

## UPMC aims to improve chronic disease management

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by Kris B. Mamula

**UPMC Health Plan** is piloting an intensive chronic disease management program that aims to hold down health care costs while improving member health.

By assessing the medical claims of some 15,000 members who are eligible for both Medicare and Medicaid and using an approach that's been successfully implemented elsewhere, the insurer hopes to improve and better coordinate medical care while saving money, according to John Lovelace, vice president of Medicaid services.

UPMC spends \$183 million annually for health care for this group, and the goal is to trim \$10 million to \$15 million from total costs over several years, Lovelace said.

"If you do this right, the doctors are happier, the patients are better, and we're doing a better job as a health plan," Lovelace said. "In order to do a good job, we have to get ahead of the curve."

UPMC's effort comes as the state is also focusing on ways of reducing health care costs through better management of chronic health problems, as part of a universal health care coverage initiative. Medicaid, a health program for poor people, is partly funded by the state -- and Gov. Ed Rendell's proposed Prescription for Pennsylvania targets better treatment of chronic problems like heart disease and diabetes as a way to reduce costs.

Diabetes, which affects 8 percent of adult Pennsylvanians, cost more than \$673 million in hospital charges in 2004 alone, according to the **Pennsylvania Health Care Cost Containment Council**. And multiple hospitalizations were more common among people who receive Medicaid and Medicare, according to the council.

Rendell is scheduled on May 21 to release specific details of his plan to reduce health care costs through better management of chronic conditions, and UPMC is expected to play a key role in that plan, according to state officials, who asked not to be identified.

The group UPMC has targeted has multiple health problems, which complicates care: Most are younger than 65 and often have an extensive history of psychiatric problems. They have an average of three chronic conditions, Lovelace said.

At the core of UPMC's program will be a patient health advocate, who will contact members, make doctor appointments, if needed, and intervene in other ways that may prevent members from getting medical treatment, Lovelace said.

Members' primary care doctors will continue to oversee and help coordinate medical care, Lovelace said, and UPMC will extend the program to its commercial product line, based on results of the pilot project.