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[Home](#)[News Room](#)[News Releases](#)[News Releases](#)[Company Fast Facts](#)[Company Information](#)[Advertising](#)[Community Involvement](#)[Media Contact](#)

Quick Tools

Search

Go



News Room

News Releases

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Ground Breaking Program Improves Diabetes Patient Outcomes

(Newark and East Brunswick, NJ, January 29, 2008) - A first-in-the-nation, ground breaking pilot program has produced empirical data demonstrating the effectiveness of the Patient Centered Medical Home (PC-MH), a concept of care that facilitates partnerships between individual patients and their personal physicians and – when appropriate – the patient's family. Partners In Care, Corp., ("PIC"), a physician led organization, and Horizon Blue Cross Blue Shield of New Jersey, (Horizon BCBSNJ) conducted the one-year pilot program, which focused on New Jersey State Health Benefits Program members with diabetes.

The pilot program, which bolsters the long-term viability of primary care practice, provides evidence that the Patient Centered Medical Home model improves quality of care and clinical outcomes as well as lowers total health care costs. Patients with diabetes in the one-year pilot program substantially increased compliance for the key HbA1c blood test from 43% to 91%. The HbA1c blood test is a primary indicator of how well diabetes is being managed by those who are affected. This pilot program between Horizon BCBSNJ and PIC physicians demonstrates that innovative collaboration between insurers and physicians on funding and information sharing can improve compliance and clinical outcomes for patients.

"These results validate the Patient Centered Medical Home concept," said Dr. Richard Popiel, Vice President and Chief Medical Officer, Horizon Blue Cross Blue Shield of New Jersey. "Based on the impressive outcome of this pilot program we are expanding this model to other chronic illnesses. Horizon Blue Cross Blue Shield of New Jersey is proud to be one of the first health insurers in the nation to reimburse physicians for this new model of care and demonstrate significant improvements in clinical outcomes for patients. The Patient Centered Medical Home concept focuses on the patient and makes their personal physician responsible for providing for all the patient's health care needs and arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care."

"With both the health insurer and the treating physician coming together to help the patient, you utilize resources from all of the stakeholders to improve care, this represents a major milestone," said Steven Goldberg, MD., Chairman, Partners In Care. "This patient centric approach pays the physician for the extra time they might need to make sure that all of the patient's caregivers are aware of and following the treatment plan. No one 'slips through the cracks'."

"The findings are encouraging and highlight the potential for the patient-centered medical home model to improve measures of performance on clinical and cost metrics," said Michael S. Barr, "Vice President, Practice Advocacy & Improvement, American College of Physicians. "ACP anticipates additional collaboration with Horizon Blue Cross Blue Shield of New Jersey and Partners in Care to take advantage of newly developed analytical tools that will validate future results."

The Patient Centered Medical Home concept of care is based on a patient having an ongoing relationship with a personal physician trained to provide first contact and continuous, comprehensive care. This physician-directed medical practice involves a personal physician leading a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients. The concept is designed to nurture and strengthen the relationship between the patient and physician. This concept is different from most traditional models of care that use "case managers" who deliver service outside the core practice.

"Partners In Care sees its role as a physician organization as finding ways to support the practicing physicians in their effort to improve the overall quality of care provided to their patients," said Kevin O'Brien, President & CEO, Partners In Care. "We've been connecting with national and regional leaders such as National Committee for Quality Assurance, (NCQA) Bridges to Excellence, Center for Health Value Innovation, Health Care Payers Coalition and NJ Health Care Quality Institute, in an effort to build the momentum needed to change the way health care is delivered and financed in this region." "These preliminary results are very exciting and offer the possibility of sustainable, satisfying primary care practice while optimizing delivery of quality care."

About Partners In Care, Corp.

Physician owned and governed, Partners In Care is a physician organization dedicated to 21st century health care delivery and financing. Partners In Care has been successfully operating performance-based incentive programs involving approximately 80,000 members over the past ten years. PIC currently provides health plan improvement services to a number of health plans and employer/plan sponsors. The clinical/financial reporting capability allows PIC to deliver actionable information to physicians who participate in our various programs.

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