Commentary

Well-Woman Visits: Guidance and Monitoring Are Key in This Turning Point for Women’s Health

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The U.S. Department of Health and Human Services (HHS) adopted the Institute of Medicine’s recommendation that eight preventive services for women, including at least one annual well-woman visit (WWV), be included in the defined list of preventive care services provided without cost sharing under the Affordable Care Act (ACA, Section 2713; Institute of Medicine, 2011). WWVs are a key feature of the ACA’s prevention provision because they provide women with access to comprehensive, personalized, preventive services and a routine source of care for achieving health and wellness.

Unfortunately, as U.S. health reforms progress under the ACA, guidance, education, and outreach associated with implementation of WWVs are lacking. Therefore, many women are unaware of what is covered. These crucial implementation issues jeopardize women’s access to key preventive care services. To address these gaps, the National Women’s Law Center (NWLC) and the Connors Center for Women’s Health and Gender Biology at Brigham and Women’s Hospital (BWH), with funding provided by Pfizer, have developed resources for consumers, providers, and policymakers on WWVs to ensure that women are able to understand and access the preventive services now available to them under the ACA.

For the ACA to be transformative for women’s health, its promise to remove cost barriers to WWVs must be realized fully. Removing the cost barrier for these important annual visits is particularly beneficial to women because they are impacted disproportionately by affordability challenges owing to lower wages, higher medical expenditures across the lifespan, and higher out-of-pocket expenses (Connors Center, 2011).

WWVs should include a physical examination, a health history review, a discussion about the patient’s health, a review of prescriptions, and an update on health screenings (NWLC, 2014). Overall WWVs provide women with the opportunity to develop a comprehensive, personalized prevention plan by 1) removing cost barriers, 2) permitting at least one annual preventive visit with a primary care provider, 3) giving women and their primary care providers an opportunity to identify and address risk factors that can lead to chronic diseases via screening, education, and counseling, and 4) providing a gateway to additional preventive care services across the lifespan, including mammograms, cancer screenings, and immunizations. Moreover, HHS clarified that women are entitled to more than one WWV annually to obtain all of the necessary recommended preventive services, depending on a woman’s health status and risk factors (U.S. Department of Health and Human Services, 2010). However, the lack of further guidance, education, and outreach on WWVs impede women’s access to routine preventive care and the additional preventive care services accessed during these visits each year. For example, there has been little consensus on what should be included in WWVs, nor has there been clear direction on implementation of this provision beyond guidance on the number of visits women may access annually as a preventive service. As a result, providers, consumers, and insurers are confused and many women do not receive appropriate care. For example, NWLC monitors the implementation of the ACA’s preventive services requirement by reviewing plan documents and operating a hotline for women still being charged cost sharing for preventive services. NWLC has seen plan documents that include cost-sharing requirements for WWVs in some plans and has heard, through the hotline, from women experiencing
cost sharing for WWVs. Some of the problems NWLC has seen occur when a woman has more than one WWV per year or when she receives a nonpreventive service during a WWV, potential violations of federal guidance.

Forty percent of women are unaware that they are entitled to WWVs under the ACA and one in five women postpone preventive care owing to cost (Kaiser Family Foundation, 2014a; Kaiser Family Foundation, 2014b). These facts are not surprising given the lack of education and outreach on WWVs that leaves many women unaware that they are entitled to this new benefit. For example, HHS fact sheets for women on “staying healthy at any age” fail to mention WWVs, an oversight as objectionable as their failure to include contraceptive services and supplies (Sonfield, 2015; U.S. Department of Health and Human Services, 2014). To address these gaps and oversights, NWLC and BWH collaborated to produce the following resources.

Consumer Guide to the WWV

In consultation with an advisory panel of clinical and policy experts convened for this project, we produced a consumer-friendly resource that can be used to educate women about this new benefit (NWLC, BWH, & Connors Center for Women’s Health, 2014a). This bilingual, health literacy-appropriate brochure includes an overview of what to expect at a WWV and answers frequently asked questions including what a WWV is, how much it costs, and what happens during the visit. The guide also includes suggestions on how to prepare for WWVs and links to important resources.

WWV Toolkit for Consumer Advocates and Provider Organizations

Consumer advocates and providers are crucial stakeholders in the movement to raise awareness and educate women about WWVs. Therefore, we also developed a toolkit for consumer advocates and provider organizations to educate women about WWVs and what they mean for women’s health. The toolkit includes resources and factsheets on recommendations and components of the WWV as well as information on why and how education and counseling services offered through the WWV provision can help to improve women’s health across the lifespan.

Policy Strategies

Although there is ample evidence that providing education and counseling during routine visits improves health outcomes and is cost effective, it is not always a routine part of preventive care. The WWV provides an important opportunity to improve utilization of these services, yet a number of systemic barriers remain. To advance dialogue on how changes in health care delivery can improve the availability and use of education and counseling, we produced an issue brief for primary care providers and policymakers on approaches that can address these barriers and improve the successful integration of education and counseling services into women’s primary care (NWLC, BWH & Connors Center for Women’s Health, 2014b).

Conclusion

WWVs are a key component and gateway to the constellation of preventive care now consistently available to women under the ACA. We believe the guidance and resources our materials provide to consumers, providers, and policymakers on WWVs, will empower more women to access comprehensive, personalized, preventive care. As implementation of reforms continue, the HHS should monitor the utilization of preventive care by collecting, analyzing and reporting data on women’s receipt of WWVs and the impact of WWVs on receipt of recommended preventive care. Monitoring the provision will be critical to assess whether or not it has been fully implemented and to determine if there are barriers for women, particularly marginalized subgroups of women, in gaining access to this valuable preventive resource.

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