In late life, chronic low back pain and depression are frequently comorbid and associated with substantial disability. Addressing Depression and Pain Together (ADAPT), a study funded by the National Institute on Aging for the next five years, will test whether combined treatment with an antidepressant medication and a behaviorally activating, pain and depression-specific psychotherapy (compared to medication alone) are required to improve pain, depression, and disability.

Men and women age 60 and older who are experiencing low back pain and depression are eligible for the study. Potential participants are referred for screening three ways:
1. EPIC Best Practice Alert for ADAPT (triggered by “back pain” in the problem list)
2. Sending a pooled e-mail to “p ADAPT” in EPIC
3. Calling 412-246-6006 (ask for Jill)

All patients are screened over the telephone to confirm they meet criteria; eligible patients meet with staff and sign a consent form.

Evaluations and treatment are conducted at the Late Life Depression Program (located in Bellefield Tower in Oakland) or at the patient’s primary care provider’s office.

ADAPT can benefit physicians as well as their patients:
- Everyone in the ADAPT study gets treatment.
- Medication is provided at NO COST to patients.
- Participants may experience a potential reduction in use of narcotics.
- Close monitoring of depression and pain may mean fewer calls to PCPs about somatic complaints or medication side effects.

Patients will meet regularly with the study team (clinicians and study psychiatrists). In phase 1, patients will have six weeks of open treatment with low-dose venlafaxine (up to 150 mg/day) and care management. If they are still experiencing symptoms of low back pain or depression, they will move into phase 2. During the 10 weeks of phase 2, patients are randomized to either high-dose venlafaxine (up to 300 mg/day) and care management or venlafaxine 300 mg/day and problem-solving therapy for depression and pain.

Venlafaxine was chosen because at doses >150 mg/day, norepinephrine reuptake is inhibited. This may lead to greater improvement in BOTH depression and low back pain.
Provider Satisfaction Survey

The Myers Group, a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, conducted UPMC Health Plan’s 2010 Provider Satisfaction Survey. In the survey, providers were asked to rate UPMC Health Plan and all other health plans in which they participate. Information obtained from this survey allows health plans to measure how well they are meeting their providers’ expectations and needs.

Based on the data collected, the report summarizes the results and assists in identifying plan strengths and opportunities. The chart below presents the 2010 Summary Rates for UPMC Health Plan’s overall satisfaction attributes and ratings and shows the comparison between these scores.

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Summary Rate Definition</th>
<th>2010: UPMC Health Plan</th>
<th>2010: All Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Customer Service/Call Center</td>
<td>Very or somewhat satisfied</td>
<td>82.8%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Provider Relations</td>
<td></td>
<td>82.7%</td>
<td>80.1%</td>
</tr>
<tr>
<td>Network</td>
<td></td>
<td>91.0%</td>
<td>87.8%</td>
</tr>
<tr>
<td>Utilization Management</td>
<td></td>
<td>76.2%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Quality Management</td>
<td></td>
<td>89.6%</td>
<td>88.1%</td>
</tr>
<tr>
<td>Claims Processing</td>
<td></td>
<td>79.1%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Pharmacy Benefits and Services</td>
<td></td>
<td>71.8%</td>
<td>71.5%</td>
</tr>
<tr>
<td>Chronic Disease Management Programs</td>
<td>Various*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Internet Technology</td>
<td>Excellent or very good</td>
<td>55.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Overall Satisfaction and Loyalty</td>
<td></td>
<td>93.3%</td>
<td>N/A</td>
</tr>
<tr>
<td>Recommend to other patients</td>
<td>Definitely or probably yes</td>
<td>94.4%</td>
<td>N/A</td>
</tr>
<tr>
<td>Recommend to other physicians</td>
<td>Very or somewhat satisfied</td>
<td>95.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td></td>
<td>90.3%</td>
<td>84.1%</td>
</tr>
</tbody>
</table>

*Due to response option differences, an overall composite score could not be calculated. The Summary Rates for questions within this composite include “Very satisfied or somewhat satisfied” and “Excellent or very good.”

We’re talking to members about …

We communicate with our members through quarterly newsletters, and it is essential that you know what has been shared with your patients. Articles include important health topics, tips for healthy living, and information about UPMC Health Plan. The following topics have been featured in our latest newsletters:

1. ADHD treatment guidelines
2. Preventing type 2 diabetes
3. The importance of regular eye exams
4. Staying physically fit
5. Facts about depression

There have been articles about UPMC Health Plan’s commitment to quality and safety.

Other articles included information related to online tools that are available to many of our members so they can:

- Search for a doctor by name, office location(s), specialty, hospital or medical group affiliation, gender, languages spoken, and whether the doctor is accepting new patients or has any restrictions. In addition, the listing includes the doctor’s office hours and board certifications.
- Search for hospitals by name, location, and accreditation status.
- Compare the quality of hospitals for specific procedures and conditions using the Hospital Advisor tool.
- Locate information on the costs of medical care using Treatment Cost Estimator, a WebMD tool.
- Locate information on how to save money on prescription drugs.
- Know the cost of care by providing claims information online.
Walk with us on September 17 to help support a cure for diabetes

As many as 3 million Americans have type 1 diabetes, a disease most often diagnosed in childhood that strikes suddenly, lasts a lifetime, and carries the constant threat of deadly complications, including heart disease, stroke, blindness, kidney failure, and amputation. The Juvenile Diabetes Research Foundation’s (JDRF) mission is constant: to find a cure for diabetes and its complications through the support of research. This JDRF Walk raises money to help find a cure for diabetes. It’s great for families. UPMC Insurance Services Division president Diane P. Holder is the Corporate Chair for the walk.

We can help patients who have complex medical issues

UPMC Health Plan members who have complex medical or behavioral health conditions may benefit from additional support in managing their health, and we have a program that can help them. Our program encourages collaboration among providers who care for the same member.

Our health coaches coordinate health care services, support physician treatment plans, and identify gaps in care. They educate members and their caregivers on self-management of the member’s health condition. Health coaches also connect members with community support services.

A health coach will contact members who could benefit from our complex case management program, based on claims data. Enrollment is voluntary and members may decide to disenroll at any time.

If the member agrees to participate, the health coach will assess the member’s needs and work with the physician, member, and caregiver to develop a work plan. With the member’s permission, the health coach will contact the member’s physician as needed.

Please consider referring your patients to our complex case management program. To do so, contact us at 1-866-918-1588. Representatives are available Monday through Friday from 8 a.m. to 5:30 p.m.

Patient-Centered Medical Home

With the UPMC Health Plan Patient-Centered Medical Home (PCMH) program, a UPMC Health Plan practice-based care manager works with the patient’s personal physician and the Health Plan to coordinate the patient’s care. This holistic approach focuses on quality, safety, enhanced access, patient and provider satisfaction, cost control, and payment reform.

Within its first year of implementation, the clinical outcomes of UPMC Health Plan members have improved sufficiently to warrant program expansion. As of today, the UPMC Health Plan PCMH program is in 35 practices and serves 43,000 members. Over the next 12–18 months, the PCMH program will be expanding to 210 practices, which serve some 200,000 members.
**Pharmacy Formulary Updates**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Current Formulary Status</th>
<th>July 2011 Formulary Status</th>
<th>Clinical Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gelnique</td>
<td>Not covered</td>
<td>Tier 3</td>
<td>Gelnique is a topical gel used to treat overactive bladder.</td>
</tr>
<tr>
<td>Victoza</td>
<td>Tier 3 with quantity limits</td>
<td>Tier 2 with step therapy</td>
<td>Victoza is an injectable medication used to treat type 2 diabetes.</td>
</tr>
<tr>
<td><strong>Dermatology Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duac</td>
<td>Tier 3</td>
<td>Not covered</td>
<td>Duac is a topical medication used to treat acne. Preferred formulary alternatives include clindamycin, benzoyl peroxide, erythromycin, minocycline, doxycycline, and tretinoin.</td>
</tr>
<tr>
<td>Locoid Lipocream</td>
<td>Tier 2</td>
<td>Not covered</td>
<td>These topical steroids are used to treat various skin conditions. Preferred formulary alternatives include generic topical steroids such as hydrocortisone butyrate cream and ointment.</td>
</tr>
<tr>
<td>Locoid solution</td>
<td>Tier 3</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td><strong>Oral Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axert, Frova, Relpax, Zomig</td>
<td>Tier 3</td>
<td>Tier 3 with step therapy</td>
<td>These medications are used to treat migraine headaches. The preferred first-line formulary alternatives are sumatriptan and naratriptan. Members currently on these medications will be grandfathered to continue.</td>
</tr>
<tr>
<td>Beyaz, Natazia, Safyral</td>
<td>Tier 3</td>
<td>Tier 2</td>
<td>These medications are oral contraceptives.</td>
</tr>
<tr>
<td>Brand prenatal vitamins</td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>These medications are used during pregnancy to sustain levels of important vitamins and minerals. Preferred formulary alternatives include all generic prenatal vitamins as well as Prenate Essential and Prenate Elite. Members currently on these medications will be grandfathered to continue.</td>
</tr>
<tr>
<td>Cortef</td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Cortef is an oral steroid used to treat adrenocortical deficiency. The preferred formulary alternative is generic hydrocortisone sodium succinate.</td>
</tr>
<tr>
<td>Fentora buccal tablets</td>
<td>Not covered</td>
<td>Tier 3 with prior authorization</td>
<td>Fentora is used to treat various types of pain. It is being added to the formulary along with a prior authorization to ensure appropriate utilization.</td>
</tr>
<tr>
<td>Lotronex</td>
<td>Tier 2</td>
<td>Specialty tier</td>
<td>Lotronex is an oral specialty medication used to treat diarrhea-predominant irritable bowel syndrome.</td>
</tr>
<tr>
<td>Savella</td>
<td>Tier 3 with prior authorization and quantity limits</td>
<td>Tier 2 with prior authorization and quantity limits</td>
<td>Savella is an oral agent used to treat fibromyalgia.</td>
</tr>
</tbody>
</table>
Pharmacy Formulary Updates *continued* ...

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suboxone sublingual tablets</td>
<td>Tier 2 with prior authorization and quantity limits</td>
<td>Tier 3 with prior authorization and quantity limits</td>
<td>Suboxone is used to treat opioid dependence. Preferred formulary alternative is Suboxone sublingual film.</td>
</tr>
<tr>
<td>Tekamlo, Amturnide</td>
<td>Tier 3</td>
<td>Tier 2 with step therapy</td>
<td>Tekamlo and Amturnide are combination therapies used to treat high blood pressure. First-line formulary alternatives include captopril, lisinopril, quinapril, Diovan, losartan, Micardis, Exforge, and Twynsta.</td>
</tr>
<tr>
<td>Zantac Efferdose 25 mg</td>
<td>Tier 2</td>
<td>Not covered</td>
<td>Zantac Efferdose is used to treat various stomach conditions, including acid reflux, indigestion, and ulcer disease. Preferred formulary alternatives include generic ranitidine and famotidine.</td>
</tr>
</tbody>
</table>

### Ophthalmic Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travatan, Travatan Z</td>
<td>Tier 3</td>
<td>Tier 3 with step therapy</td>
<td>These medications are eye drops used for glaucoma. Preferred formulary alternative is latanoprost.</td>
</tr>
</tbody>
</table>

### Specialty Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acthar Gel</td>
<td>Tier 3</td>
<td>Specialty tier with prior authorization and quantity limits</td>
<td>Acthar Gel is a specialty medication used in the treatment of infantile spasms, multiple sclerosis, and various inflammatory disorders. Prior authorization and quantity limits are being added to ensure appropriate utilization. Members currently on these medications will be grandfathered to continue.</td>
</tr>
<tr>
<td>Betaseron</td>
<td>Not covered</td>
<td>Specialty tier with step therapy and quantity limits</td>
<td>Betaseron is an injectable medication used to treat multiple sclerosis. Preferred formulary alternatives include Avonex, Copaxone, and Rebif.</td>
</tr>
<tr>
<td>Pulmozyme</td>
<td>Specialty tier</td>
<td>Specialty tier with prior authorization and quantity limits</td>
<td>Pulmozyme is a specialty medication used for cystic fibrosis. Prior authorization and quantity limits are being added to ensure appropriate utilization. Members currently on these medications will be grandfathered to continue.</td>
</tr>
</tbody>
</table>

Continued from cover story ...

### FAQs

**Q.** Is there a person my patient can call with his or her questions if enrolled in the study?
**A.** Call the Late Life Depression Program at 412-246-6006. This number answers 24 hours a day, 365 days a year, with a physician on call.

**Q.** How do I learn about my patient’s progress during the study?
**A.** The project coordinator will chart updates in EPIC and via e-mail.
UPMC Health Plan ... online and growing!

We’re taking a more active role in social networks like Facebook, Twitter, and YouTube to give you more ways to connect with health information and updates. Stay current with UPMC Health Plan!

Find us on Facebook at www.facebook.com/UPMChalthplan.
Follow us on Twitter at www.twitter.com/UPMChalthplan.
Subscribe to our YouTube channel at www.youtube.com/UPMChalthplan.
Read our blog, UPMC MyHealth Matters, at www.upmchealthplan.com.

What’s online

**PROVIDER MANUAL**

**PHARMACY**
- Prior Authorization Forms

**POLICIES AND PROCEDURES MANUAL**

**PROVIDER ONLINE**

**CHANGE CONTACT OR PROFILE INFORMATION**
- Add or Remove Provider
- Add or Remove Office Location
- Office or Provider Information Change
- Change Pay to Address or Tax ID
- Change in Hospital Privileges
- Close/Reopen Panel
- Add/Drop Products
- Physician Termination

**REQUEST TO PARTICIPATE IN OUR NETWORK**

**PATIENT HEALTH**
- Health Management Programs
- Benefit Reference Guides
- Health & Wellness Resources*
  — Clinical Guidelines*
  — Preventive Health Guidelines*
- Links & Resources

**PHARMACY RESOURCES**
- Formularies
- Drug Alerts & Recalls
- Rx Prior Authorization Forms
- New Generic Drug Opportunities
- Intelligent Formulary Design
- CuraScript Enrollment Form
- Falk Clinic Enrollment Form

**MEDICAL MANAGEMENT PROGRAMS**
- Quick Reference Guides
- Patient Health Guidelines
- Physician Forms

**EPSDT CLINICAL AND OPERATIONAL GUIDELINES**
- Important Information and Forms
- Childhood Nutrition and Weight Management Services

**QUALITY IMPROVEMENT**
- Complaints and Grievances Process
- HIPAA Guidelines (Health Insurance Portability and Accountability Act)
- Member Rights and Responsibilities
- Physician-Patient Communication Guidelines
- Provider Accessibility Standards
- Provider Satisfaction Results
- Quality Improvement Program
- Quality and Safety
- Minimum Data Set (MDS) and Readmission Survey
- Identifying and Reporting Fraud, Waste, and Abuse
- Cultural Competencies

**CONTACT US**

*Includes recently updated information.

To request a hard copy of any of these materials, including the clinical and preventive health guidelines, call Provider Services at 1-866-918-1595.
Clinical Guidelines and Preventive and Immunization Guidelines on the Web

The Clinical Guidelines listed below and the adult and pediatric Preventive and Immunization Guidelines are available at www.upmchealthplan.com. Select “Providers” on the homepage and then “Clinical Practice Guidelines” from the list. By scrolling down the page you can click on links to all of the information listed below. Clinical Guidelines include:

**Cardiology**
- Adult Cholesterol Management
- Hypertension Management
- Heart Failure Guideline — Outpatient Management*
- Cardiovascular Risk Factors and Coronary Artery Disease

**Diabetes**
- Adult Diabetes

**Physical/Behavioral Health**
- ADHD*
- Depression
- Substance Abuse and Dependence

**Respiratory**
- Asthma
- COPD

**Women's Health**
- Prenatal Clinical Practice Guidelines

* Includes recently updated information.

To request a hard copy of any of these materials, call Provider Services at 1-866-918-1595.
Cost transparency leads to reduction in unnecessary blood tests

A new study finds that simply making physicians aware of the cost of regular blood tests lowered the daily bill for such tests by as much as 27%. Published in the May issue of Archives of Surgery, the study showed that after educating surgical house-staff and attending physicians on the cost of routine blood studies for non-intensive-care surgical inpatients, there was a decrease in the number of laboratory tests as well as a savings for the hospital. The cost went from $147.73 to $118.83 per patient per day at the conclusion of the study.

The study is available at http://archsurg.ama-assn.org/current.dtl.