

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 enrollment process, reduce duplicative testing, and more holistically coordinate care for WIC families. The National WIC Association 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

Lāna'i Community Health Center (LCHC) is a Federally Qualified Health Center on the island of Lāna'i, the smallest of the major Hawaiian Islands with 2,888 residents. While walking around the center of town, the tight knit community on Lāna'i is immediately apparent. As WIC CPA Olivia Pascual described it, **"It's like your own blood when you see [participants] [...] we raise each other's kids."** LCHC provides comprehensive medical, dental, vision, and other services to the island.



LCHC serves 69% of the island's population.

LCHC WIC Est. 2017

110 participants

47% identify as Asian

42% identify as Native Hawaiian / Other Pacific Islander

+ large immigrant population from the Philippines and Micronesia.

Prior to the project, LCHC did not have a standardized way of referring patients to WIC. By launching this project, they aimed to create a streamlined system to ensure that WIC referrals were fully incorporated into primary care services and to remove barriers to enrollment, because **"[WIC] is not just another service, it is really a complement,"** said Interim Executive Director Cindy Figuerres. The project team was multidisciplinary, composed of the Interim Executive Director, Associate Medical Director, Advanced Practice Registered Nurse, and the WIC coordinator, who also served as a Community Health Worker and Referral Specialist. The latter three team members were also WIC CPAs.

Planning & Implementation

Understanding the importance of using healthcare providers' existing workflow, the team decided to add WIC referral capabilities within the Electronic Medical Record's (EMR) established referral system. Provider notes in patient records within the EMR system included a field for referrals; the LCHC team added "Lāna'i WIC" as a referral option, which when selected, is automatically assigned to WIC staff. The referral process is described in the graphic below. Once the new referral system was in place, the Associate Medical Director conducted a training with providers to introduce the new WIC referral system, reinforce that the process followed their existing workflow, and remind providers of the benefits of WIC for their patients.

Healthcare Provider

When seeing an obstetric, postpartum, or pediatric patient, the healthcare provider discusses the benefits of WIC and asks the family if they would be interested in participating, if not already enrolled. After the visit, the healthcare provider writes a note in the patient's record in the EMR. If the family expressed interest, the provider selects "Lāna'i WIC" in the referral field of the note.

WIC

The WIC team accesses the EMR, is alerted to a new patient in the referral work queue, reaches out to the family and schedules the WIC appointment. The WIC team adds a note to the referral documenting the status (contact made, appointment scheduled, enrolled).

The provider can then look back at the note to see the status of the referral.

The WIC team also has read-only access to the patient's chart to find the patient's height, weight, hemoglobin, and immunization record, which they use for certification.

Impact on WIC participants, WIC staff, and healthcare providers

FIRST 8 MONTHS OF NEW REFERRAL SYSTEM

20 WIC referrals made

14 eligible for WIC

14 enrolled

The team noticed that engaging healthcare providers in the WIC referral process and encouraging them to discuss WIC with their patients improved coordination of care and provided a “warm handoff” between providers and WIC.

With the new EMR-integrated referral, WIC Coordinator Tanisha Magaoay noticed she was getting a larger number of WIC referrals and receiving them in a more organized manner. She shared that it made it “easier to keep track” of referred families and to update the provider via the referral note when appointments were scheduled and then completed.

Associate Medical Director Jared Medeiros reported that the referral system has **improved his ability to create “measurable and achievable treatment plans”** and follow through to “hold ourselves accountable”. As a provider being pulled in multiple directions, he noted that having the referral within the EMR and assigning it to the WIC team to follow up on simplified his workflow.



“As a provider, that's really helpful for us to make sure that our patients are actually following through with things that we're referring them to. And by having [the WIC referral] a part of [the EMR], where we can actually document and see, okay, yeah, they got an appointment, and they came to the appointment, [...] is really helpful and useful.”

- Jared Medeiros, FNP,
Associate Medical Director,
WIC CPA

Questions about this project?

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Lessons Learned & Next Steps

This project exemplifies the many benefits of integrating WIC referrals into primary care in a small community setting and the importance of adapting the system to best suit the needs of the health center and WIC participants. The team originally planned to transition to a different EMR used across most health systems in Hawai'i but had to pivot due to unanticipated lengthy timelines and cost; they wished they had allotted more time in the initial stages of the project to research feasibility. However, continuing with the same EMR and utilizing the existing referral workflow had its benefits; the new system did not require providers to learn and adopt a new workflow or go outside of the EMR to send a referral. The Associate Medical Director said, **“I think when approaching medical providers, make it really straightforward and easy and try to make it integrate into what they already do is key...”** The team also reported that being willing to change and recognizing that the standard of care may no longer be the best system enabled LCHC to implement improvements to better serve their patients.

Following the success of the new referral system, the LCHC team will explore partnering with the other healthcare system on the island to integrate an electronic WIC referral into their EMR. While the EMR-embedded referral system has improved efficiency, LCHC says their future goal is improved interoperability between the EMR and WIC MIS to reduce WIC staff burden and minimize data entry errors in manually transferring referral and clinical data from the EMR into the MIS.

“Having this technology to be able to integrate with other organizations will help us have a better workflow overall, get more WIC participation, and more community exposure.”

- Olivia Pascual, APRN, WIC CPA



Site Visit at Lāna'i Community Health Center, June 2024.
Pictured from left to right: Chloe Dillaway (NWA), Olivia Pascual (LCHC), Tanisha Magaoay (LCHC), Cindy Figuerres (LCHC), Jared Medeiros (LCHC), and Marie Gualtieri (NWA).

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