



Diane Holder describes how this provider-led health plan has achieved top-tier industry status in less than 10 years.

By Michael Sharkey

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By combining an aggressive approach to preventive healthcare with collaborative ventures involving providers, insurers, and the academic resources of the University of Pittsburgh Medical Center, young UPMC Health Plan has rocketed into the top-tier of healthcare benefits companies in the nation.

In October, US News & World Report published a list of America's best health plans based on data compiled by the National Committee for Quality Assurance (NCQA). UPMC Health Plan, the \$1.2 billion organization formed in 1996, ranked 20th in the nation overall, number one in the state of Pennsylvania, and number five nationally for its Medicaid product, UPMC for You.

“Being a young plan, to rank among the top 20 health plans nationally reinforces our belief that we’re doing things the right way and we’re spending our resources wisely,” said Diane Holder, president and CEO. “We’ve always worked with a dual focus: to maximize clinical outcomes for our members and be the most cost effective provider for the employers or government entities that contract with us. The member is at the center of everything we do, and we strive to give people the right care at the right time. That philosophy guides us to good clinical outcomes and allows us to remain a financially viable alternative in our market.”

Share and share alike

Headquartered in Pittsburgh, UPMC Health Plan was created by the University of Pittsburgh Medical Center to provide an integrated healthcare delivery system. A network of more than 80 hospitals that includes both UPMC providers and affiliated hospitals and physicians serves the plan's 435,000 members. In total, the UPMC Insurance Services Division, which includes UPMC Health Plan, UPMC for You, Community Care Behavioral Health, and EAP Solutions, serves more than 700,000 members.

Since its inception, UPMC Health Plan has served as the only provider-led plan in the region. That distinction allows the organization to leverage its collaborative relationships with physician-leaders to create programs that are driven by best practices and leading-edge medical protocols.

“Instead of second guessing doctors, we give them current and reliable data that they can use to make the best decisions about their patients’ care,” Holder said. “We give our providers information on key benchmarks, prescribing patterns, and outcomes of medical treatment. Sharing this information allows doctors to deliver the best care at the best cost.”

To compare peer performance and find the attributes that help practices to succeed, the health plan serves as a conduit of information. Member satisfaction and provider performance are measured, and the organization keeps physician profiles in several clinical and administrative categories. A well-structured quality improvement program keeps the lines of communication open and facilitates the sharing of best practices. Not only does the University of Pittsburgh Medical Center have a quality improvement board that UPMC sits on, the health plan also has its own quality improvement group that system and non-system providers take part in. Said Holder, “We look at it from both perspectives: how our health plan can improve the health of a member and how our providers can improve patient care.”

And the results speak for themselves. UPMC Health Plan ranks among the top 25% of all healthcare benefits programs in the country and is first in the state of Pennsylvania in the measures established by the Health Plan employer Data and Information Set.

“As the highest ranked health plan in Pennsylvania and a top-20 health plan nationally, we’re even more convinced that our employees and network physicians are providing exceptional service and care to our members,” Holder said.

Easy access information

UPMC is able to provide its members and its doctors with the most up-to-date information by using a comprehensive electronic data management system. In 2004, the organization made a significant investment to implement a single data platform capable of collecting and storing all of its clinical, financial, and health risk information.

“All of this information populates algorithms that allow us to identify people who are sick right now, ill people we think could become even more sick, and people who are potentially ill but unaware of it,” Holder said. “We then use that technology to create programs with our providers and do member outreach.”

On the member side, UPMC Health Plan uses the system to spot gaps in care and flag members with potential health problems. Through a partnership with WebMD, the organization can then e-mail members in special programs a vast array of information on the issue while providing numerous prevention and treatment options.

The Internet is just one way in which the organization connects with its members. In an effort to “meet the member where they are,” the health plan also provides options: a toll-free number for over-the-phone consultations, access to trained experts for face-to-face meetings for high risk populations, and written materials that can be mailed to the member.

“We have the capability and the expertise to provide our members with the treatment options that are the easiest for them to access,” Holder said.

Reaching out

The comprehensive information system also gives the health plan a system-wide look at trends and potential issues. For example, last year the health plan discovered that not many of its Medicaid members were participating in smoking cessation programs. After taking a closer look at the data, the organization was also able to pinpoint a community where a high percentage of mothers were smoking while they were pregnant, resulting in lower infant birth weights and trips to the neonatal ICU.

Through a partnership with Magee-Womens Hospital and the Western Psychiatric Institute and Clinic, UPMC developed a smoking cessation outreach program to address the growing need. “It was a huge effort,” Holder said. “We brought staff members to the clinic and allowed these women the ability to come in for on the spot, immediate healthcare.” As part of the program, the health plan incorporated a device that helped identify smokers—a carbon-monoxide detector.

“Women in this program who want to quit smoking see the carbon-monoxide monitor as a real motivator,” said Dr. Patricia Cluss, director of prevention and health outcomes for UPMC Health Plan. “That’s why we’ve supported its use. We use it at the Magee clinics as part of women’s check-ups, because their doctors can use the scores as a jumping-off point to talk about the dangers of smoking while pregnant.”

After the first year of the outreach program, the health plan saw a 900% increase in members who participated in some form of smoking cessation. “Programs like this one at Magee are part of the reason we have done well in NCQA ratings,” Holder said. “We use the data, look at the barriers to care, and figure out how we can take down those barriers to produce better outcomes.”

Leveraging strengths

Critical in UPMC Health Plan’s rapid rise to industry prominence has been the dedication of its 1,000 employees. The highly trained staff is bound by the health plan’s mission: to treat each person with dignity, respect, and care throughout all stages of life while providing access to a world-class network for acute care and preventive services and the resources to make healthy lifestyle choices.

“Our role is to help empower our members to do the things that allow them to help themselves, facilitate what they need from their provider, and extend to our provider network the help and support they need to provide better care for our members,” Holder concluded.