Overview

MediQHome was created in 2007 to improve quality of care and blood pressure control for patients with hypertension. The program grew out of the Diabetes Provider Report Card, an initiative that led to significant improvements in the quality of care delivered to patients with diabetes. Through the combined efforts of the North Dakota Heart Disease and Stroke Prevention Program, BlueCross BlueShield of North Dakota (BCBSND), and the North Dakota Diabetes Prevention and Control Program, MediQHome encourages providers to implement a patient-centered medical home model and to use MDInsight, a tool designed to measure the quality of clinical care. MDInsight uses a set of clinical measures and benchmarks for patients with chronic conditions and allows providers to monitor the delivery of care to their patients.

Key elements of the MediQHome program include:

- Insurance provider sponsorship and buy-in.
- Providers who participate in a patient-centered medical home.
- A clinical information management system.
- Inclusive patient participation (regardless of payer or illness).
- Quality-based incentives.

For more information please contact

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BCBSND provides funding for key program areas that include monetary incentives for providers, training, implementation support, and a portion of the chronic disease management position. BCBSND also delivers case management services, which are handled by a team of care coordinators and health coaches. This team provides quality improvement coaching to each clinical site by reviewing the clinic’s blood pressure data, identifying opportunities for improvement, and providing tools and resources to improve care. BCBSND proactively identifies the most at-risk patients and helps providers avoid adverse events, such as heart attacks and strokes.
Providers have started changing the way they deliver care and now have funds to do things they couldn't before.