Early identification of osteoporosis

Osteoporosis is the most common bone disease. Fifty percent of women and 25 percent of men ages 50 or older will suffer an osteoporosis-related fracture. Hip fractures are tied to a 24 percent mortality rate within one year.

Unfortunately, many patients do not find out that they have osteoporosis until they develop a fracture. Even after a fracture, many patients do not get the proper screening or treatment. The Healthcare Effectiveness Data and Information Set (HEDIS) managed care quality indicators measure the percentage of women age 67 and older who are enrolled in our Medicare program (Caring for Life) who have suffered a fracture and who have had either a bone mineral density (BMD) test or a prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

To help providers meet this HEDIS measure, our Clinical Pharmacy Department will:

- Send a letter to all Medicare members age 67 and older and to members age 50 and older who are enrolled in our commercial or Medical Assistance programs who have developed a first-time fracture to highlight:
  - Risk factors for osteoporosis and how to prevent the disease.
  - The importance of speaking with their family doctor to determine if they are at risk for osteoporosis.
- Send providers a quarterly roster of their patients who have not received a BMD test (Medicare members age 67 or older, and commercial and Medical Assistance members age 50 and older who have developed a first-time fracture.)

To clear up any confusion regarding coverage, we want you to know that bone density scans, including preventive screenings, are a covered benefit for all UPMC Health Plan members, regardless of age. Depending on the type of plan that the member has, there may be out-of-pocket expenses such as copayments or deductibles. If you have any questions, contact Provider Services at 1-866-918-1595 or your Network Management representative.
Encourage flu shots

Yearly flu vaccination should begin in September or as soon as the vaccine is available and continue throughout the influenza season, into December, January, and beyond. While influenza outbreaks can happen as early as October, influenza activity peaks in January or later.

The Centers for Disease Control and Prevention (CDC) recommends that certain people get vaccinated each year. This includes people who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications.

People who should get vaccinated each year are:

- Children age 6 months up to their 19th birthday
- Pregnant women
- People age 50 and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Some people need special consideration before being vaccinated, including:

- People who have a severe allergy to chicken eggs
- People who have had a severe reaction to an influenza vaccination
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine
- Children less than 6 months of age (influenza vaccine is not approved for this age group)
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated)

The ability of flu vaccine to protect a person depends on the age and health status of the person getting the vaccine and the similarity or “match” between the virus strains in the vaccine and those in circulation. Testing has shown that both the flu shot and the nasal-spray vaccine are effective at preventing the flu.

Asthma treatment goals

For someone with asthma, quality of life depends on how well the person’s illness is being managed. For each of your patients with asthma, be sure you are working toward the same general goals:

- Freedom from severe symptoms day and night, with ability to sleep through the night
- Best possible lung function
- Ability to participate fully in activities of choice
- Days not missed from work or school because of asthma symptoms
- Few or no urgent care visits or hospital stays for asthma
- Asthma controlled using medicines with as few side effects as possible
- Satisfaction with asthma care

To reach these goals, an asthma treatment plan needs to include:

- Advising your patient to avoid asthma triggers
- Prescribing medicines, both controller and quick relief
- Closely monitoring symptoms
- Scheduling regular checkups

Behavioral health case management programs

UPMC Health Plan offers two behavioral health case management programs: a depression program for members who have been diagnosed with depression and newly started on an antidepressant and a program for children diagnosed with ADHD who have been newly started on a stimulant medication. Family members are welcome to participate in the ADHD program.

Members can access information and resources by calling toll-free at 1-888-777-8754 to request information. TTY users can call 1-877-877-3580.

The materials from both programs supplement the information patients receive from their doctor. If you would like more information about these programs, please call UPMC Health Plan Behavioral Health Services Case Management at 1-888-777-8754.
Yearly diabetes tests

More than 20 million people in the United States have diabetes. Helping people with diabetes manage their condition is critically important in reducing their risk for other diabetes-related health issues, including blindness, kidney disease, foot or leg amputation, and early death from heart attack or stroke.

Each of your patients with diabetes should have the following tests on a regular basis:

- Hemoglobin A1c test (at least twice a year)
- Blood pressure (every visit)
- Cholesterol panel (once a year)
- Dilated retinal eye exam (once a year)
- Complete foot exam (every visit)
- Urine microalbumin (at least once a year)
- Serum creatinine (at least once a year)
- Distal symmetric polyneuropathy screening (at least once a year)

Encourage your patients with diabetes to have these tests regularly, as well as to perform regular self-monitoring of blood glucose.

Anxiety – it’s not just stress

According to the National Institute of Mental Health:

- Anxiety disorders affect 40 million American adults age 18 years and older (about 18 percent) each year.
- The comorbidity rate between anxiety disorders and other illnesses, including both physical and mental, is quite high.
- More often than not, for a person to respond to medical treatment, he or she must be treated for all conditions before symptoms will be alleviated.

According to the Anxiety Disorders Association of America, people who have an anxiety disorder are:

- Three to five times more likely to go to the doctor than those who do not have an anxiety disorder.
- Six times more likely to be hospitalized for psychiatric disorders than those who do not suffer from anxiety disorders.

It is very important to treat anxiety in order to promote a patient’s better overall health. Common ways of treating anxiety include:

- Use of such medications as antidepressants and anxiolytics.
- Brief psychotherapy approaches such as cognitive-behavioral therapy and/or behavioral therapy.
- A combination of medication and psychotherapy.

If you have any questions or need more information about anxiety disorders and treatment options, or need assistance with behavioral health referrals, please contact UPMC Health Plan Behavioral Health Services Case Management at 1-888-777-8754.

Doctor’s orders! Check your cholesterol

High cholesterol leads to many serious and chronic illnesses, including heart disease and heart attack. Many treatment options are available, from diet and physical activity to drug therapy. Be sure to encourage cholesterol testing in all age-appropriate patients. And be prepared for questions from your patients, such as:

- What do my cholesterol numbers mean?
- What is my cholesterol goal?
- How long will it take to reach my cholesterol goal?
- How often should I have my levels checked?
- How does exercise affect my cholesterol levels?
- How does smoking affect my cholesterol levels?
- What types of foods should I eat?
- Do I need to lose weight and, if so, how much?
- Will I need cholesterol-lowering medicine?
- What kind of medicine should I take?
- Can I take the generic form of the medicine?
- What are the side effects?
- How do I know if it’s working?
- Should I avoid any foods or other medicines?
- Can I drink alcohol?
- How long will I need to take my medicine?

Remember: It is critical that you order an annual lipid profile for all your patients who have diabetes or heart disease.
Encourage your patients to stop smoking

Did you know that smokers who receive advice to quit from a physician, smoking cessation counselor, or nurse are much more likely to make a “quit” attempt than smokers who do not receive counseling? Despite this statistic, there remains a disinclination among clinicians to intervene consistently. There is evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce a smoker’s risk of suffering from smoking-related disease.

When you talk to your patients about quitting, try the approaches below:

- Say “You’re the best judge of what makes sense for you, but we’re advising all our patients to consider quitting.”
- Ask “What are some of the good things about using tobacco? What are some of the things that are not so good? I’d like you to think more about the things that are not so good so that we can talk more on your next visit.”
- Ask the patient to identify potential negative consequences of tobacco use.
- Ask “What do you think might happen if you don’t quit?”
- Ask the patient how he or she feels about quitting. Be open to expressions of fear and concerns about quitting, the difficulties that may be experienced, and ambivalent feelings.
- Say “The fact that you’re willing to talk about this shows me that you take your health seriously.”
- Communicate your belief in your patient’s ability to quit.
- If appropriate, explain how pharmacotherapy decreases withdrawal symptoms and increases the chances of success in quitting.
- Congratulate any success in quitting, regardless of the length of time your patient was abstinent.
- If the patient relapses — reinforce the fact that attempting to quit is an achievement. Explain that something new is learned from every attempt. Encourage another attempt to quit.

UPMC Health Plan’s MyHealth program offers a variety of treatment options and services.

- MyHealth Ready to Quit™ groups for all UPMC employees and their adult dependents.
- MyHealth Ready to Quit Line for all UPMC employees and their adult dependents.
- Call 1-800-807-0751.
- The Journey to a Smoke-free Life self-guided workbook can be downloaded at upmchealthplan.com.
- The Ready, Set, Stop! Online tool for all UPMC Health Plan members is available at upmchealthplan.com. (Log in to MyHealth OnLine to access this tool.)

Lead exposure: still a problem

Although the United States has made great strides in learning about the dangers of lead poisoning and how to reduce lead exposure, it is still a relevant medical issue today, especially for children. The accumulation of lead is usually gradual, building up unnoticed until levels become dangerous and cause symptoms. Signs and symptoms of lead poisoning in children may include:

- Irritability
- Loss of appetite
- Weight loss
- Sluggishness
- Abdominal pain
- Vomiting
- Constipation
- Unusual pallor from anemia
- Learning difficulties

Exposure to even low levels of lead can cause damage over time, especially in children. The greatest risk is to brain development, where irreversible damage may occur. Very high lead levels may cause seizures. Lead exposure happens primarily through soil, water, lead paint, and household dust.

Lead levels are measured in micrograms per deciliter (mcg/dL). An unsafe level is 10 mcg/dL or higher — a guideline set by the CDC. Lead levels in the blood are categorized into Classes I through V. Class V is the most severe and constitutes a medical emergency. The classes are:

- Class I: less than 10 mcg/dL
- Class II-A: 10 to 14 mcg/dL
- Class II-B: 15 to 19 mcg/dL
- Class III: 20 to 44 mcg/dL
- Class IV: 45 to 69 mcg/dL
- Class V: 70 or greater mcg/dL
A new look for Hospital Advisor

The Hospital Advisor tool is now powered by WebMD® and has a new look. The tool compares the quality and safety of hospitals for specific procedures and conditions. Hospitals are ranked and rated based upon complication and mortality outcomes that are adjusted for severity. Sources of this information include Medicare inpatient discharge data and all payer claims data for 21 states. Data for Pennsylvania comes from the Pennsylvania Health Care Cost Containment Council.

The tool also reports hospital performance on Centers for Medicare and Medicaid Services hospital quality initiatives, the Leapfrog survey, and information from the American Hospital Association regarding hospital accreditation and services.

This information will help physicians and consumers make informed health care decisions. UPMC Health Plan will continue to make the Hospital Advisor tool available to providers and UPMC Health Plan members through our secure portals. Physicians can access the tool by logging on to Provider OnLine and members can use the tool by logging on to MyHealth OnLine.

Prenatal Care Guidelines

The updated Clinical Practice Guideline has been posted at www.upmchealthplan.com. Select “For Providers,” then “Medical Management,” and then “Clinical Guidelines.” Notable changes include:

- The requirement to discuss cord blood banking at 28 weeks gestation (in accordance with PA House Bill 874). This discussion allows a pregnant woman to make an informed decision on whether to participate in a public or private umbilical cord blood banking program.

- Postpartum Tdap Vaccine – The CDC recommends that women (including those who are breastfeeding) who have not received a dose of Tdap previously should receive Tdap after delivery and before discharge from the hospital, provided two years or more have elapsed since the most recent dose ofTd. If Tdap can’t be administered before discharge, it should be administered as soon as feasible. The dose of Tdap substitutes for the next decennial dose of Td.

Please review the entire Prenatal Clinical Practice Guideline, which is based upon scientific evidence from the American College of Obstetricians and Gynecologists, the American Diabetes Association, the Centers for Disease Control and Prevention, and the U.S. Preventive Services Task Force.
Clinical Guidelines on the Web

The Clinical Guidelines below are available at upmchealthplan.com. Select “For Providers” on the homepage and then “Medical Management” from the menu on the left. Next select “Clinical Guidelines” from the list. To view the Preventive Guidelines for children and adults, follow the steps above but scroll down the list until you see “Preventive Health Guidelines.”

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*

Low Back Pain Quality Initiative
- Program Booklet
- Frequently Asked Questions
- Primary Care or First Contact Physician Algorithm
- Physical Therapists and Chiropractors Algorithm
- Workers’ Compensation: Primary Care or First Contact Physician Algorithm
- Workers’ Compensation: Physical Therapy and Chiropractic Algorithm
- Algorithm Legend
- Yellow Flags Form
- Revised Oswestry Low Back Pain Questionnaire
- Fear-Avoidance Beliefs Questionnaire
- Chiropractic Low Back Pain Summary Sheet
- PT Low Back Pain Summary Sheet

To request a hard copy of the clinical guidelines call Provider Services at 1-866-918-1595.

*Includes recently updated information.
Making health care cost and quality more transparent

For virtually every purchase you make, you can easily find information about price and quality. For example, when you buy a car, you can read reports about its reliability and visit multiple car dealerships to buy the car at the best price and with the best options. Having this information is called “transparency” and it means you can make the best decision for your personal circumstances.

The move toward making health care transparent means the same thing. Transparency is one of the cornerstones of value-driven health care. It is important so that health care consumers can make confident decisions about their health care providers. Providers who want to improve quality of care are also interested in transparent health care quality information.

UPMC Health Plan wants its providers and members to be able to compare the quality of providers in our network. This information helps in choosing a health care provider based on value. This “consumer choice” motivates the entire health care system to provide better care for less money.

UPMC Health Plan providers and members can take advantage of a variety of online resources that are available at upmchealthplan.com to help them make the best decision about where to receive health care. Members are encouraged to make their decisions based upon a discussion with their provider as well as the quality information presented online.

Providers and members can compare the quality of UPMC Health Plan network providers by using the following tools that are available on our website at upmchealthplan.com:

- **Hospital Quality** – Use Hospital Advisor to compare the quality of hospitals for specific procedures and conditions. Log in to Provider OnLine. Commercial members have access to this information by logging into MyHealth OnLine.
- **Hospital Accreditation Status** – Use the online provider directory to find the accreditation status of network hospitals.
- **Physician Quality** – Use the online Provider Directory to find network doctors who are board certified.
- **Quality and Safety** – This section of our website includes helpful information on all aspects of quality and safety at UPMC Health Plan. Select “About Us” and then “Quality and Safety.”
- **Cost** – Your UPMC Health Plan patients may be concerned about the cost of care. You can direct them to upmchealthplan.com to find resources to help them anticipate costs. Members can find this information at MyHealth OnLine.
- **Treatment Cost Advisor** – This WebMD tool estimates costs for hundreds of common conditions or procedures. The estimate includes all of the procedures, tests, and health care visits that could occur for an episode of care.
- **Price a Drug** – Helps members find out if they can save on out-of-pocket costs with a generic drug or by using home delivery.
- **MyClaims** – Lists health care expenses a member has had while insured by UPMC Health Plan. The member can see what UPMC Health Plan has paid in comparison to out-of-pocket costs.
As part of our continuing expansion of the Healthy Living Rewards program, all UPMC Health Plan members now have an opportunity to get a head start on a healthier lifestyle through a national network of more than 14,000 affordable health and fitness facilities. If you are a UPMC Health Plan member, you can see a complete list of fitness club facilities by logging on to the MyHealth OnLine member portal from the upmchealthplan.com website homepage.

Whichever club or membership type you choose, as a UPMC Health Plan member you will be getting the club’s current lowest membership rate. Note that club and membership rates vary according to the club size, location, facilities, and programs offered.

To help you select a club, you are eligible for a free introductory session or one-week trial membership (not to be combined for more than one week at the same club) at participating facilities. Just schedule your visit in advance and bring your UPMC Health Plan member ID card, along with the attached free one-week certificate, to your appointment.

Many of the participating fitness facilities are also enrolled in the International Health, Racquet & Sportsclub Association (IHRSA) Passport Travel Program. This allows you access to health clubs when traveling outside a 50-mile radius from your home (a nominal guest fee may apply).

Note: Fitness clubs in this program are provided through American Specialty Health Networks, Inc. (ASH Networks), a subsidiary of American Specialty Health Incorporated.

FREE FITNESS TRIAL

Good for one introductory session or one week’s trial membership at the participating facility of your choice. Once you select a facility, you will receive either a minimum 10 percent discount off the initiation and/or monthly dues, or the best available public rate based on the type of membership you selected.

Each certificate entitles you to one introductory session or one week’s trial membership at the American Specialty Health Networks, Inc. (ASH Networks) participating facility of your choice. Additional fees for additional services beyond the amenities of the facility’s standard practice may apply. For these facilities that do not offer monthly or annual memberships, but offer access to the facility by the session, these facilities will offer a free introductory session. Certificates cannot be combined for more than one week at the same facility. THIS OFFER EXPIRES DECEMBER 31, 2008.

Member: Call the participating facility of your choice and make an appointment for a tour. You will need to speak to someone in the membership department and identify yourself as a member of this program through ASH Networks.

Fitness Club Staff: If you have questions regarding this program, call ASH Networks at 1-877-334-2746, Monday through Friday from 8 a.m. to 6 p.m. (Pacific).

FREE FITNESS TRIAL

Good for one introductory session or one week’s trial membership at the participating facility of your choice. Once you select a facility, you will receive either a minimum 10 percent discount off the initiation and/or monthly dues, or the best available public rate based on the type of membership you selected.

Each certificate entitles you and all members of your immediate family as defined by the individual facility to one introductory session or one week’s trial membership at the American Specialty Health Networks, Inc. (ASH Networks) participating facility of your choice subject to space availability. For these facilities that do not offer monthly or annual memberships, but offer access to the facility by the session, these facilities will offer a free introductory session. Certificates cannot be combined for more than one week at the same facility. THIS OFFER EXPIRES DECEMBER 31, 2008.

Member: Call the participating facility of your choice and make an appointment for a tour. You will need to speak to someone in the membership department and identify yourself as a member of this program through ASH Networks.

Fitness Club Staff: If you have questions regarding this program, call ASH Networks at 1-877-334-2746, Monday through Friday from 8 a.m. to 6 p.m. (Pacific).
Health literacy and the adult patient

According to the Greater Pittsburgh Literacy Council, the world of print is often challenging for adults with low health literacy skills. They may recognize text but they may not understand it, an experience similar to being a foreign country surrounded by unfamiliar words. Yet, approximately one-fifth of the American population has low health literacy skills, which makes it a major public health issue.

What happens when people with low literacy need medical help? Basically, they are at a disadvantage in their interactions with doctors, pharmacists, and hospitals. Sometimes they don’t comprehend health information due to a lack of context and experience. Sometimes they do comprehend, but they have trouble following written directions. Sometimes they ask questions, but frequently they do not. When a medical provider asks “Do you understand?” they may say “yes” to avoid an embarrassing conversation in which their lack of understanding would become apparent.

These disadvantages have cost the health care system upwards of $73 billion dollars a year in terms of unnecessary trips to the emergency department, misuse of medications, and failure to follow sound health practices. And the personal cost is immeasurable. Individuals and their families are at great risk when health information is not understood, processed, and acted upon.

People have low literacy skills for a variety of reasons, for example, a learning disability, inadequate schooling and/or lack of support at home, or a head trauma or viral infection that affected their brain. To compensate, many have developed extraordinary coping mechanisms, which may help them with their jobs, their families, and communities, but these coping skills may not work well when they need to navigate the unfamiliar and sometimes confusing world of health care.

Now more than ever, the U.S. health care system expects people to become more responsible for their personal good health practices. The Internet and the development of health tracking tools give people incredible access to a wealth of information — but that information does not help people with low health literacy.

Greater Pittsburgh Literacy Council (GPLC), whose mission is to serve adults who have literacy challenges, developed a Health Literacy component and coordinates health literacy efforts in the Pittsburgh area. If you have a patient who might benefit from GPLC’s services, please recommend that your patient call 412-661-7323.
Intelligent formulary design

At UPMC Health Plan, we understand that innovation creates the bedrock for health care solutions. That’s why we embrace innovation in providing our members with the best health care from the region’s premier physicians. This approach is also evident in the decisions we make regarding newly introduced drugs. A team of medical and pharmacy experts reviews every new drug and makes independent, objective coverage decisions. This sound approach ensures our members will get the best possible health care coverage.

In all pharmacy decisions, the protection of the patient’s health and safety is the primary goal.

The team

Our pharmacy decisions involve the following team members:

- UPMC Health Plan pharmacists
- UPMC Health Plan physicians
- Nationally recognized experts from the University of Pittsburgh Medical Center (UPMC)
- Hospital and community pharmacists
- Community physicians

Decision making

The decisions we make regarding drug coverage are not made in a vacuum. The team members listed above come together in a group called the UPMC Health Plan Pharmacy and Therapeutics Committee (P&T). The committee meets quarterly, and all primary decisions on drug coverage are subject to debate during these meetings. Final decisions are made during open voting by committee members.

The challenge and the opportunity

The challenge in an environment of escalating health care costs is to use evidence-based medicine to create a high-quality pharmacy formulary that is also affordable. Well-managed formularies that have a strong generics component can capitalize on the following opportunities:

- More than $40 billion in drugs will go generic from 2008 through 2011.*
- $8.8 billion could be saved each year in the United States if there were a broad substitution of generic medications for brand drugs.**

Formulary philosophy

UPMC Health Plan has created a multilayered formulary that offers incentives for members to use generics when available and “preferred” brand drugs when generics are not available within a therapeutic category. Lower copayments for generic drugs save money for members without sacrificing care or quality. Failure to offer options such as low-cost generics could have serious consequences. Without cost controls, pharmacy as a managed care benefit could disappear.

Our formulary has the flexibility to exclude certain drugs when there are proven, cost-effective alternatives. Our P&T Committee also avoids a “jump-on-the-bandwagon” mentality with new drugs (sometimes encouraged by aggressive consumer advertising), preferring instead to carefully review evidence before deciding whether to place any drug on the formulary.

To actively manage our formulary and ensure appropriate use, we employ utilization management tools such as quantity limits, prior authorization, and step therapy. These controls are increasingly necessary:

- Nearly 70 percent of all prescription drugs approved by the FDA from January 2006 to July 2007 provided “no additional value” over existing products, according to experts in evidence-based medicine.†
- 20 percent of the 725 million prescriptions written in the United States, according to a 2006 study, were used to treat conditions not noted on the drugs’ labels. ††

Making the hard decisions

Making difficult choices as we consider the needs of all of our stakeholders comes with the territory. UPMC Health Plan manages all drug classes to take advantage of effective alternatives to expensive drugs or to steer members away from medications that are not medically necessary. The Health Plan also has managed its formulary to direct members away from “me-too” drugs that tend to be new, expensive, and virtually the same in clinical quality as an established drug. In all decisions, the Health Plan is diligent in protecting member safety and being good stewards of the limited resources available.

Cost efficiency examples:

Sleep Aids: Drugs designed to help people sleep have become big business. With major advertising aimed at consumers and billions of dollars in sales, it’s no wonder patients demand the latest cure for sleeplessness. The Health Plan, with P&T Committee involvement, has kept expensive new drugs off the formulary, directed members toward effective alternatives and generics, and limited the quantity of these drugs that members can receive.

PPIs: When a major proton pump inhibitor — proven to be effective — became available as an over-the-counter drug, the Health Plan was ready with a plan that included coverage of the OTC drug at a generic copayment and a step therapy approach that mandated a trial of the OTC drug before brand alternative drugs could be covered. The result was significantly reduced cost trends for the Health Plan’s PPI category as compared with industry averages and reduced average copayment levels for members.

Designer Narcotics: Designer narcotics are not covered because they offer little or no therapeutic value over commercially available generic alternatives while presenting a high potential for abuse. Designer narcotics offer dosage, delivery, or strength options for convenience while using the same active ingredients as long-established narcotics. The Health Plan’s decision:

- High-cost designer narcotics are not covered, while good cost-efficient alternatives remain available with appropriate quantity limits to decrease the risk of abuse. Some patients save hundreds of dollars per year in reduced copayments.

These are examples of how intelligent formulary design helps keep the pharmacy benefit affordable for plan sponsors and our members.

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*2006 Express Scripts Drug Trend Report
**Annals of Internal Medicine, June 2005.
†† Archives of Internal Medicine.
Quality Improvement is a UPMC Health Plan priority

At UPMC Health Plan, the quality of the health care our members receive is very important to us. Our Quality Improvement Program is overseen by a Quality Improvement Committee composed of physicians who are dedicated to improving quality of care and service to members and promoting hospital safety. We continually work to improve care and service in a number of ways.

- Our network of doctors and other providers is carefully selected through performance evaluation and credential checks.
- We collaborate with network doctors and members to coordinate preventive care and wellness efforts, manage complex cases, and manage chronic conditions.
- We measure performance and work to continually improve many aspects of care and service. Measurements include:
  - Preventive care
  - Prenatal and postpartum care
  - Childhood and adolescent immunizations
  - Chronic care
  - Medication management
  - Behavioral health care
  - Member satisfaction

Quality of care: The Quality Improvement Program had many successes in the past year. More members in all of our products received the recommended care for heart disease, diabetes, and women’s health. Pediatric care and care for respiratory conditions such as asthma improved for UPMC Health Plan and UPMC for You members. Members in plans that include behavioral health services (UPMC Health Plan and UPMC for Life) also received the recommended care for behavioral health services at an improved rate.

UPMC Health Plan had high rates for many measures, including children’s immunizations, follow-up after inpatient mental health stays, and timeliness of prenatal care. UPMC for You had high rates for pediatric well-care visits, prenatal care visits, and care for adults with bronchitis.

UPMC for Life doctors had high rates for the management of medications for older adults.

Member satisfaction: UPMC Health Plan members indicated on the CAHPS satisfaction survey that they were highly satisfied with how well network doctors communicate. Claims processing was rated highly in the survey as well. UPMC for You members were very satisfied that they were getting the care they need.

Responses to the Medicare CAHPS survey indicated that UPMC for Life members were very satisfied with doctors’ communication, getting needed care, and getting care quickly.

Improvement initiatives: UPMC Health Plan is working to improve service and care. Improvement initiatives include:

- Adding functionality to the online provider directory to assist patients in selecting providers. To this end, we have added:
  - Languages spoken in a provider practice
- Improving follow-up with members to facilitate preventive care and care for clinical conditions.
- For UPMC Health Plan and UPMC for Life members, we are providing new Internet tools to help members to manage their health, track the status of their claims, and find information about their pharmacy benefits.

The UPMC Health Plan website, upmchealthplan.com, provides information about hospital quality and safety. You can access Hospital Advisor, a hospital quality transparency tool powered by WebMD®, through Provider Online. This tool compares hospitals’ performance related to complications and mortality for frequent conditions and procedures. If you would like more information about the UPMC Health Plan Quality Improvement Program or a paper copy of the website information, please contact UPMC Health Plan Provider Services at 1-888-918-1595.
New member ID cards

Your patients who are UPMC Health Plan members will soon receive a new UPMC Health Plan member ID card. The back of the card includes a magnetic stripe that the doctor’s office will use to verify benefit information.

“UPMC Health Plan is among the first insurers in the region to adopt this innovative technology,” says Marybeth Jenkins, Chief Operating Officer. “Working in partnership with doctors’ offices, we recognized the benefits of saving our members time and increasing privacy at busy front desk windows.”

Did you know that you can read the current and past issues of Accountable Provider on our website? Visit the e-Newsletter center at upmchealthplan.com to read the entire Accountable Provider newsletter or to sign up to receive any of our publications electronically.