focused on why collaboration is essential to advancing research, funding, and access to care for women. The conversation opened with reflections on some of the progress that has been made in the past three decades — and even more so in the past several years. But the balance of the discussion focused squarely on the need for even more progress and at a faster pace.

A pivotal moment was in the early 1990s when Congress mandated the inclusion of women in National Institutes of Health (NIH) funded clinical trials. Up until that point women mostly were excluded from trials. While progress has been slow in ensuring greater representation of women in trials since that time, the legislative change was an important turning point. More recently, the inequities in women's health, and the ripple effects on the economy and society that follow the poor health of women, have started to be recognized.



Some examples where there is currently little understanding of the underlying reasons:

- A woman's risk of developing Alzheimer's disease is almost twice that of a man.
- Lung cancer is the No. 1 cause of cancer death in women, with non-smoking women being more than twice as likely as non-smoking men to get lung cancer.

And why don't we understand these different outcomes? Because only very small percentage of federal research funding is allocated to studying how diseases affect women differently. For example, the study of heart disease in women receives less than 5% of NIH funding for cardiovascular disease research.

And while cardiovascular disease is the biggest killer of women in the United States, only a third of the participants in clinical trials are female.

Armed with this knowledge, symposium participants were encouraged to speak up and speak out. Women's Health Access Matters (WHAM) advocates for a doubling of the research funding dedicated to studying the differences in how diseases affect women. Researchers need to be intentional about enrolling women into trials. And clinicians need to be informed about these sex differences in disease risk and presentation and ensure their patients are too.

**“We need to frame the conversation with how important it is that women are healthy. We know that healthy women lead to healthier societies and to greater economies because women drive the economy.”**

## Discussion Summaries and Opportunities for Action

# From the Heart: Improving Cardiovascular Health and Care for Women

### Speakers:



**Katie Berlacher**

Director, Magee-Womens Heart Program and  
Chief of Medicine, UPMC Magee-Womens Hospital



**Alicia Chong Rodriguez**

Founder and CEO, Bloomer Tech



**James Coons**

Professor, University of Pittsburgh



**Nina Goodheart**

President, Structural Heart and  
Aortic Operating Unit, Medtronic



**Khue Ton**

Assistant Professor of Medicine,  
Mass General Brigham

### Improving Clinical Trials for Women

**“More women die from cardiovascular disease every year in the United States than from all forms of cancer combined.”**

The risk women face from cardiovascular disease needs to be better understood, acknowledged, and addressed, even within clinical circles. This panel of cardiovascular experts from various sectors put forward many actionable items that could significantly improve the heart health of women.

The first challenge that was dissected is the underrepresentation of women in clinical trials. The lack of representation leads to insufficient data on how treatments affect women differently compared with men. Devices and drugs are designed based on a 70-kilogram male, which results in women being 50% more likely to develop side effects, such as bleeding, arrhythmias, and reduction in heart rate, than men for commonly used medicines.

There is an undisputed need for greater investment in clinical trials that specifically include women to generate the necessary data for effective treatment and for companies to be intentional about designing trials that are accessible to women. Trial design should consider incentives for sponsors to include diverse populations and to ensure sex-disaggregated data for sensitivity and specificity. There are also opportunities to drive funding toward conducting pragmatic clinical trials. Taking action on these steps would help to accelerate the generation of desperately needed data for novel therapeutic development.

Cardiac conditions that present commonly in both genders can have vastly different pathology between men and women. For example, women are more likely to have non-obstructive coronary artery disease than men. In fact, women are more likely to have a heart attack without a severe blockage in an artery and have a normal coronary angiogram.

These and other examples highlight the urgent need to have women-specific data to develop technologies and AI models tailored to the diagnosis and care of women. Existing AI models often perpetuate biases due to the lack of female-specific data.

## Disparate Outcomes for Women

**“For decades, women have been excluded from clinical research under the guise of protecting them. But that exclusion has done more harm than good. It’s time we move from justifying why women should be included to demanding that they are.”**

The experts highlighted the disparate outcomes women experience in terms of cardiovascular events; women who present with cardiogenic shock have a 30% to 50% higher mortality rate than men. Women are more likely to have complications from devices because they are not often tailored to women’s needs. Further, while women already have a higher overall risk for cardiovascular disease compared to men, the events of pregnancy and menopause further complicate this risk by significantly interacting with a woman’s cardiovascular health, emphasizing the need for dedicated research focused on female-specific CV factors across their reproductive lifespan.

However, it is not all doom and gloom. Efforts are being made to address this issue by including more women in studies, such as a recent trial focused on transcatheter aortic valve replacement (TAVR) in women.<sup>1</sup>

Another innovative approach to this problem aims to provide a non-invasive way to collect extensive cardiovascular data from women. Bloomer Tech pioneered a bra-based medical device that collects comprehensive cardiovascular data from women. This device aims to address the lack of female-specific data and improve diagnosis and treatment.

<sup>1</sup> <https://news.medtronic.com/Medtronic-smart-study-pivotal-moment-in-womens-health-newsroom>

## Raising Awareness of CVD Risk

**“Women are not small men. They have fundamentally different biology. The same disease will affect men and women vastly differently. Research, clinical trials, and treatment modalities need to come to terms with this reality.”**

The panel also discussed the need for better education and awareness about women’s cardiovascular health among both the public and health care providers. The importance of outreach and education to connect more women with specialists and improve their health outcomes was emphasized.

The panel discussed the need for integrated marketing efforts to raise awareness about women’s cardiovascular health, similar to successful campaigns for breast cancer. Leveraging social media, Hollywood movies, and partnerships with sports teams to increase visibility was suggested.

One anecdotal takeaway from the discussion — there is a theory that men are more likely to get CPR than women in a public place, because people may be afraid to put hands near a women’s chest. If this was more directly de-stigmatized, people could be more likely to move to offer first aid.

## Personal Experiences

**“It’s not just about educating health care providers; it’s about educating women themselves. Women don’t always know that their symptoms can present differently, and they’re often the last in their households to seek care for themselves. We need to meet women where they are, whether it’s in their communities, on social media, or through public health campaigns.”**

Personal stories shared by the panelists added a poignant touch to the discussion. One panelist was inspired by their family’s experiences with heart disease to develop innovative solutions for women’s health. These stories underscored the personal connections and motivations driving their work.

Looking to the future, the panelists emphasized the need for continued investment in research, better training for health care providers, and innovative solutions to improve women’s cardiovascular health outcomes. The discussion concluded with a call to action for more collaboration and investment to address the unique challenges faced by women in cardiovascular health.

## Opportunities for Action

- 01 Increase Representation in Clinical Trials:** Ensure that clinical trials include a significant number of women to gather data on how treatments affect them differently.
- 02 Address Barriers to Participation in Clinical Trials:** Identify and address barriers that prevent women from participating in clinical trials, such as transportation, childcare, and job constraints, by developing strategies to make trials more accessible to women.
- 03 Develop Female-Specific Medical Devices:** Innovate and design medical devices tailored to women's physiological differences.
- 04 Invest in Research and Innovation:** Encourage companies and public institutions to invest in studies that explore sex-specific outcomes and develop innovative solutions.
- 05 Leverage Data and AI for Personalized Health Care:** Utilize AI and big data to develop personalized health care solutions for women. Ensure that AI models are trained on diverse and representative data sets to avoid perpetuating biases.
- 06 Enhance Education and Training:** Incorporate women's health training into medical education to equip future providers with the knowledge to address women's cardiovascular health needs.
- 07 Raise Awareness through Integrated Marketing Campaigns:** Launch integrated marketing efforts to raise awareness about women's cardiovascular health, similar to successful campaigns for breast cancer. Utilize social media, Hollywood movies, and partnerships with sports teams to increase visibility.
- 08 Empower Female Patients:** Encourage and train female patients to advocate for their health and participate in awareness campaigns. Support organizations that train women to be advocates and champions for cardiovascular health.

## Discussion Summaries and Opportunities for Action

# Increasing Investment: Funding to Drive Innovation

### Speakers:



**Jessica Federer**

Board Member, Sage Therapeutics



**Lori Frank**

President, Women's Health Access Matters (WHAM)



**Christina Isacson**

Partner, Lightstone Ventures



**Luba Soskin**

Global Clinical Lead, Senior Medical Director,  
Women's Health, Bayer



**Jannine Versi**

Co-founder and CEO, Elektra Health

### Economic Benefits are Substantial

**“We are 52% of the population, 51% of the workforce, make 85% of spending decisions, own 40% of the wealth, and make 80% of health care decisions. Yet, women’s health research receives only a fraction of the funding. Imagine the economic impact if we actually invested in women’s health.”**

These general statistics illustrate the increasingly urgent need to actualize the opportunity that investing in women’s health can have on the global economy — a recent McKinsey report puts the market opportunity in the \$1 trillion range.<sup>2</sup>

This discussion convened diverse perspectives to not only illustrate the significant gaps and persistent underfunding of women’s health care, but to drive the conversation toward strategizing approaches that aim to de-risk early-stage investments and share learned experiences from founders who have raised money successfully.

<sup>2</sup> <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies>

The first order of business was to align on a definition of women's health because misconceptions and misunderstandings have hindered funding. Women's health encompasses conditions that affect women solely, predominantly, or differently. This includes diseases that manifest differently in women and disproportionately affect women, such as dementia, rheumatoid arthritis, and cardiovascular conditions. Yet the reasons behind the differences are not well understood.

As the market opportunities in women's health are increasingly recognized, there is urgency to address the historical lack of women's health data to fully de-risk early-stage investments. Adding further emphasis to the cardiovascular session, there is a critical need for more basic research to understand the pathobiology of diseases in women, with increased funding for basic research in academic settings being crucial for advancing this knowledge.

The pharmaceutical industry faces significant headwinds in women's health due to lack of data — 50% of the time preclinical models do not translate. One way to address this challenge would be to leverage existing data to advance research and make the investment case for women's health more attractive. Repositioning and repurposing existing therapies could be a low-risk, high-reward strategy to unlocking the commercial potential of the suboptimal care being delivered today. The WHAM Research Collaborative aims to mine existing datasets to build a stronger base of for preclinical modeling. The collaborative effort involves

top researchers and health care leaders working to address gaps in women's health research. Health systems run real-world experiments day in and day out that if analyzed appropriately could yield major innovations in the care of women. The most promising solutions have fared better in attracting investments by leveraging existing data sets and taking a product-oriented approach. For example, the Oura Ring utilizes biometric data to predict labor timing and reached a valuation of \$2.5 billion in 2022.

## Recognizing and Addressing Stigmatized Conditions

**“To truly drive innovation in women's health, we need to make it sexy for pharma — whether that means making it a precision medicine issue, or by framing it as an untapped market opportunity. When it's seen as both essential and profitable, that's when we'll see real progress.”**

The discussion also highlighted the opportunity for expanded investment in once-taboo areas, specifically premenopause. This area presents a significant opportunity for investment given the high engagement and proactive nature of the target audience and current gap in education, resources, and solutions. In areas with persistent stigma and taboo, such as menopause and postpartum depression, the combination of communities and patient engagement are important for providing support, sharing experiences, and enhancing the overall care experience.

Successful market development for new drugs, such as those for postpartum depression, requires educating prescribers and patients and leveraging digital health for patient engagement. Sage Therapeutics' success in launching a new medication for postpartum depression underscores the potential of targeted market development. It also demonstrated a shift toward more proactive and empowered health care management and the importance of recognizing and addressing stigmatized conditions. There is also a growing recognition of the need to treat patients holistically, considering multiple comorbidities and conditions, which can lead to better overall outcomes.

Further, investors are increasingly interested in businesses that integrate with traditional health care systems and offer integrated, evidence-based care, focusing on improving long-term outcomes and quality of care. Companies such as Elektra Health are innovating by providing comprehensive care that includes medical services, education, and community support for women navigating menopause and related conditions. This integrated approach addresses unmet needs and integrates with traditional health care systems to improve patient outcomes.

## **An Economic Imperative**

**“We’re in an exciting space where investors, policymakers, and companies are realizing the untapped opportunity in women’s health. Women have been underrepresented for too long, and now we see a shift where recognizing women’s health as a fundamental priority is leading to real change.”**

A final message that resonated — investing in women’s health is not only ethical but economically beneficial.

Even a modest increase in funding for women’s health research could yield significant economic returns. For example, doubling the current federal investment in women-focused Alzheimer’s disease and related dementia research adds more than \$930 million to the economy.<sup>3</sup> Increased government support and funding, as well as bipartisan efforts to promote women’s health legislation, are essential for advancing this field. A hopeful and impactful step in the right direction was the recent establishment of the White House Initiative on Women’s Health Research and commitment of nearly \$1 billion to bridge research gaps and encourage continued investment in women’s health.

Proactive engagement with policymakers is necessary to ensure that women’s health receives the attention and resources it deserves. Initiatives such as the WHAM Research Collaborative are aiming to expand the evidence base and demonstrate the economic value of such investments.

<sup>3</sup> [Investing in Women’s Alzheimer’s Research Yields Greater Economic Returns, Study Finds - Wham Now](#)

## Opportunities for Action

- 01 Increase Funding for Basic Research:** Advocate for increased funding for basic research in women's health, particularly in understanding the pathophysiology of diseases that disproportionately affect women.
- 02 Promote Comprehensive and Evidence-Based Care:** Encourage investment in businesses that integrate with traditional health care systems and offer comprehensive, evidence-based care.
- 03 Leverage Existing Data:** Utilize existing data repositories and secondary data analysis to build a stronger clinical evidence base for women's health. Explore the repositioning and repurposing of existing therapies which could lead to major innovations for women.
- 04 Leverage Activated Patient Communities:** Utilize the power of patient communities to provide support, share experiences, and enhance care delivery.
- 05 Increase Market Development Efforts:** Engage with thought leaders, cultivate literature, and educate upcoming physicians to prepare the market for new treatments.
- 06 Focus on Early Assessment and Intervention:** Integrate early assessments for conditions like cardiovascular health into care models for women, especially during menopause.
- 07 Advocate for Policy Changes:** Support legislative efforts to increase funding and awareness for women's health issues, ensuring better reimbursement rates and more comprehensive care.
- 08 Highlight Economic Benefits:** Emphasize the economic benefits of investing in women's health to attract more funding from both public and private sectors.
- 09 Foster Collaboration:** Encourage collaboration between researchers, health care providers, and industry stakeholders to address gaps in women's health research and care.

## Discussion Summaries and Opportunities for Action

# Advancing Access: Designing Solutions for Getting Women the Right Care at the Right Time

### Workshop Facilitator:



**Mike Annichine**

CEO, Magee-Womens Research Institute

### Medical Education



**Jennifer Coppola**

U.S. Women's Health Franchise Lead,  
Pfizer



**Alyson McGregor**

Associate Dean of Faculty Affairs and Development,  
University of South Carolina

### Reimbursement



**Ellen Beckjord**

Vice President, Population Health and Clinical  
Optimization, UPMC Health Plan



**Jocelyn Fitzgerald**

Assistant Professor of Obstetrics, Gynecology and  
Reproductive Sciences, Division of Urogynecology,  
University of Pittsburgh/UPMC

### Care Pathways



**Robert Edwards**

Professor and Chair, Department of Obstetrics,  
Gynecology and Reproductive Sciences, University of  
Pittsburgh School of Medicine



**Annmarie Lyons**

Vice President, Women's Health Service Line,  
UPMC



**Hy Simhan**

Professor, Department of Obstetrics,  
Gynecology and Reproductive Sciences,  
Executive Vice Chair of Obstetrical Services, Director,  
Clinical Innovation, Women's Health Service Line,  
University of Pittsburgh/UPMC

To explore the many facets of access and identify solutions to the varying challenges, a workshopping session was convened to focus on three key focus areas: medical education, reimbursement, and care pathways. The discussions were spirited and productive, highlighting the importance of continued advocacy and action in women's health.

## Medical Education

The medical education workshop focused on the significant gaps in both patient and clinician education and aimed to identify solutions to overcome these educational gaps.

To start, many medical schools and residencies have stopped training in women's health-specific topics.

Menopause was discussed as a specific example. There has been a noted decline in menopause hormone therapy (MHT) education since a 2002 Women's Health Initiative (WHI) trial, which led to a dramatic decrease in MHT usage. Further, there is a need to break down barriers between academia and industry to facilitate the free flow of the latest knowledge.

Contributors to the discussion pointed to the need for seamless, interprofessional, and interconnected educational opportunities for medical students and professionals. There is an opportunity to educate future health care leaders and ensure that women's health education is integrated throughout curriculum and ensure there is a focus on sex-specific medicine. One suggestion was to create fellowships to develop new experts and secure funding for these programs.

Another potential tactic to more widely deploy is a "teach the teacher" initiative to ensure continued faculty development and create educational components that allow educators to learn alongside students. This approach can help educators feel less intimidated and more collaborative. There is also an opportunity to provide training on how to educate women about their health, ensure the importance

of clinical trials is better understood, and provide overall greater awareness or risks, symptoms, and more.

Consumer health education also was stressed, highlighting the importance of reaching consumers where they are, whether it is in churches, on social media platforms, or through popular television programming.

There was an agreement that the goal must be to ensure that public health measures are inclusive and equitable and address the unique health presentations and needs of women. Further, there is opportunity to change the narrative around women's health and create better storytelling opportunities. Everyone should be educated about women's health, not just women.

## Reimbursement

The discussion of reimbursement revealed significant disparities in how women's health services are valued and reimbursed. The added challenge to the undervaluation of women's health in the current reimbursement system is that increased payments are constrained by a budget-neutral value clause. This clause limits the relative value units (RVUs) available, perpetuating care disparities. Reimbursement for female-specific procedures has become more comparable to male-specific procedures; however, disparities in specialty-specific reimbursement rates remain.

And because procedures for women are often reimbursed at lower rates than equivalent procedures for men, there is a broad impact on a provider's ability to continue offering services. This imbalance leads to care disparities and

perpetuates access issues, particularly in rural areas. For example, some male-only procedures, such as prostate biopsy, can be reimbursed 30% higher than an equivalent female procedure, such as endometrial biopsy. This disparity has led to a system where it's more profitable to take care of men than women.

The discussion highlighted the need for ancillary services to support women's health due to low reimbursement rates, particularly in rural areas where obstetric services are closing. The solutions included pursuing legislative changes and advocating to address these inequities. The group explored strategies such as using temporary codes and adding new codes to better capture the complexity of women's health services. Also, raising public awareness about these disparities is crucial. The group discussed the need for commissioned reports and public education to highlight the financial inequities in health care.

## Care Pathways

This session was focused on the development and expansion of care pathways to ensure consistent, high-quality care for women across different locations. The conversation emphasized the importance of standardized clinical guidelines across various health conditions, not just traditional OB/GYN. The conversation returned to the earlier topic of cardiovascular health and the significant need to understand the physiological differences between men and women and better deploy prevention strategies — particularly for women post-menopause who may

not regularly visit doctors. Further, the integration of standardized guidelines into electronic health records (EHR) is essential for improving quality metrics and reducing costs.

There was also discussion around the resistance that can come from health care providers in implementing standardized care pathways. Some solutions to mitigate the resistance included allowing for some variation in practice, making it easier to follow the standardized pathway, and using cost and quality benchmarks to encourage compliance.

The group emphasized the importance of reaching patients, communities, and providers through health care encounters, telemedicine, and marketing intelligence to identify at-risk individuals and offer services proactively. The discussion also addressed the need to be mindful of the shortage of health care providers and the geographic and financial barriers that affect access to care. Virtual care centers were discussed as a solution to enable patients to engage online, schedule their appointments, and receive initial evaluations virtually.

UPMC Magee-Womens Hospital was used as an example of how world-class care and quality standards have been extended to community hospitals throughout Pennsylvania. The approach aims to provide the same level of care regardless of location, addressing the issue of obstetric deserts, and improving overall health outcomes for women.

## Opportunities for Action

The breakout sessions concluded with a call to action, emphasizing that the issues discussed were not insurmountable. Participants were encouraged to network, collaborate, and advocate for women's health, recognizing that collective efforts are essential for making meaningful progress. The discussions underscored the importance of equity in health, ensuring that health measures are inclusive and address the unique needs of both men and women. By working together and keeping these issues top of mind, the participants aim to move the needle on women's health, making a positive impact on human health as a whole. These action items address the key issues discussed and drive meaningful progress in women's health care.

- 01 Enhance Medical Education** by developing and funding fellowships focused on women's health; deploying innovative teaching techniques and expanding training on women's health specific issues in medical school and residencies.
- 02 Increase Public Awareness** through public health campaigns to educate women on specific health conditions and the importance of seeking care.
- 03 Advocate for Reimbursement Equity** to address the current under-value of reimbursement.
- 04 Standardize Clinical Guidelines** and integrate into electronic health records and ensure consistency across health care settings.
- 05 Expand Care Pathways** through best practices, leveraging technology and community health networks to address underserved areas.
- 06 Promote Networking and Collaboration** and share successful models and strategies across different institutions to implement small-scale changes that can have a significant impact.
- 07 Ensure that Women are Represented** in influential roles and policy-making platforms about their own health and the kinds of health care women need.

# Conclusion

The insights, ideas, and energy from the symposium provide a roadmap, but it will take collective will and concrete steps to transform health care into a more women-inclusive enterprise. The fundamental inequities in women's health care that exist are evidence that the system has failed half the population directly, and the other half by association. Rectifying this requires a radical shift in priorities — from research and funding to care delivery and policy.



## About the Center for Connected Medicine

The Center for Connected Medicine (CCM) at UPMC is defining the future of the modern health system through programming that informs, connects, and inspires leaders and innovators in health care. Collaborating with a network of experts from across the health care ecosystem, the CCM focuses its research and events on consumer-centered solutions, digital transformation, and scientific and medical innovation.



Center for **Connected** Medicine

## About UPMC Enterprises

UPMC Enterprises is the innovation, commercialization, and venture capital arm of UPMC, a world-renowned, nonprofit health care provider and insurer committed to delivering exceptional people-centered care and community services. Working in close collaboration with innovators from UPMC and the University of Pittsburgh Schools of the Health Sciences, as well as others worldwide, UPMC Enterprises accelerates science from the bench to the patient's bedside. With an emphasis on translational sciences and digital solutions, UPMC Enterprises provides its diverse portfolio companies and partners with capital, connections, and resources to develop solutions to health care's most complex problems.

## UPMC Enterprises





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