

DRAFT for public comment

Transportation and Medical Care Coordination in West Virginia

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This Science and Technology Note discusses the role of transportation in medical care coordination (MCC) for chronic conditions in West Virginia and identifies policy options to expand access to MCC in the state.

Patients with chronic diseases require intensive medical care involving many providers and appointments. MCC is a healthcare service that coordinates providers across specialties to achieve more efficient care for each patient. However, participation in these systems requires robust access to transportation for various appointments.

Chronic Health Conditions in West Virginia

[West Virginia](#) has significantly higher rates of multiple chronic health conditions (CHC) as seen in the figure below. According to the [Partnership to Fight Chronic Disease](#), a non-profit focused on healthcare spending, over half a million West Virginians have 2 or more CHCs (28.5% of the population).

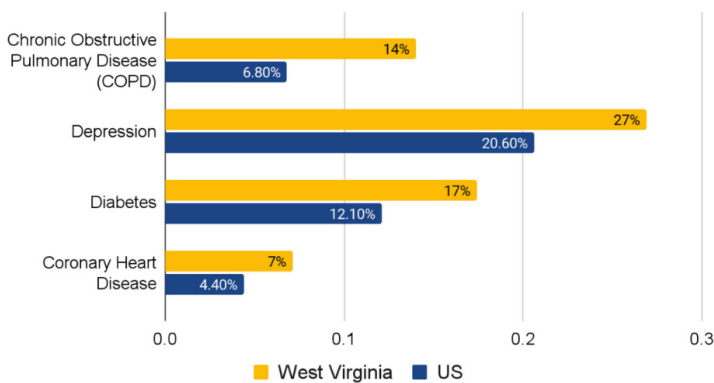
Individuals with one CHC require [nearly twice as many medical visits](#) (11.7) as patients without a CHC (6.6), and that ratio increases with each additional CHC. Frequent

Research Highlights

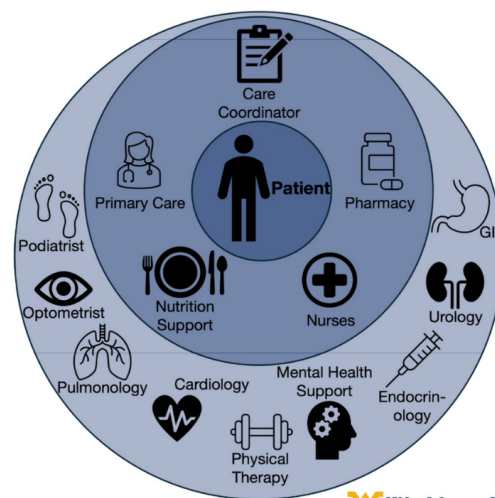
- Medical care coordination is a service that ultimately makes medical care more efficient by decreasing unnecessary visits and strategically scheduling appointments to reduce time and transportation burdens for patients.
- Care coordination organizations in West Virginia may offer transportation options or guidance to patients, but public or private transportation options available in the patient's location could be limited.
- Policy options include incentivizing care coordination for all patients regardless of insurance status, incorporating transportation into coordination, and expanding transportation networks to West Virginians with no or limited transportation options.

appointments are critical for management of existing conditions and early intervention in any developing conditions. For each of the conditions in the figure below, it is recommended that patients see a primary care provider at least 2-4 times per year.

Median Prevalence of Chronic Health Conditions, 2022



Data Source: [Centers for Disease Control and Prevention \(CDC\) Behavioral Risk Factor Surveillance System \(BRFSS\)](#)



Patients with CHCs have a vast, individualized care network that increases in complexity with each additional CHC. MCC ensures that all of these providers are on the same page.

The increased healthcare needs of patients with CHCs

are often managed by MCCs. In addition to connecting each patient's providers to improve care, these networks can aid in appointment scheduling, medication management, and financial aspects of care. Some may also offer housing and transportation assistance, but these services are not required and options may be limited or unavailable in the patient's location.

State of Care Coordination in West Virginia

Many individual healthcare systems in West Virginia have implemented some version of MCC into their practice. Studies have shown that this practice increases patient [satisfaction](#) and [outcomes](#) while [requiring less time per provider](#). For example, Marshall Health has a [Chronic Care Management](#) program that provides support to patients with CHCs. Further, the West Virginia Department of Health and Human Resources operates the [Diabetic Health Home](#), a type of MCC, for diabetic Medicaid members in 14 counties.

Benefits of Care Coordination for West Virginians

By consolidating medical records and promoting communication between providers and specialists, patients ultimately receive better healthcare. MCC decreases [emergency department visits](#) and [inpatient hospital stays](#) and helps patients transition between care settings with [more satisfaction](#).

MCCs may assist with more efficient scheduling for appointments in addition to reducing redundant testing and visits. As a result, patients spend less time away from work or responsibilities, and their transportation needs, [a critical determinant of healthcare participation](#), are decreased. For example, instead of 4 appointments on separate days, MCC may schedule the appointments back-to-back on the same day. Consider that transportation needs include the following:

- Access to an operational vehicle, rideshare, or public transportation
- Ability to safely operate a vehicle or someone willing to provide transport
- Money for fees (parking, rideshare, or bus ticket), gas, insurance, and vehicle maintenance
- Vehicle accessibility (ability to get in and out of vehicle safely, transport mobility equipment)

Patient Access to Care Coordination in West Virginia

Currently, there are no state policies that specifically cover MCC for West Virginians with CHCs. Federally, [Medicare](#) covers patients with two or more CHCs. Aetna Better Health of West Virginia, a Medicaid plan provider, offers [optional](#) MCC for all patients. It is unclear if MCC is consistently offered for those with private insurance or without any insurance coverage. One policy option to increase MCC utilization would be to provide tax incentives for healthcare providers that offer free or affordable MCC regardless of patient insurance status. Alternatively, requiring private insurers to cover MCC for patients could make the services more accessible for a wider patient population.

Integrating Transportation into Care Coordination

West Virginia's healthcare transportation networks may not be widely available or consistent, which may reduce the accessibility and/or effectiveness of MCC. Policy options that expand these transportation networks and enhance collaboration with MCCs and healthcare systems could yield benefits for both patient and provider populations as previously discussed.