McGuireWoods

Episode 117: Women's Health as Clinical and Economical Imperatives, With Priya Bathija

Episode Summary

As founder and CEO of Nyoo Health, Priya Bathija encourages healthcare leaders to ask questions, starting with, "How does this impact women differently?" Nyoo Health helps leaders align, inspire and execute initiatives that strengthen women's health services and position their organizations at the forefront of care. In this conversation with McGuireWoods' Micaela Enger and Gretchen Townshend, Priya reveals where returns on investment in women's health truly lie — clinically, socially and economically.

She also addresses persistent challenges such as payment disparities, the need for provider education across specialties and the importance of co-creating solutions between startups and health systems. As she explains, "There is an increased acknowledgement in the healthcare sector that women's health needs to be a priority. After all, we're 51% of the population."

Transcript

Voice over (00:00):
This is The Corner Series, a McGuireWoods series exploring business and legal issues prevalent in today's private equity industry. Tune in with McGuireWoods partner, Geoff Cockrell, as he and specialists share real world insight to help enhance your knowledge.

Geoff Cockrell (00:18):
Welcome to another episode of The Corner Series. I'm Geoff Cockrell. I'm usually your host, but today I'm handing over the reins to my colleagues, Micaela Enger and Gretchen Townshend. They have a wonderful dialogue planned with guest Priya Bathija centered around women's health. I hope you enjoy.

Micaela Enger (00:33):
Thank you so much, Geoff. We're all happy to be here today. I'd like to introduce myself, Micaela Enger. I'm an associate with McGuireWoods in the healthcare group, and I am co-hosting today with Gretchen Townshend, a partner at McGuireWoods, also in the healthcare group. And I would like to introduce our guest, Priya Bathija, a nationally respected healthcare leader whose work sits at the intersection of strategy, health equity, value transformation, and collaborative innovation. Priya is the founder and CEO of Nyoo Health. Nyoo Health partners with hospitals and health systems to advance women's health by assessing current capabilities, uncovering gaps, and building strategies that work for both the communities they serve and the healthcare professionals who work there. Through research, stakeholder engagement and thought leadership, Nyoo Health helps leaders align, inspire, and execute initiatives that strengthen women's health services and position their organizations at the forefront of care.

(01:35):
Priya's career reflects a consistent focus on building partnerships that translate policy into practice and ideas into measurable impact. She has led cross-sector initiatives to align payment and delivery reform with community health priorities, supported health systems in operationalizing equity as a strategic imperative, and advised leadership teams on innovation. Her approach is grounded in disciplined execution, data-informed decision-making, and a deep commitment to elevating the lived experience of patients and communities. In addition to her advisory and leadership work, Priya is an educator to the next generation of health law and policy professionals as a distinguished practitioner in residence at the Ohio State University Morris College of Law, an adjunct professor at Loyola University Chicago School of Law. She brings real-world insights into the classroom, bridging doctrinal concepts with the practical considerations facing today's healthcare leaders.

(02:35):
And finally, on a personal note, Priya is a trusted mentor and friend. I was a student in her first payment and policy class at Loyola and later became her first intern at Nyoo. I have seen firsthand her generosity as a teacher, the rigor of her strategic thinking and the care and passion she brings to the field and her work. Welcome, Priya.

Priya Bathija (02:56):
Thank you. I mean, that was so sweet. I'm getting emotional at that. But thank you for having me today. I'm excited to talk with both of you.

Micaela Enger (03:04):
Of course. And then I will introduce myself. I'm Micaela Enger, an associate at McGuireWoods in the healthcare group. And then we also have partner Gretchen Townshen joining us today.

Gretchen Townshend (03:16):
Great. Thanks, Micaela. And thanks, Priya. We're so excited to have a conversation with you today. What we are seeing at McGuireWoods really frequently is an increased interest and investment in the women's health space across the women's health journey, and thought that you would have really keen insights on what is happening in the industry and maybe some suggestions and advice for those types of providers who are able to create more fulsome integration and to really scale to both achieve returns on investments, which is of course important to our investors, but also create good healthcare for women, which is important to all of us here on this phone and should be important to everyone.

Priya Bathija (04:06):
Yeah, absolutely. Excited to dive into all of that. And I think what you're seeing in terms of an increased interest in women's health, we're sort of seeing not just from investors or not just from increased startup growth or the number of startups, I should say, that are looking to innovate in the women's health space, but we're also seeing it from the system, which I would describe as hospitals and health systems or payers, right? There is that increased acknowledgement that women's health needs to be a priority. I mean, after all we're 51% of the population. I recently saw a quote that women are half the population and the other half are their children. And so women's health really should be a priority for everyone. And it's nice to see these conversations happening at an increased rate now. I will say even from three years ago when I started Nyoo Health to now, the amount of conversation and the engagement that we're seeing across the healthcare ecosystem has increased tremendously.

Micaela Enger (05:14):
Absolutely. We've seen that as well. We recently, as you and I have been authoring a whole series on women's health through some of our different client alerts, kind of spanning from fertility to maternal health, to post-menopause, as well as wellness care and med spas and how that impacts women. So I guess just diving right in, in your view, where do some of these greatest returns lie, whether that's clinically, socially, economically, when talking about investing in women's health programs?

Priya Bathija (05:49):
Yeah. So I think we can see gains and sort of a return on investments in all three of those categories that you just mentioned. So I think what we're seeing from the research is that investing in women's health is really important to creating healthier, happier and more productive world for everyone. And so when we think about clinical improvement, that's where I think, okay, we're healthier. And investments and programs to improve women's health are leading to better clinical outcomes. And we're seeing it firsthand in maternal health, where the first and early work has always been in this women's health space. So programs that are providing access to midwives and doulas are leading to fewer C-sections and preterm births. Organizations that are using technology and partnering with many of the startups that you covered in your series on women's health to educate, engage, and empower women, those tools are showing real clinical benefits.

(06:50):
For example, remote patient monitoring has led to earlier diagnosis and treatment of conditions like preeclampsia. And programs that provide women with resources they need like food, transportation, housing, those all have very clear improvements in clinical outcomes. And then in terms of socially, that's where we're happier, right? We as women can be happier if these investments are made. And one of the areas we're seeing a lot of investment is improving access to care, right? Making it easier for women to access care, not just for themselves, but for their kids and their spouses and their parents as they serve as caregivers in multiple capacities.

(07:30):
And then economically, everyone has shared the global data. So McKinsey and the World Economic Forum have shown that addressing women's health could add years to life and life to years and potentially grow our global economy by $1 trillion by 2040. And that statistic has been thrown around everywhere as a reason to invest in women's health. So when we look at individual healthcare organizations and hospitals and health systems, we're seeing that this makes good business sense as well. So when we keep women well, we can do things like lowering the lengths of stay, or we can avoid costs associated with readmissions or penalties for never events or visits to higher cost settings like emergency department.

(08:15):
But we can also use women's health as a way to drive brand loyalty. And if a woman has, for example, a positive experience during childbirth, they are likely to return for future services, not only for themselves, but again, for their kids, for their spouses, for their parents, or with menopause. When we offer the right services to women and manage their needs during perimenopause, women will return for other services. And that includes things like surgeries, whether that's general surgery, plastics, orthopedics, or hysterectomies, they'll come back for their imaging, mammograms, CT scans, MRIs or DEXA scans. And then they'll be more willing to sort of use physicians within the same system for all of their other needs. So things like primary care, oncology, cardiovascular, radiology, or urogynecology. So it can really drive brand loyalty when women are happy in the services that they're receiving at a healthcare organization.

(09:19):
Now, being a healthcare lawyer, I will caveat that any relationships or agreements that organizations make with different providers for these cares have to be in compliance with the necessary laws and regulations. But I think there are ways to look at ROI more creatively to capture some of those benefits that can be earned by positive experiences of women within healthcare organizations.

Gretchen Townshend (09:43):
And one of the things that as a consumer, as a female consumer of women's health that I think a lot of times we see are siloed services. You go to this provider for this thing and they treat this ... Your

OBGYN or imaging provider or your breast health specialist or ... Pick your topic. And there really isn't integration between all of the physical, social, emotional wellness components that really make up the whole person and that really the research is showing you can speak better to, it clinically matters. It matters how you are supported both physically, but also mentally in your health journey and things like that.

(10:32):
So to the point you were just making, are you seeing increased focus and investment by hospitals, probably primarily, or providers that can treat the whole person and really trying to capture different components of the health journey at a particular point in life? Is that what you're seeing investment there?

Priya Bathija (10:54):
Yeah. I don't know that I'm seeing anyone that's figured out how to capture the whole life journey of a woman, but we are seeing healthcare providers and healthcare organizations like hospitals or health systems start to connect those dots. One of the places we're seeing this connection be made is between maternity care and heart health, because we know if women have certain conditions in their pregnancy like hypertension, preeclampsia, or gestational diabetes, they are at increased risk for heart disease in the short term and the long term. And so we're starting to see organizations figure out how to manage that during the pregnancy. So incorporating heart health into the care that the woman is already receiving from an OBGYN.

(11:39):
And then we're starting to see other organizations take it a step further and say, "Okay, well, we need to make sure that these women are connected to a primary care doc or a preventative cardiologist once we discharge them after delivery," so that they can be alerted to their risk and start planning what they need for their life to make sure that they push that risk as far as possible into the future. And I think that we've seen in past years women leaving hospitals without even knowing they're at increased risk for heart disease in the future. And so connecting the dots can be really powerful, not just for the health of women, but the health of all of us if we're starting to make those connections.

(12:20):
Another place we're starting to see those connections be made is with menopause. I recently was at an event and a cardiologist spoke on menopause. And she put this diagram up on the screen and it showed every receptor in a woman's body that is impacted by a decrease in estrogen, and it is literally a woman's entire body. So we need to be making those connections, and we're starting to see it happen between women who are going through perimenopause and heart health and bone health and brain health, right? And how is that impacting our whole body? And so it's not just making the connections, but it's making sure that providers are trained and understand those connections. So not just educating OBGYNs on menopause, but educating cardiologists, rheumatologists, primary care

physicians, anyone that is engaged in the treatment of women in these things that they need to know about menopause.

Gretchen Townshend (13:20):
And I guess the question becomes how scalable is that kind of education? That becomes a question. It's one thing if you are a relatively narrow system serving a relatively narrow population that is in meetings together all the time. But also if you are trying to be a nationwide organization, a network of providers that is trying to create this interconnectedness and treatment possibilities, sounds like from your perspective, there's a lot of education and training that needs to occur for providers who may have been trained 20 years ago when they weren't talking about these things. What is your experience in the buy-in and getting folks on board to be more integrated?

Priya Bathija (14:11):
Yeah, I think it's like anything in a healthcare system or in a large organization of any industry, you got to start small and then grow it. And you have to have the right champions on board initially to say, "Hey, this is really important. We need to integrate this type of education in our regular CME programming. We need to make sure that it's getting in front of medical students and residents and fellows through grand rounds." And we need to start small and figure out what's working and then spread it." So like any change, I think, and I'll use the health equity work as an example, what we were seeing at organizations across the country is that they were figuring out how to do it in one spot. And when that was working, they would take it to the next spot and they would take it to the next spot.

(15:00):
So none of this work is easy. It's all a challenge and it's all about the resources available and the people available to move it forward. I always say we're never going to see two programs that are exactly alike because there are no two hospitals that are exactly alike. So I think it's exciting to see hospitals start to figure it out because then others can look at what they've done, learn from the things that worked, learn from the things that didn't work, and they can perhaps start programs and evolve them more quickly because they've seen what others are doing. So part of my work and part of my day job is to learn what people are doing and then share it with other people so that they can get inspiration from it.

Micaela Enger (15:42):
No, that's helpful for sure. I wanted to talk a little bit as well, you and I have talked before about reimbursement and generally how money is driving this whole women's health landscape. I know this is kind of the topic that I feel like gets brought up the most when we talk about women's health is the global payment and reimbursement is generally lower. Like you mentioned, we talk about how maternal health and women's health is often siloed. We also rely on OBGYNs to be a primary care and run our annual labs and also perform the women's healthcare as well as manage all these other

things, check in on mental health and how are you doing postpartum and all of these other aspects of care.

(16:31):
So one thing I did want to talk about is how you see that kind of shift in reimbursement, like what needs to happen there as we continue to see growth in this space. What are gaps that you're seeing? What are challenges that you're seeing? And what are ways that you've guided your clients in navigating around the challenges with reimbursement?

Priya Bathija (16:56):
Yeah, so that's a big question, Micaela. I guess I'll start with some of the challenges that we're seeing. So I have not yet met a healthcare leader that doesn't tell me that their rates for maternity care are too low and they're not capturing everything that they are doing for women across the pregnancy period. So I think one of the things we have to work on is getting that payment increased. Another area where we are seeing a difference in payment that we have an opportunity to improve on is the difference between gynecological procedure surgeries and urological surgeries or similar anatomy on women and men. So the procedures that are performed by OBGYNs on the female anatomy are reimbursed at a far lower rate than the counterpart procedures performed by a urologist on the male anatomy.

(17:53):
Another area where we're seeing some discrepancies is when you look at women who have endometriosis, there is one procedure code for either an excision or an ablation procedure, but both of those procedures are completely different. One can take up to 10 to 14 hours, the other can be done in an hour, but there is only one payment. So that is a lack of equity sort of in the payment structure.

(18:17):
There are also sort of that payment policy piece for individual women outside of what's being paid to providers. So we're seeing women not get the care that they need because of the cost. So if we think about the ACA, it required that mammograms be covered and women should be able to get mammograms every year that it's indicated at no cost to the woman. But the reality is that 50% of women have dense breasts. And so a standard screening mammography is not sufficient to actually see if they have breast cancer. And so those women then need to either get a diagnostic mammogram, an ultrasound, an MRI, and those services come at a cost. And so for 50% of the women who have dense breasts, the ACA didn't actually provide them with a free mammogram. We're also seeing that women are having a hard time paying for out of-pocket costs that come with regular healthcare, even when they have health insurance.

(19:20):
And so there are payment policy changes that need to be made on both sides of this equation. Now, making all of those policy changes is going to be like moving mountains, right? For the provider perspective, I mean, we have to get everyone on the same page on what we're actually advocating for. So I'll go back to that example of the gynecological procedures being paid at lower rates than the urology procedures. We've got to get OBGYNs on board with actually making those payment changes before we can all go together and advocate for them. Because we live in a budget neutral world, and if we start making changes on one set of services, it's going to have an impact on what we pay for other services.

(20:07):
So we really need to get some alignment around where we want to start making change. I think we have seen some positive things that can improve women's health and also improve health for everyone. I mean, we're starting to see some payment and recognition for screening for social determinants of health, which can help improve outcomes by getting resources to pregnant moms, women throughout their lives. We're starting to see small changes there that I think will help make things better for women. But it's a big issue, it's a big challenge. And I do think we need to get a little bit more cohesion in the industry on what are the key areas that we want to focus on making change.

Gretchen Townshend (20:52):
And it's not unique to women's health. Obviously a fee-for-service environment that we live in, it makes treating the whole person more challenging. I mean, certainly all of the research shows that you do some of these early interventions and screenings that may cost more today will save you a significant amount of money in the long run when you're not treating for cancer or pick your treatment mechanism, or you're catching things early and that reduces costs.

(21:21):
I mean, putting aside the human factor, just the dollars and cents, are you seeing traction with payers who are wanting to incentivize some of these more integrated treatment mechanisms in order to prevent down the road costs, keeping employers who want this kind of coverage to keep their female employees healthy and working, and their male employees working and not taking care of their children and their wives and other ... I mean, there is a systemic reason why doing some of these treatments and paying for them saves the whole system, but moving payers to that kind of reimbursement is a challenge. Are you seeing any traction there?

Priya Bathija (22:10):
Yeah. I mean, I recently did a presentation for CareFirst and they are trying to figure out how they look at women's health holistically across women's lives. In doing that, we had sort of a conversation about what we're seeing from other payers across the country. And there is activity in this value-based care space for women, whether that's sort of figuring out a bundled payment for pregnancy that

works for providers and the patient and the payer. There's also been a lot of work and traction around specific chronic conditions. So can we look at breast cancer in a value-based payment model? Can we look at diabetes or hypertension in a value-based model?

(22:56):
So there's definitely activity, there's definitely conversation, there are success stories, but I think just like the general conversation from fee-for-service to value, it's not happening as fast as we would like to see it happening. And the incentives are a bit misaligned because as long as you have, let's be honest, 99% of the ship driven by fee-for-service, it's going to be hard to get people over into value-based care. We really have to sort of align incentives differently if we want people to be participating in these more creative things. And the payers have the power to do that. So it's exciting to see some of the early work, but I would love, love, love, love to see more of this value-based payment structure incorporated into women's health so that we can make sure that women are actually happy and healthy.

Gretchen Townshend (23:52):
Yeah. And we've seen it in other industries too, where those who can prove a value-based proposition and have their own innovative value-based care model that they take to payers, "Here, we can do this and we can do this for this price, and here is how you will save money," payers will listen. I mean, you're right, it is not driving the ship, but there are those opportunities. And so we constantly are telling clients, if you have integrated care and then can take that value proposition, prove it to payers, you are going to be well positioned not only for your own unique payment model ... It's going to take some convincing, you're going to need the right people. They need people like you going to payers with them to explain why this is a good model. And then being able to make money on that model because you do the care well, which is a good thing. That's what we ultimately want. As distinguished from you're going to get paid less for doing more, which of course is not anybody's value proposition.

Priya Bathija (24:54):
So one of the other pieces I want to talk about is sort of right now what it feels like when you look at this women's health space is there are startups and there are venture funds that are funding those startups and they seem to be building off on their own. And then there are payers and there are providers like hospitals and health systems. And I really think we need to start seeing those two groups come together to co-create solutions that make sense. So for the time period in which I was advising women's health startups, one of the things I said frequently was you can't just take your solution and sell it to a hospital or health system. You need to go in there and solve a problem that they actually have and co-design a product that can work with them to solve that problem. So to the extent that you can sort of tweak your model or your services to align with the problems that they're actually solving, you need to think about that.

(25:55):
And that needs to be the conversation that you have when you get the opportunity to talk with a health system leader. It's not just providing the same pitch that you provided to a VC fund to get funding. It is how do we come together to solve the problem together that the patients and communities are facing that that hospital is serving? And so I really think there needs to be more of that coming together to jointly solve problems rather than us creating this separate world of really awesome and innovative solutions that are either direct-to-consumer or they may have a contract here or there with a payor, but it's not really integrated in making life across a system or life across a woman's life.

(26:42):
My insurer now has a tech option for pelvic floor therapy. And I have many thoughts on the actual solution and how it was designed and how it works and some of the Yelp reviews I've seen on the solution. But it's a point solution, right? It's let's give women a device to help manage pelvic floor therapy. But it isn't connected to the conversations they're having with their OBGYN. It isn't connected to anything that they're working on with their primary care doc or their cardiologist if they have one. It is this device off to the side that has its own set of data that isn't integrated anywhere. And so I think we've got to start having bigger conversations on the integration, the holistic treatment of what we insert into this women's health offering.

Gretchen Townshend (27:34):
Yeah. I mean, again, speaking from my own experience, nobody has time for that. You need something that is integrated and straightforward and in line with the limited amount of time that women dedicate to their own health, which I think probably studies show is not enough. And so it's really hard to manage those things when they're siloed.

Priya Bathija (27:59):
Personally, this year, I mean I turned 46 and I decided that I was going to get every screening that I was supposed to be getting every year for my life. And it was exhausting. There were so many different doctors I needed to go to. Every one of them, I live in the DC area, was associated with a different health system. So I now have patient portals at every system in the region. I thankfully have a primary care doc through one medical who is coordinating everything and everything's coming to her so that when I go to my visit with her, we talk through everything. But if you even think about just going to a GI and getting an endoscopy and colonoscopy, which I had both for the first time this year, they just sent me a report and a portal. And if I didn't have a primary care physician that was going to sit down and explain that to me, I would just be like, "Okay, I guess I'm good, moving on."

(28:59):
But because I had the primary care doctor and we could sit down and say, "Okay, you've been on acid reflux medicine for 20 plus years, let's start weaning off of that because we saw this and this in

the results of the endoscopy and colonoscopy." And having those real conversations is where we're going to improve health. And so we just need to create the structures and the environments to do that, which again goes back to why I think we need to start thinking about co-creation and how that gets integrated on the front end rather than just trying to sell a product into an organization.

Micaela Enger (29:35):
And when you are working with different clients through Nyoo, are your clients interested in that level of integration? How are you approaching this topic with them, especially given that women's health is underfunded, under-researched? Where do you point to say, "This is what you should be doing and here's why it will benefit you long-term"?

Priya Bathija (29:59):
Yeah, so the work that we're doing through Nyoo ... And again, this goes back to every hospital being different and every hospital having different patients and communities and needs and resources. So it is very low. Healthcare has always been very local. So it is going in, talking with groups of leaders, educating them really on the totality of women's health. Because we talk about how women's health is under-researched and underfunded. That then goes into clinical training programs that aren't teaching our healthcare providers what they need to know because we don't have the research to teach them what they need to know. And that happens with hospital administrators as well. There's no class for them on what is women's health and how do we address it.

(30:48):
And so that's some of the gap that we're trying to fill with Nyoo Health is to help organizations understand what is women's health. It's primary care and specialty care. How do we connect the dots across the different providers that impact the care that women need across their lives? And so for the past three years, a lot of what I've been doing is just having those conversations and having people in the room go, "Oh yeah. Oh, I never thought about that. Oh yeah, we need to look at this differently." And I've been encouraging healthcare leaders to just ask questions, just start with, how does this impact women differently? What do we need to be aware of for women's health in this situation? Have we sought out feedback from the women that we treat? Do we know what they want? And so I've been doing a lot of education on that. And it's like once they understand that, there is the interest in doing more and doing better and figuring out new ways to deliver and coordinate that care.

(31:49):
But it's been a lot of education. And I think that's important. And that's where we are sort of as a field and what you're seeing in the work you guys are doing too is like people just need to understand it better. They need to understand where there are opportunities to improve. And once they do, they can start improving it. But we need to collectively do that education. And we need to do it with the advocacy work we're doing too. I mean, I don't know that most people understand these payment

differentials that are happening in women's health or these challenges that women are having in terms of paying for services that men don't have. We just have a lot of education to do.

Gretchen Townshend (32:26):
And then once you get over the initial hurdle of what we need to do and how we need to do it, then the next hurdle, I think, and what we see is legal and regulatory hurdles. And how do we create solutions that don't create risk under HIPAA or privacy considerations and FDA compliance because it's a wearable or some sort of technological tool, or a hormone treatment or something like that where it seems like a lot of the regulatory environment is also trying to catch up to a change in how treatment is administered. And that can be a real barrier, I think, for providers. They're nervous about ... And they rightfully should be. I mean, that's why we have jobs, to help advise them on how to manage some of this regulatory environment. What are the concerns you're hearing and how are you helping folks navigate that as they're like, "Okay, we're in, but now how do we align our operations in a way that doesn't run afoul of 25 different laws that are now focused on these different types of treatment?"

Priya Bathija (33:37):
Yeah. So Gretchen, a lot of the same concerns you just mentioned, right, HIPAA, how do we maintain the privacy of this, how do we make sure that when we share data, it's in a secure manner with all of these outside players that we may be contracting or engaging with, how do we make sure that if we're going to start working with a startup that our IT teams have reviewed everything and they're comfortable with that integration and how that data is flowing and how we are keeping it safe in the ways that we're required to keep it safe by law. We're also seeing concerns about cybersecurity risk and how we set these arrangements up. Do they open us for additional risk coming into a system? And I'm not an IT person, I'm not a tech person. I don't understand how all of that works. But there are concerns that by partnering with different types of devices or places that are sending data into the cloud that it could create risk from a cybersecurity perspective.

(34:34):
But I am seeing organizations who are willing to figure it out. If they have genuine gaps in care that need to be filled, they're willing to come to the table to figure it out. And I'm also seeing startups make adjustments in how they ask for or acquire data to make it so that a hospital system is more comfortable working with them. You mentioned that the laws and regulations haven't caught up to how we're delivering care. And I think we have an opportunity through some of these relationships to try and test things out and say, "This is what works and this is what we really need to be advocating to protect or maintain from a regulatory perspective going forward."

Gretchen Townshend (35:19):
Yeah, it's an interesting challenge that I think ... And it sounds like you agree, those startups and the technology vendors or the platforms that are monitoring and watching and paying attention and giving

comfort to providers who are ultimately subject to HIPAA, they are the ones who are interfacing with the patients and getting the PHI that they need to protect. And they are the ones who have licenses and those licenses are at risk if they're not doing things properly and things like that. Those innovators on the technology side or the treatment side, those who are attuned to those issues and can give confidence about privacy and protection and approvals and proper compliance are going to be better positioned to get those contracts and be part of that solution.

Priya Bathija (36:04):
And I think that's another case for the integration. So if an organization is going to work with a startup that has a solution and it's a point in time solution, so say it's a maternal health solution, and then there's another startup that has a menopause solution, and then there's another startup that has a pelvic floor solution, and then there's another one that checks your brain health and your mental health, that's like four or five integrations that an organization then needs to figure out how to do. And I think in this startup and innovation world, we've got to figure out a way to combine solutions into one platform. Can we create one platform that can address multiple needs across a woman's life so that it is one integration into a larger health system or payor organization?

(36:58):
From a practical standpoint, I don't know about you, I don't want 10 apps on my phone, one for each condition, right? And so I think over the next three to five years, part of the change we need to see in the startup ecosystem and how venture funds it is looking at how do we connect those platforms? Because there are so many good platforms out there, not all of them are going to be able to survive. Not all of them are going to have funding long-term. So how do we as an ecosystem start connecting them together so that the ones that have been really successful do get to scale in a big way into the future?

Micaela Enger (37:33):
So you've talked a lot about all these platforms and integration for patients and offered to patients, but I know you've also done work and spoke about hospitals or health systems supporting women more in their own workforce. And a lot of these platforms are also offered to employees. How do you see women's health integrated into workplace health benefits? From our end have seen interest in offering fertility benefits or menopause support. What has your work looked like in that space?

Priya Bathija (38:07):
Yeah. So just encouraging healthcare systems to start asking questions about how benefits and workplace policies can be adjusted or increased to better support women in their workforce. So we all know that healthcare workforce is 80% female. And we know that hospitals and health systems are having significant challenges in terms of workforce and staffing. And so this is a great way to help retain and recruit employees, by offering benefits for women across their entire careers. But what works for one organization is going to depend on what their workforce looks like. Some may have a

really young workforce and they need to prioritize maternity benefits or mental health benefits. Some may have sort of an older workforce and maybe perimenopause and menopause are the things that make most sense to prioritize first.

(39:07):
But sort of where the conversation is happening at the greatest level are around three sort of benefits. There's family building, which I use to sort of cover maternity benefits as well as fertility, family planning. Those benefits really impact not just women, but men as well, right? They impact families and how families grow and thrive. There's also benefits like paid leave that you could include in that family benefit package. It's not just offering lactation support or counseling around fertility, but it's time off. There are also other things that could be created that are tied to family building, maybe like committees of new parents, right? Just opportunities for new parents to come together and have conversations and talk through the challenges that they have. Changing some processes so that you're making sure that when you set hours or you set meeting times, you're actually getting feedback from parents. So maybe you don't do meetings during drop-off and pick-up time because it's not convenient.

(40:12):
So it's everything from actually offering a medical benefit to changing policies and procedures. We're also seeing changes being made from a mental health perspective. Women are far more likely to have depression or anxiety. And so that's an area where employers can really make a difference in how they not only offer benefits that cover mental health services or access to mental health providers, but also having more flexible work policies, having more remote work policies, which we know better support women. And then of course menopause. Menopause is really having this moment and this movement. And so organizations are really looking at what benefits do women need to connect them with trained menopause providers. We're seeing a lot of reliance on virtual care there because only 20% of OBGYNs are trained in sexual health and menopause. And so services like MIDI and Electra that can provide these services virtually to women have become something that hospitals and health systems have started to rely on for their own workforce.

(41:23):
And then there's also things like creating an atmosphere that supports women during perimenopause. So how do we provide education to the entire workforce on what is happening during perimenopause? How do we make it so that this doesn't just seem like something that we're giving to women that doesn't actually benefit men? So we have to create that culture where people understand why things like menopause are important and why we need to support women in the workforce that are dealing with some of the symptoms of perimenopause or menopause. So again, I guess that was my long-winded way of saying it's not just medical benefits, but it's also sort of the things that organizations have to do to change culture and to change policy and procedure to support women in the workforce.

Micaela Enger (42:16):
Right. I feel like it always goes back to that whole person healthcare, the integration theme you've talked about through this entire episode. But as we wind down, I wanted to touch a little bit more or tie out your experience with Nyoo Health and kind of what has been your biggest surprise or maybe your hardest lesson in building Nyoo Health in the women's health arena specifically? And then maybe tie us out with when you look ahead in the next five to 10 years, what changes in women's health do you most hope to see?

Priya Bathija (42:52):
I think one of my biggest surprises has been literally the number of things we could do to improve women's health. Everything from the easier things like handing women pamphlets that explain the treatments that you're prescribing for them or preparing them before they show up for a mammogram or a needle biopsy or whatever you may be ordering from them, to building a full comprehensive women's health center. And then there's everything in between. I really think that there is something that every organization can do almost pretty immediately to improve care for women. And I think when they do that, it will improve care for everyone.

(43:36):
We all know, I mean, there's so much research that shows when women do better, society does better. But also as we start to experiment and implement new ways of delivering care to women, we're going to learn from that and we're going to be able to implement that for everyone. And so in so many ways, addressing women's health really addresses health for everyone. And I know I'm preaching to the choir when I say that to both of you, but I really hope that my students, my clients, anyone who listens to me give a speech, I hope they leave with that, right? There is so much opportunity and it is going to look different for every place. And we're in this great time where we get to try new things and see what works.

(44:20):
And you asked another question, what I would want to see in five to 10 years. Micaela, you have heard me sort of talk about this story, but Ohio Health in Columbus, Ohio is building a comprehensive women's health center. And it is going to be 590,000 square feet of inpatient and outpatient facility space. The goal is to bring care teams together that can address women's health across women's lifetimes. So maternity care, bone care, heart health, addressing everything that we need in one place. And it would be my dream for everyone to have that, right? If I had an unlimited budget and we could afford to do that for every community.

(45:03):
But their construction site actually has banners around it now, which say things like, "In this place you will be cared for, in this place you will be respected, in this place you will be safe. In this place, you will matter." And I think that's what I would realistically love to see change in the next five to 10 years,

that when women show up at any healthcare facility, now whether it's a comprehensive women's health center or an OBGYN clinic, that they are heard, they are listened to, they feel like they matter. And I feel like if we can all agree that that's the goal we want, everything else will follow. Because if we start with those things, women will get what they need in other ways. And so that's my long-term hope, is that women feel like they matter in our healthcare system.

Micaela Enger (45:52):
Thank you. What a good way to wrap things up. And I feel like I've heard you speak many, many times now, but every time I learn something new and I leave motivated and inspired. And it's always such a pleasure to catch up with you.

Priya Bathija (46:08):
Yeah, same. Well, thank you for having me.

Gretchen Townshend (46:10):
Thank you so much.

Voice over (46:14):
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