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Healthcare Market Profile: Pittsburgh

Breaking the cycle: PRHI leading health outcome improvements

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Already home to some prominent names in healthcare, Pittsburgh may draw increasing attention from providers and payers nationally as its players search for ways to break the pervasive cycle of poor health outcomes and rising costs.

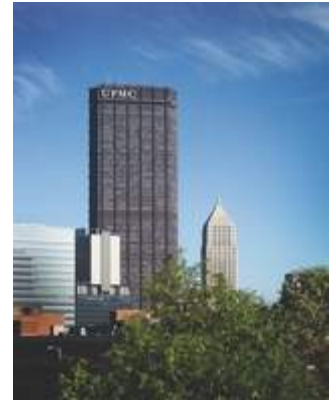
Among the standout innovators in the Pittsburgh region spawning a steady steam of initiatives aiming to improve health outcomes and payment systems is the **Pittsburgh Regional Health Initiative**.

The not-for-profit organization is unusual even among the other 50 such “health improvement collaborative” groups nationally because it is privately endowed and comprises people and businesses from outside of healthcare. Those features allow it to bring new ideas to healthcare that have improved other industries and fund pilot tests of those ideas on the front lines of healthcare.

“The same problem-solving, quality-improvement techniques that work for other industries work quite well in healthcare,” says Karen Wolk Feinstein, president and CEO of the PRHI.

The organization developed and tested techniques to improve safety and quality in healthcare that it calls Perfecting Patient Care. After finding that those quality techniques markedly improved patient safety, the collaborative began spreading the word in Pittsburgh and eventually nationally to clinicians through fellowships and training events for both working clinicians and for students in the healthcare field.

Other initiatives of the PRHI have focused on expanding the use of the health home or medical home model of care delivery, in which a designated clinician coordinates all of a patient's care. So far, the group has helped many of the federally qualified health centers in the Pittsburgh area achieve patient-centered medical home status, but moving independent practices toward the same practice has proven more challenging



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because they lack the variety of healthcare personnel—such as mental health specialists and pharmacists—already present at health centers.

| Market facts | |
|----------------------------------|-----------|
| Population (2010) | 2,356,285 |
| Number of hospitals | 30 |
| Number of physicians (all types) | 6,506 |
| Uninsured population (adults) | 8.6% |
| Medicare population | 435,502 |

One of the PRHI's next initiatives will aim to give independent physicians access to the other providers by offering them space at small hospitals. Co-locating the physicians among other clinicians, at least once in a while, hopefully will improve the care for their sickest and costliest patients, who often need the services of a variety of healthcare professionals.

Other Pittsburgh initiatives to spur greater coordinated care among both private practitioners and other physicians include efforts by the area's two largest insurers.

The UPMC Health Plan has included employed and independent physicians in a medical home program that has produced such solid results since it was first tried as a pilot in 2008 that it will expand to 250,000 patients within 12 months. The program tracks patients recently discharged from the hospital to ensure they receive necessary follow-up care.

Among its outcomes: Long-term blood sugar control improved almost 20% among patients, compared with their status before joining. Similarly, cholesterol control was achieved by 60% of diabetes patients participating, compared with 23% of all diabetes patients otherwise covered by the insurer.

And while those measures are important, the outcomes are the most important, says Dr. Cynthia Napier Rosenberg, senior medical director for UPMC Health Plan.

“We've had dramatic results that have been sustained,” Rosenberg says about outcomes.

A similar patient-centered medical home pilot was recently launched by the Pittsburgh region's other large insurer, Highmark. Its large-scale pilot project includes about 35,000 patients and 145 primary-care providers based both in private practice and in hospitals.

“We're encouraging practitioners to look outside the four walls of their practice to increase care coordination and patient handoffs,” says Linda Weiland, vice president of provider performance and information management at Highmark.

The insurer is so encouraged by the early indications from the program that it may expand such medical homes throughout its system before the two-year pilot is even completed, Weiland says.

Such initiatives have positioned Pittsburgh's innovators well ahead of healthcare providers and payers in many other regions and far ahead of the federal government, which is only now beginning to encourage this type of care coordination among Medicare physicians.