Thomas M. Pellathy is executive vice president of Living Health Partnerships for Highmark Inc.

In this role, Mr. Pellathy is accountable for micro-market strategies, provider partnerships, value-based program design and implementation, provider solution scaling and provider enablement and transformation across the Highmark footprint. He is also a key player in Highmark’s broader transformation as the organization evolves through its integration with Allegheny Health Network and other strategic provider partnerships.

Over his time with Highmark, Mr. Pellathy and his team have driven significant impact across these areas. This includes the build-out of new product capabilities that support growth, developing new partnerships with providers, the development of leading-edge clinical programs, and driving new value-based reimbursement models in the market, such as Highmark’s True Performance program for primary care that have delivered significant improvements to quality and hundreds of millions of dollars of care cost savings. In addition, his team has driven innovation in advanced analytics, from analytically-guided clinical decision support to applying machine learning insights to underwriting, and embraced the deployment of new technology enablement and ways of working, such as design thinking, agile, and digital automation.

Mr. Pellathy joined Highmark in 2014. Prior to Highmark, he was a Partner with McKinsey & Company, where he was a leader in McKinsey’s Healthcare Payor and Provider Practice. In that role, he served leading private and public sector institutions, including health plans, health systems, and technology providers across the US, Latin America, and Europe. Mr. Pellathy also previously worked in the area of international development in Latin America.

Current Board of Director affiliations include:
- Children’s Museum of Pittsburgh

Thought Leadership Topics:
Product design
- Applying human-centered design to build products focused on key experiences in the health journey
- Curating high-performing networks/products that deliver higher quality care at a lower cost solution

Strategic provider partnership, collaboration and integration
- Partnering with providers, including our affiliated providers, across our network to create long-term health improvements in the community
- Collaborating with providers to develop personalized action plans to manage their patient population and reduce obstacles to care
- Integrating care models into practices to assist in the management of high-cost, complex patients
Value-based reimbursement and population health

- Developing innovative payment models that align incentives to focus on quality and value, not volume
- Fueling practice transformation through clinician-led discussion around care transformation that improves health outcomes across a community

Application of advanced analytics to drive business outcomes

- Leveraging analytics across the continuum as a competitive differentiator for creating value-based experiences, products and services
- Applying robust analytic approaches and deep insights to enable optimization of the Quadruple Aim

Technology transformation

- Understanding the customer journey of our business in order to transform our technology approach
- Incorporating advanced technologies such as artificial intelligence and real-time data interoperability

Interviews/Articles:

McKinsey on Health Care, May 2010: The next wave of change for US healthcare payments
https://healthcare.mckinsey.com/next-wave-change-us-healthcare-payments

"Unlike scale utility approaches that have emerged in financial services or telecommunications, innovative solutions in health care have failed to take hold at scale—either because of misaligned incentives among stakeholders or because few players have the local-market position to drive adoption across a fragmented provider community."

McKinsey on Health Care, September 2012: Changing Patient Behavior – The next frontier in health care value


"Changing individual behavior is increasingly at the heart of healthcare."

McKinsey on Health Care, May 2009: Why understanding medical risk is key to U.S. health reform

"Ideally, consumers should be able to buy enough coverage to feel financially secure but also share in the cost of care."

Table of Experts: Transforming Health Care Delivery, October 2019

"To us, integrated delivery is a chance for us across the disparate parts of health care to come together and work together in a way that puts people at the center and empowers them – gives them the tools – to lead healthier lives and then, at the same time, empowers the clinical teams to take care of those patients better."

INTERSECT@CMU 2019 Panel: The $3.68 Trillion Question
https://www.youtube.com/watch?v=XeciwQ8bMxE

"The demand for health and healthcare is shifting the payment model from fee-for-service, where the provider community is paid on the number of services they provide, to instead trying to incent the providers based on the outcomes they achieve."

About Highmark Inc.
One of America’s leading health insurance organizations and an independent licensee of the
Blue Cross Blue Shield Association, Highmark Inc. (the Health Plan) and its affiliated health plans (collectively, the Health Plans) work passionately to deliver high-quality, accessible, understandable, and affordable experiences, outcomes, and solutions to customers. As the fourth-largest overall Blue Cross Blue Shield-affiliated organization, Highmark Inc. and its Blue-branded affiliates proudly cover the insurance needs of 4.5 million members in Pennsylvania, Delaware, and West Virginia. Its diversified businesses serve group customer and individual needs across the United States through dental insurance and other related businesses. For more information, visit www.highmark.com.