

UPMC Women's Health Service Line (WHSL) leadership met in October 2024 to share information, learn from past experiences, and prepare to meet our coming challenges at the 2024 Planning Retreat. The retreat's theme was "Comprehensively Counting Costs and Creating Value". This document summarizes the topics of discussion in a concise white paper.

UPMC WHSL has grown in the past decade and is ready for the future. The WHSL has grown substantially in the past 10 years. We now include 16 obstetric hospitals, serving over 280,000 patients, and over 24,000 deliveries each year in Southwest, Northwest, North Central, and Central Pennsylvania, as well as Western New York and Western Maryland. During this time, the WHSL has successfully expanded services in the Hamot (Erie PA) and Altoona (West Central PA) regions and integrated with the Pinnacle Health System in Central PA. The WHSL has recently expanded with the July 2024 addition of UPMC Washington Health System in Southwest PA. The service line has integrated these services and practices through combined leadership structures as well as the sharing of centralized services related to workforce hiring, quality improvement, population health, and clinical analytics. The WHSL is dramatically increasing the utilization of ambulatory surgical center facilities and available services in Southwest Pennsylvania.

A distinctive of the WHSL is its track record of collaborative relationships with hospital operational and financial leadership. Many of the successful initiatives to expand or reimagine services in regional hospitals are due to thoughtful evaluation of how to expand needed women's health services in different markets in a financially responsible manner. The value of women's health is best when related services (e.g., provider and hospital, obstetric and pediatric, cancer surgery, radiation, and chemotherapy) are evaluated together. These analyses may not be typical of how financial analyses of individual business units operate and require more time, teamwork, and patience. Understanding other sources of value such as governmental incentives, alternative payment model design, and benefits of securing the trust of the healthcare decision-makers for the whole family presents a more complete description of value. The WHSL has built this collaboration in trust between different hospitals and markets in our system through a collaborative planning process, transparency in goals and limitations, and a common understanding of the financial impact of UPMC's integrated delivery and finance system.

The WHSL is responsive to how the healthcare business has been affected by the consequences of the COVID pandemic. The pandemic has affected US healthcare in a chain reaction of ways since 2020. The WHSL worked together to respond to the needs of women's health related to obstetric care, gynecologic needs, and outpatient access by using shared resources to provide clinical guidance and support. Telemedicine access has increased, and patient preferences around in-person care and personalized medicine evolved rapidly. At the same time, workforce costs grew due to agency nursing, provider supplemental compensation, staff turnover, supply cost inflation, and burnout. The current economic situation in healthcare requires focused attention to managing costs and increasing patient access and needed services. Some ways the WHSL will address these business realities is by continuing to focus on appropriate length of hospital stay, OR scheduling efficiency and supply costs, providing market-leading next appointment access, and transitioning eligible surgical procedures to ambulatory surgical centers. As a downstream consequence of pandemic effects, the future of health care is moving increasingly to outpatient services and more efficient and less expensive use of hospital resources. With increased efficiency, improved quality is vital to maintain the UPMC mission.

Workforce issues related to the COVID pandemic continue to impact the people and finances of the WHSL and provider demographic changes will be challenging in coming years. Our nursing workforce adapted to the pandemic as many long-time staff retired and many less experienced team members joined. The use of agency staff and overtime pay was necessary for a time, but the current environment requires a different approach of right-sizing staffing needs and teams to decrease unnecessary workforce costs. At the same time, the workforce's needs changed with different expectations about workplace culture, work-life dynamics, generational work norms, and team communications. The provider workforce also faces demographic changes. The supply of advanced providers is predicted to outstrip demand, while the supply of physicians to provide women's health services will be much less than necessary in the coming years. These opposing dynamics can work together to help meet the needs of patients in the coming year by expanding women's health workforce pipelines and shared advanced provider and physician workflows that use the maximum scope of practice for all providers. Innovative

methods to train, retain, and develop physicians to meet the future needs of our patients, practices, and regions will be vital to expand our impact and maintain a competitive advantage with this workforce projection. Increasing the utilization of team-based care models will allow for patient-provider relationship building while meeting the needs of the physician workforce shortage.

WHSL has advanced data and tools to help tailor provider outpatient care to maintain patient access and provider satisfaction. Providers are sharing their joys and needs through a variety of workplace surveys. Current surveys of our workforce find excellent team dynamics with our teams, but also a sense of overwhelm and concern about changes in office schedules or patient digital messaging. In general, organizational patient access initiatives are more holistic and balanced than often understood by individual providers. By using provider-level information about under-scheduled and over-scheduled provider templates, we will increase productivity where appropriate and also improve wellness for overworked providers. We have great metric reports and tools to help improve patient access and provider workforce satisfaction and control.

UPMC Bridges electronic medical record transformation is a complex and critical process, and the WHSL must actively participate to ensure meeting WHSL and UPMC quality and value goals The size and intricacy of UPMC Bridges require the WHSL full participation in each step of development, training, and implementation to benefit from the merger of many systems within our organization. UPMC Bridges will help bring together inpatient and outpatient, primary and specialty care, education and research, population health, and clinical analytics, scheduling, and revenue cycle. To make this new world reliable and sustainable, we will transition to one version, or instance, of Epic across all of UPMC clinical care. This transition will be during two waves of go-live dates over the next 18 months. To be successful, a well-developed change management structure is organized from top leadership to change agent groups to change champion groups to change cohort groups. Each member of the WHSL team will be trained for their specific roles. Communication, active participation, and organizational unity are critical elements to ensuring the success of this major, full-organization initiative.

UPMC advocates for government relations issues that are important to WHSL services and patients. Whether it is advocating for fair reimbursement, preventing rural hospitals from being closed, or increasing research funding, UPMC Government Relations and Affairs is working to address the payment, regulation, and advocacy needs for UPMC and the WHSL. Government payers represent a large revenue source for many of our patient's insurance providers, so these are important relationships to maintain and strengthen. We must prioritize our efforts and work closely with our government relations and affairs experts to effectively and appropriately interact with government organizations and activities to emphasize quality care for women as a foundation of population health.

WHSL activities are growing through strategic and targeted marketing of the Magee-Womens brand and services in many different markets and demographics. With the goals of growing volume in both obstetrics and gynecology, UPMC Marketing uses a data-driven approach to understand consumer challenges, reinforce signature brands and regional opportunities, and evaluate real-time marketing campaign effectiveness. Underlying principles for this work include a design to market outside of pregnancy care—for instance, menopause is a universal and critical condition with growing public awareness. Next, patient convenience is of great value—patients want to be close to their maternity hospital and be able to schedule their next appointment rapidly. Further, market competition is particularly intensive in Western PA among women 35 years old and younger. Finally, many people do not regularly see an Ob/Gyn provider, so there is a large unaddressed need for care in this population. Targeted online and social media campaigns allow very specific investments in regional and demographic markets.

The future demographic changes of the patients are increasing high-risk obstetric and midlife health-related needs. In the coming five years, our strategic planning team challenges the WHSL to be ready for increasing needs in high-risk obstetrics, infertility, gynecologic hormone disorders, and pelvic floor disorders. There is a predicted decrease in most inpatient services with an increase in outpatient care for many conditions. Fewer visits will be in-person and more will be virtual. All these trends suggest a continued need to be ahead of demographic changes in

the women's health market to be best able to service our communities well and thrive in competitive healthcare markets.

Please contact the Department of Obstetrics, Gynecology, and Reproductive Sciences Chair, Dr. Robert Edwards, or WHSL Executive Administrator, Annmarie Lyons, with questions or other insights.