

Health Information Exchange Pilots at Two WIC Local Agencies in Los Angeles

Streamlining WIC Referral and Data Sharing Systems

For 50 years, WIC has improved pregnancy, birth, and child nutrition outcomes for millions of participants and is a critical program in strengthening the healthcare system’s efforts to improve maternal and child health. Yet, WIC agencies and healthcare providers are often siloed. Enhancing WIC-healthcare coordination is essential to simplify the WIC referral and enrollment process and more holistically coordinate care for WIC families. The National WIC Association (NWA) funded two projects—in Lāna’i City, Hawai’i and Los Angeles, California—to build on partnerships with healthcare providers and pilot enhanced models of WIC-healthcare collaboration.

Context & Project Overview

The California WIC Association (CWA) led pilots at two Federally Qualified Health Centers (FQHCs) in Los Angeles: Northeast Valley Health Corporation (NEVHC) and Watts Healthcare, each having an associated WIC local agency. Both health centers worked with the Los Angeles Network for Enhanced Services (LANES), a regional health information exchange (HIE), to establish a referral and data sharing process with their respective WIC agencies. LANES serves as a central hub aggregating data across multiple Electronic Health Record (EHR) systems and providers in the Los Angeles area.

Both WIC local agencies serve mainly urban areas with participants who identify predominantly as Latina/Hispanic, Black, and Asian American.

Planning & Implementation

Multidisciplinary Project Team

CWA	LANES	Health Centers	WIC
Project lead	Operations & IT staff	Administrative, clinical & IT staff	Administrative staff from each agency

Prior to this project, healthcare providers referred patients to their associated WIC agency through paper referral forms or by encouraging them to contact or visit WIC to apply. The team began by considering the different options for the referral system that would build on existing workflows across pediatric and women’s health departments and require minimal provider time. Providers were already familiar with LANES, using it to send some specialty referrals and access their patients’ records if seen at other health centers.

The team initially designed a one-click button in the EHR for providers to refer individual patients via LANES, but realized that in addition to providers, staff were often the ones making the WIC referrals. To reduce provider and staff inputs, maximize referrals, and maintain consistency across departments, the team devised a roster system, as described below. The team also designed a “WIC view” in LANES, with only the data necessary for enrollment and certification. They ensured data collection complied with regulations and that they understood the data governance structure of the EHR to be able to mine and extract all available data on a regular basis into LANES.

NEVHC WIC

WATTS WIC

9 centers

5 centers

40,210 participants

11,270 participants

San Fernando & Santa Clarita Valleys

South LA, Compton, Huntington Park

FQHC

IT staff generate a roster of patients seen at prenatal & well child visits each week and send it to LANES. This requires no input from the clinical side, minimizing provider burden. LANES is able to remove matches from previous reports to minimize duplicate referrals.

LANES HIE

Automatically publishes the roster and provides clinical data necessary for enrollment in a “WIC view”, including contact info, demographics, height, weight, hemoglobin, and relevant diagnoses.

Sends status reports based on coding back to WIC for evaluation.

WIC LOCAL AGENCY

Staff access LANES weekly for rosters, look up patient names in the WIC MIS, and contact the family.

Code participant status in LANES as: new, already enrolled, declined, number of contact attempts, etc.

For new and re-enrolling participants, staff retrieve data needed for certification in the LANES “WIC view”

Impact on WIC participants, WIC staff, and healthcare providers

To date, NEVHC has received 6,471 referrals through LANES, 70% of whom were already enrolled in WIC, while Watts has received 3,100 referrals, of which 90% were already enrolled. Nearly all referred patients were income eligible for WIC. While most referred families were already enrolled, having access to the clinical data through LANES reduces the burden on the participant of having to locate and provide it, and on staff to obtain the data, in the case of a remote WIC appointment. Project lead Karen Farley said, "having an HIE, with so much more access to historical and real time data across care encounters, is such a benefit that you can't get anywhere else."

"As we continue to ramp up [...] I certainly foresee the lag time between seeing your provider and then getting connected to WIC getting a lot shorter [...] If we are able to get new patients identified faster, we can do that outreach and remove that barrier, the cognitive load of having to juggle all those different appointments."

- Christine Cho, Watts Healthcare WIC Associate Director

Additionally, with the new system, WIC is able to re-engage children aged 1-5 who may have fallen off the program due to a missed appointment, as well as capture prenatal patients earlier in their pregnancy. NEVHC WIC Associate Director Christine Goulet adds that earlier contact has the potential to improve breastfeeding rates "because we're going to start to educate mom earlier on in her pregnancy." The response from participants has been overwhelmingly positive; **"they are really appreciative because we're saying your doctor recommended we contact you."** WIC staff also reported that because LANES provides historical contact information, there may be multiple phone numbers for a participant, making it easier to contact them.

From the FQHCs' perspectives, they see immense value in using LANES since their providers are already familiar with the platform. Generating the weekly roster is an easy lift for IT staff and ensures no patient falls between the cracks.

Watts Healthcare Project Team



Lessons Learned & Next Steps

These pilots provide compelling examples for how an HIE can provide a critical linkage between healthcare providers and WIC agencies, reducing burden on WIC participants, WIC staff, and healthcare providers. The team embraced the fact that their first idea was not what they ended up with, as they designed workflows with consideration of each stakeholder's time, and adapted systems based on emerging needs discovered in open discussion with all partners.

"WIC is a program that's adjunct to health care, so the closer we can get WIC working with health care providers, the better. [...] the goal is to use this huge nutrition and lactation force more effectively with healthcare."

- Karen Farley, California WIC Association Executive Director

The team will continue to evaluate and refine the referral system, status reports received from LANES, and data available in the WIC view. With lessons learned from the pilots, CWA will next look to the other five local agencies in Los Angeles to set up similar data linkage systems using LANES. The team has future goals of exploring ways to include therapeutic formula prescriptions from providers into LANES and enhancing WIC-provider messaging for care coordination.

Questions about this project?

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Northeast Valley Health Corp Project Team

