

Spotlight on West Virginia

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from West Virginia's experience during the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) from February 2010 to August 2015. For this demonstration, West Virginia helped 10 practices in rural and suburban areas to implement components of the patient-centered medical home (PCMH)—a primary care model intended to improve care coordination, access to services, and patient engagement. West Virginia helped 10 practices in rural and suburban areas to implement components of the patient-centered medical home (PCMH)—a primary care model intended to improve care coordination, access to services, and patient engagement. West Virginia helped 10 practices in rural and suburban areas to implement components of the patient-centered medical home (PCMH)—a primary care model intended to improve care coordination, access to services, and patient engagement.

West Virginia helped child-serving practices to enhance medical home features

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- Enhanced the coordination of care for children and adolescents. Practices used demonstration funding to hire care coordinators to implement new care processes. For example, care coordinators in 6 of the 10 practices called caregivers before a patient's visit to identify urgent or critical issues the caregiver wanted to discuss so that the provider was better prepared for the visit. Care coordinators also provided information on topics such as obesity, connected families to community resources, and educated families on how to access specialty medical equipment. Some practices valued the care coordinators, although others found it challenging to retain them. Some practices were concerned about retaining care coordinators after the grant ended because their services would not be

West Virginia's Goals: Improve the quality of care for children by—

- Helping practices to implement the patient-centered medical home model.
- Encouraging improvement in child-focused quality measures.
- Increasing the use of the State's Health Information Exchange.

Partner States: Oregon and Alaska implemented similar projects and met quarterly with West Virginia to discuss lessons learned.

reimbursed; however, despite these concerns, at least 6 of the 10 practices added the position as a cost to their practice and retained their care coordinators.

- Improved population management. Care coordinators used each practice's electronic health records (EHRs) to identify patients who needed preventive services such as immunizations, well-child visits, or follow-up care.
- Improved performance on the Medical Home Index (MHI) (Figure 1).¹ Of the 10 practices becoming a medical home, a few expressed concern about the cost of the position. Four of the 10 practices were recognized as PCMHs by the National Committee for Quality Assurance (NCQA); the other practices reported that obstacles to achieving recognition included limited staff and funding.

Figure 1. Increase in the average Medical Home Index score for participating practices in West Virginia



Note: Data were reported by West Virginia and not independently validated. MHI = Medical Home Index

