Medical Misogyny

How is healthcare blind to sex and gender?

… I would like to acknowledge the traditional owners of the lands on which I present today, the ***Wurundjeri Woi-wurrung People of the Kulin Nation*** *people, and pay respect to elders both past and present ...*

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Introduction to our speakers

Susan McKee

**Professor
Christobel Saunders**

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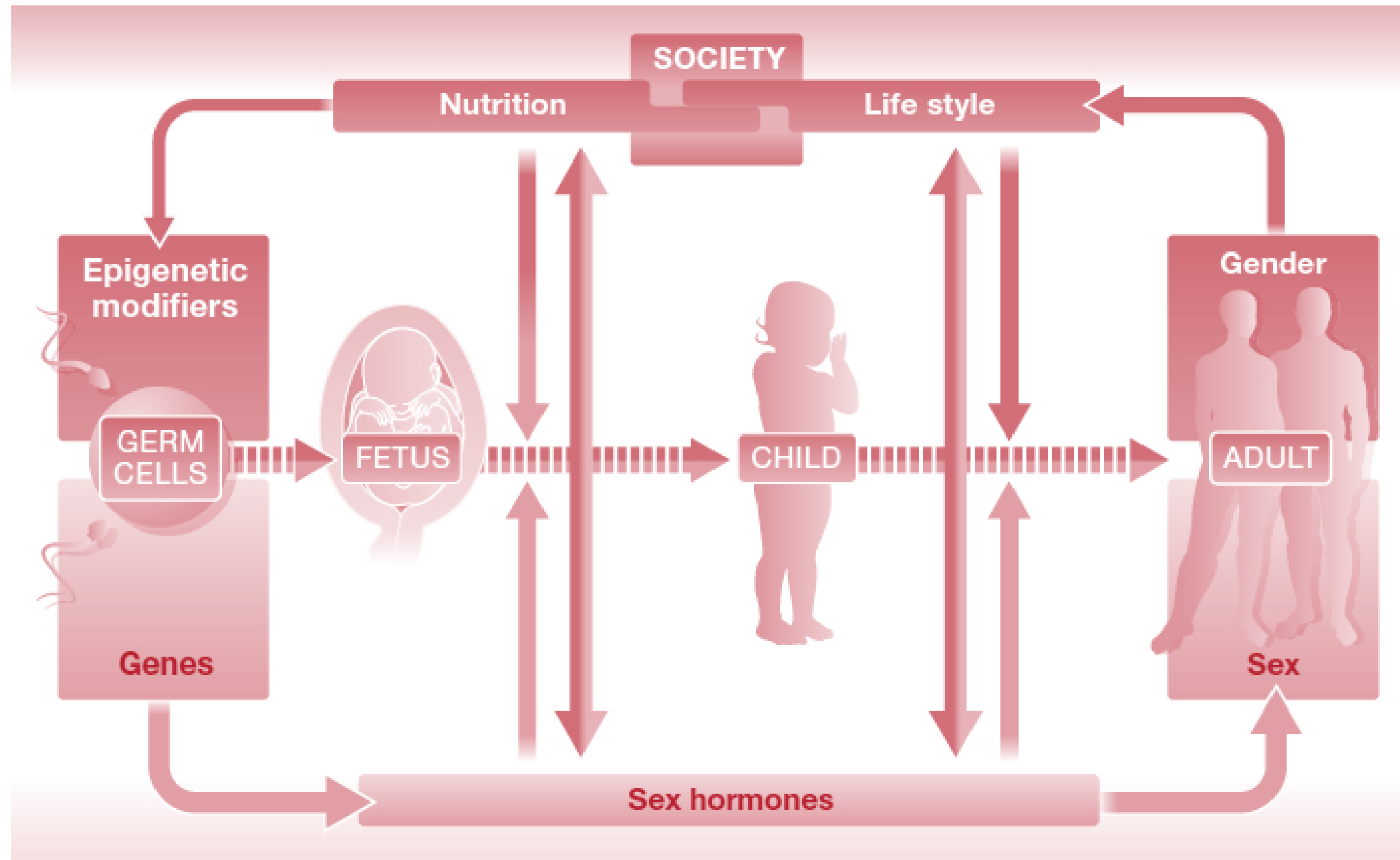
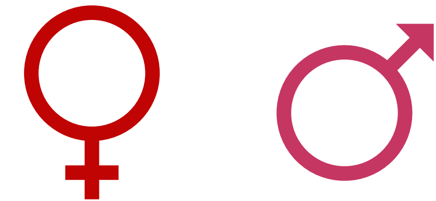
Why do sex differences
matter?

Defining sex & gender

Sex and gender are **not synonymous and** should **not be used interchangeably** and the interact-intersectionality





Sex & gender interact with each other & simultaneously with other factors such as age, ethnicity, identity

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”The Status Quo is Not OK”

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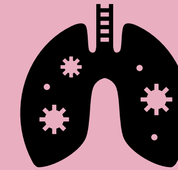
Research suggests a sex and gender-blind healthcare system negatively impacts healthcare outcomes

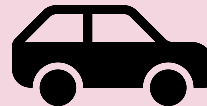
Men are **4 times** less likely to be diagnosed with osteoporosis than women.

Women are **2 times** as likely to experience hip implants failure than men.

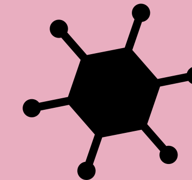


Men are **50 per cent** more likely to die from COVID-19 than women.

Women with acute stroke are **13 per cent less** likely to receive intravenous thrombolysis than men.



Women are almost **2 times** more likely to sustain severe injuries in car crashes than men.



Men are **1.5 times** more likely to die from cancer than women.

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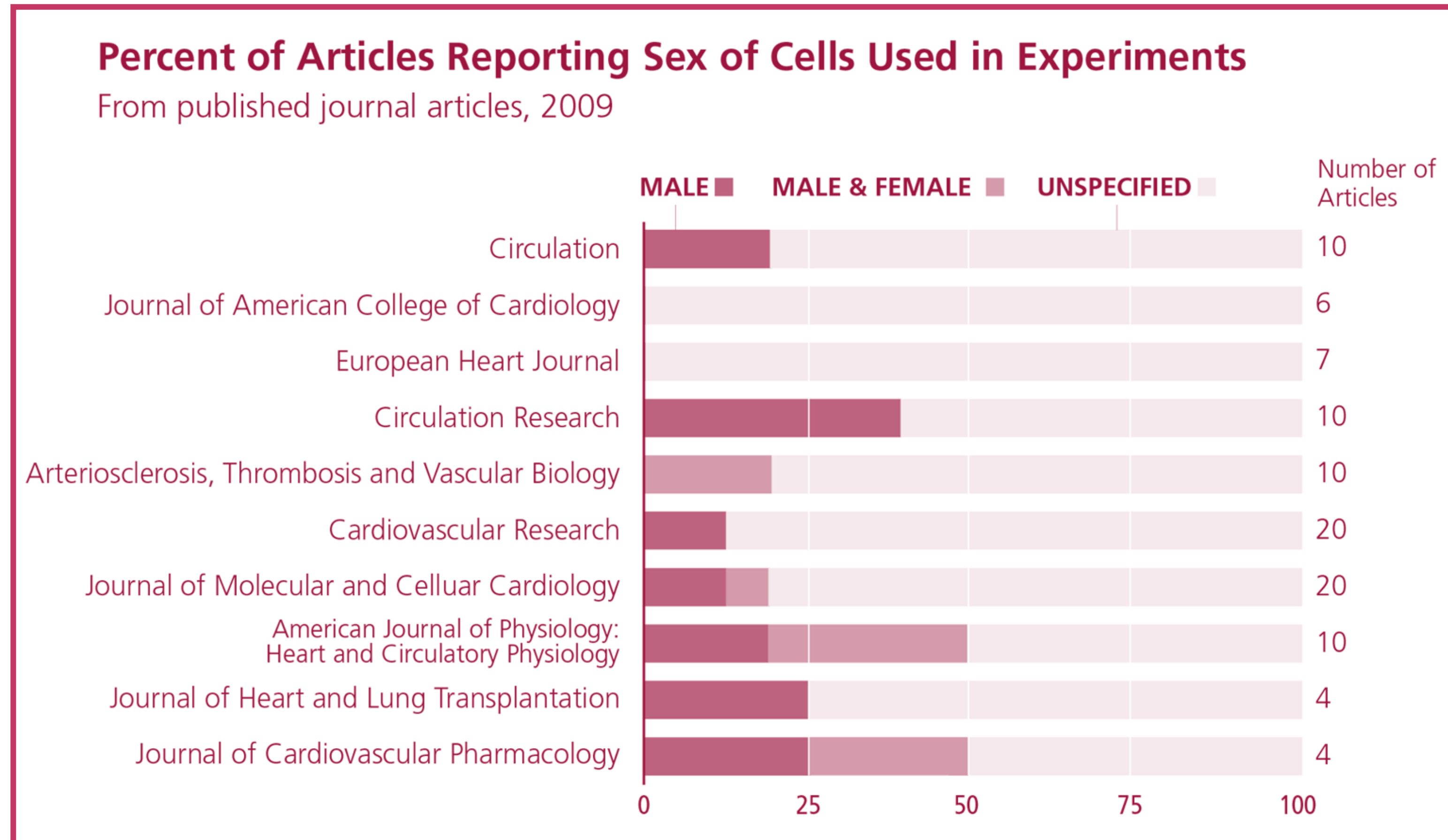
Research bias at a systemic level



Taylor, K et al (2011). Reporting of sex as a variable in cardiovascular studies using cultured cells.

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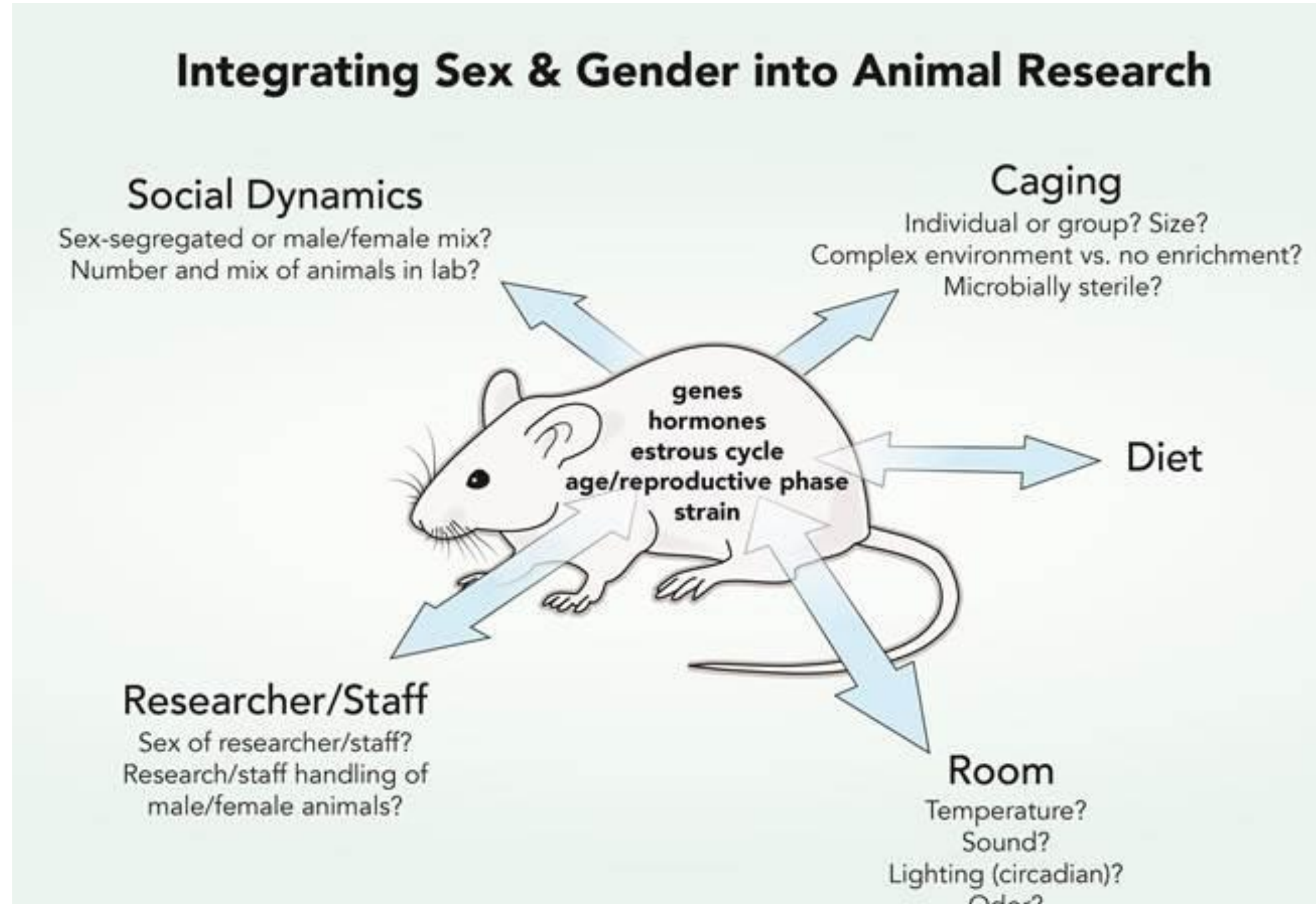
Unintended Co-Production

Olfactory Exposure to Males, Including Men, Causes Stress and Related Analgesia in Rodents



Sorge et al 2014. Nature Methods

Sex and gender differences in cardiovascular disease, from prevalence and diagnosis through to treatment.

Schumacher et al 2021. European Heart Journal

Prajapati et al 2022. European Journal of Medical Research

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How do we change the way health and care is delivered?

Health care delivery must shift from Volume to Value

Health and Care is designed with and around the person for their full cycle of care

- The right care is provided, to the right person, at the right time, in the right location, by the right provider
- Value used to define effective and efficient resource utilisation and measured by the outcomes that matter most to the patient
- Continuous measurement is used to improve care and even out unwarranted variation
- Care is integrated and coordinated
- Prevention and early intervention prioritised at an individual and population level

VALUE = **Health outcomes** that matter to people/populations / **Cost (financial & social)** of delivering those outcomes

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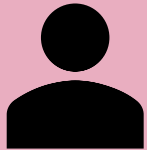
What does the consumer of health and care want?

The patient wants…



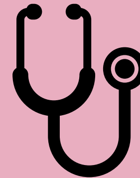
Good health outcome

Cancer cured, no pain, care for her grandchildren or go ballroom dancing, culturally appropriate care

Smooth pathway of care

no complications, financially affordable, linked up and easy to navigate care

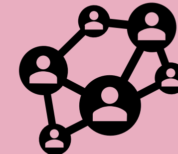
The clinician wants...



Best clinical outcomes

No complications or complaints, access to resources, appropriate pay/good working environment

The system wants...

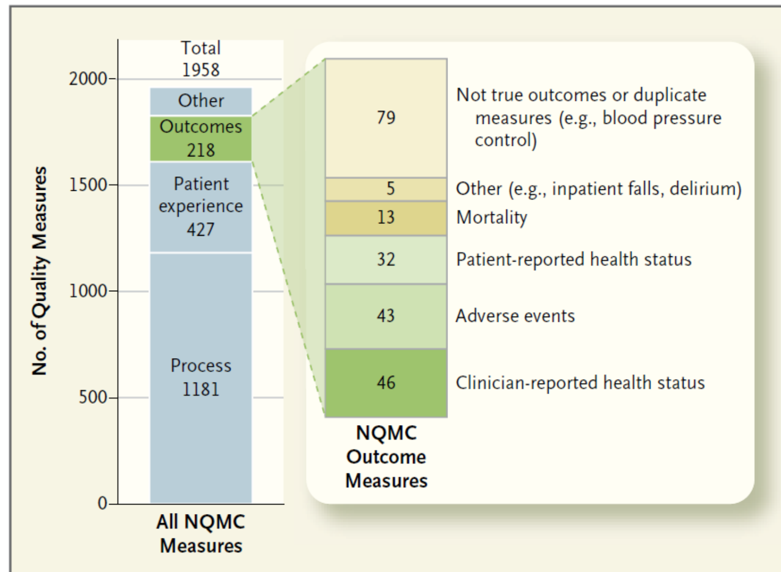


Good outcomes

But at cheap price with high throughput

What do we need to do?
Measure things we have not routinely collected AND use them!

- Conventional PROMs and PREMs risk missing gender differences, non-English speakers and those with low literacy
- Public/Private, Primary/tertiary, medical/aged care settings – people aren't treated in just one
- Poor interoperability of data systems
- Is MyHealth Record the answer?



Of the 1,958 measures in the US National Quality Measures Clearinghouse only…
7% measured actual outcomes
and
less than 15% of these came from the patients themselves.

Source: Porter ME *et al*, Standardizing Patient Outcome Measurement. NEJM, 374, 504 – 506, 2016

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Asking the patient what is important

All.Can survey involved 4000 cancer patients on an international scale.

4 core opportunities were identified to improve efficiency from the patients' perspective.

1. Ensure a swift, accurate and appropriately delivered diagnosis
2. Improve information sharing, support and shared decision-making
3. Make integrated multidisciplinary care a reality for all patients
4. Address the financial implications of cancer

Changing cancer care together

Reference: All.Can. 2019. *Patient insights on cancer care: opportunities for improving efficiency*. London: All.Can

What do patients tell us about their issues in cancer care?

Malea, a mother of two young boys, was diagnosed with breast cancer age 40.

THE PROBLEM

They want efficient diagnosis, joined up seamless care, psychosocial support. And they want to understand the costs they will encounter.

Value based health care

THE SOLUTION

Look at every aspect of care, measure outcomes and costs and work to decrease variation and ensure excellence.

Bundle of care for women with early breast cancer

Engagement and agreement from clinicians, hospitals, allied health and payors to form a capped bundled package critical

Financial model – map care in optimal patient pathway and weighted probability of utilisation and weighted average package price for bundle

Identified potential efficiencies (hospital stays, drain care at home) but also underutilised services that may benefit patients (clinical psychology, cardio-oncology) and overall survival and quality of life

Agreements with each provider and payor on contributions

One fund holder (GenesisCare) and **patient care navigator.**

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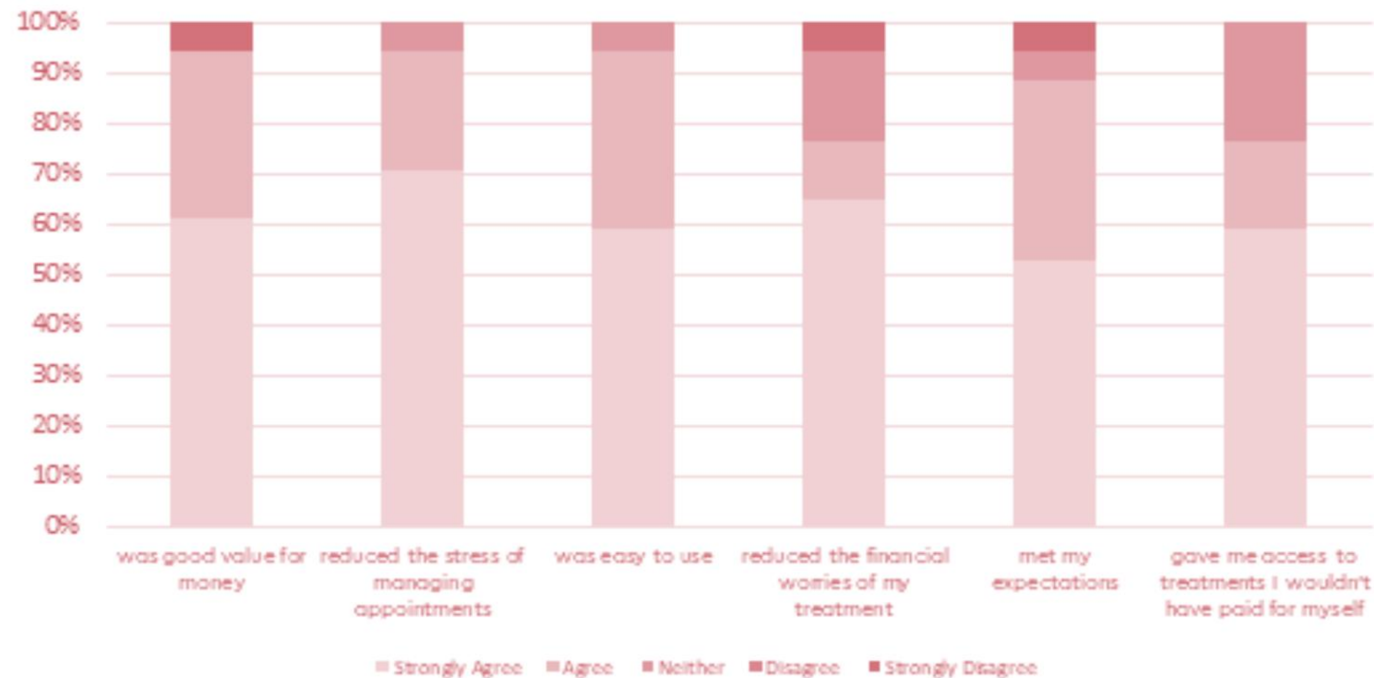
The majority of patients preferred bundled care



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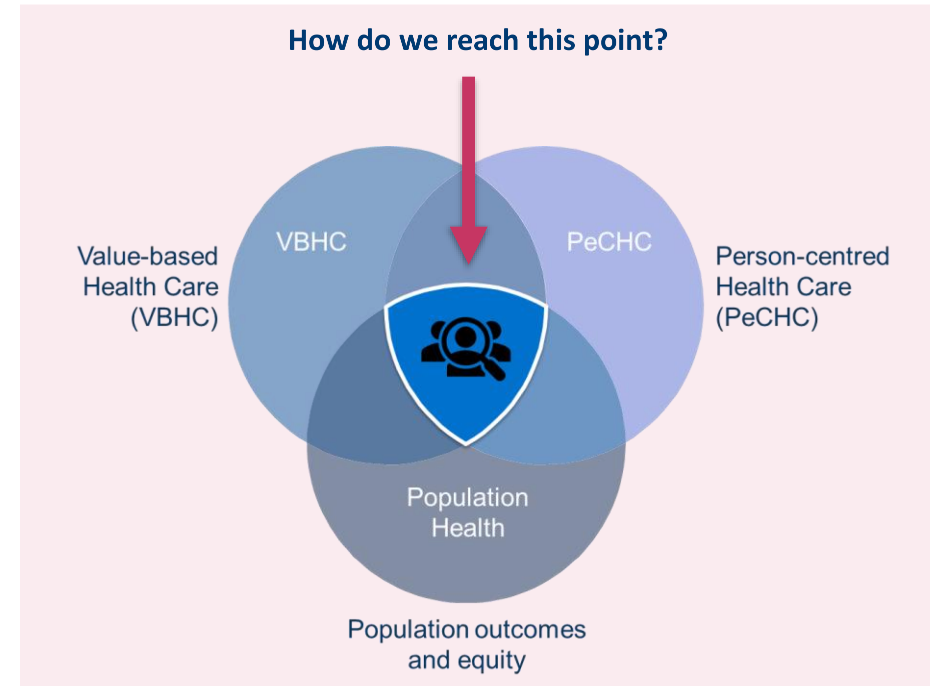
Can we add Person Centredness into a value based system?

And at a micro-, meso-, and macro-level



Patient Centred Value Based Health Care (PCVBHC)

PCVBHC Global policy report, Sprink

Planned research – Centre for Person Centred VBHC

"Re-engineering the system"

Vision
To develop a blueprint that marries the principles of person-centred value-based healthcare and health equity and use this to inform the design and implementation of innovative models of care.

Aim
To generate the evidence needed to support this in five critical elective settings.

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Our journey so far and key learnings

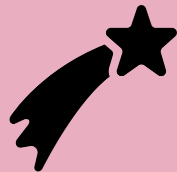
What have we learnt when implementing Patient Centred VBHC

Obstacles – culture, data, resources

Clinical champions

Start small

What data to collect and how
Data visualisation and analytics



What are the risks of NOT practicing Patient Centred CVBHC

Volume will increase and value fall

Individualised care continues patchy at expense of value for all

Lesser served populations will experience widening inequity

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Women, power, and cancer: a Lancet Commission

Cancer prevention/screening, patients, caregivers, health workers, researchers, policy makers

2·3m p.a. women die prematurely from cancer, 1·5m deaths could be averted through prevention/early detection, 800 000 deaths averted if all women could access optimal cancer care.

In many countries women are more likely to lack knowledge and power to make informed cancer-related health-care decisions.

Women are more likely than men to risk financial catastrophe due to cancer.

Patriarchy dominates cancer care, research, and policy making.

Within the cancer workforce, women are under-represented as leaders, report frequent gender-based discrimination.

Unpaid caregiving for people with cancer is largely undertaken by women.

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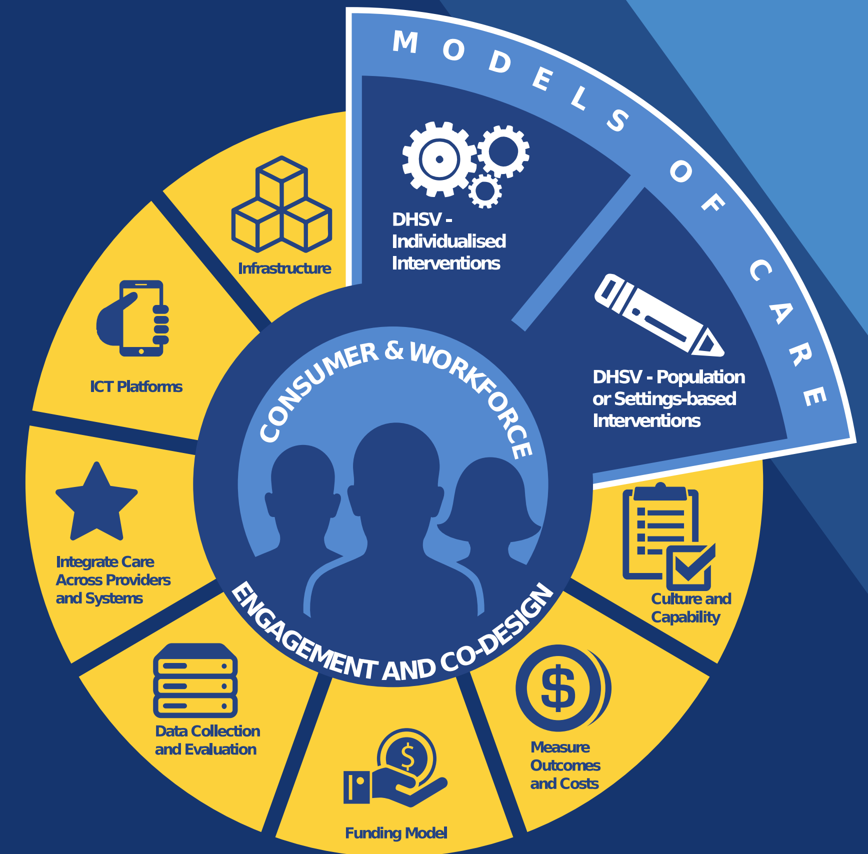
What does a revised model of care look like?

consumer & workforce engagement & co-design at the centre of all we do

developing value based health care models of care



working to creating a respectful workplace culture and improving workforce capability

dental health services victoria
oral health for better health

Thank you

Questions?