



Pittsburgh Regional Healthcare Initiative

Reprinted from *PRHI Executive Summary*, June 2002

Naida Grunden, editor

Pittsburgh to be “Diabetes and Depression Free Zone”

Diabetes and depression are the two chronic illnesses whose sufferers can usually be successfully treated as outpatients.

Hospitalization often reflects a failure of care for these problems, especially in the case of diabetes. Increasing rates of these chronic diseases, especially of diabetes, reflects a failure of prevention.

Complications from these diseases are devastating for patients, and cost employers millions in medical costs and lost productivity. Employers also provide a unique opportunity to provide health outreach and intervention to large groups of people—their employees.

Six major local employers have agreed to help PRHI design ways to improve interventions for their employees who have diabetes or depression, beginning in Fall 2002. Note that two of these employers are health systems. These employers include:

- PPG
- USX
- BAYER
- MERCY HEALTH SYSTEM
- WEST PENN ALLEGHENY HEALTH SYSTEM
- GIANT EAGLE

PRHI has approached these employers’ major insurers, who have agreed to help coordinate care. They will make information available to primary care physicians (PCPs) on patients’ testing and control status.

Insurer information shows that a few key PCPs cover a large proportion of the patient population. For example, just 51 PCPs see over half of the target work force—about 13,000 people.

In addition to coordinating care to ensure that tests are performed and follow-up occurs, these workplace interventions will



DEPRESSION IN SWPA

13% rate of re-hospitalization. Why?

FAILURE OF CARE

Low rates of follow-up care

25-63% not seen within 7 days

33-41% not seen within 30 days

61-90% did not receive three follow-up visits (Rx monitoring)

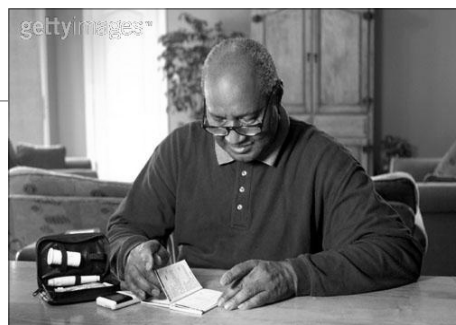
DIABETES IN SWPA

75% increase in hospitalizations in 5 years. Why?

FAILURE OF CARE

Screening test Inadequate in known diabetics

No A1c testing	9-18% of the time
A1c poorly controlled	29-38%
No eye exam	33-49%
No lipid screening	15-24%
Lipids poorly controlled	43-54%
No kidney monitoring	38-57%



help educate consumers as well. In addition to learning how to avoid or ameliorate these conditions, consumers will learn to become active partners in their care.

Much is required to make the employer-centered model work. If your organization would like to participate, either as an employer site or as a member of the PRHI Buying Healthcare Value committee, please contact Geoff Webster. ☎

THE PRICE OF FAILURE

Human cost: **INCALCULABLE**

Employer cost: PPG Industries conservatively estimates it could recover

**\$16 - 30 MILLION/YEAR IN
MEDICAL COSTS / LOST
PRODUCTIVITY**

if diabetic workers were adequately treated.



✧ **Diabetes Working Group** is developing a model that links patients, employers, insurers, primary care physicians, specialists and educators through a unique partnership, the object of which is to ensure that primary care physicians have the most up-to-date information on their diabetic patients when and where they need it. Perfect outpatient care should reduce complications and prevent hospitalization. **Contact: Tania Lyon**, Chronic Care Coordinator, 412-535-0292, ext. 107, tlyon@prhi.org

