

Meeting called to order on **June 15, 2012 at 9:35 a.m.**

Present:

1. Matthew Cupp, MD
2. George Damous, MA, EdS, Licensed Psychologist/School Psychologist
3. Teresa E. Frazer, MD
4. Carlos Lucero, MD
5. Robert Pollard, MD
6. Jason M. Roush, DDS, WV State Dental Director
7. Debra Sams, DO
8. Gary Veronneau, OD
9. Charles F. Whitaker, III, MD
10. Jim Jeffries, HealthCheck Program Director
11. Kim Wentz, HealthCheck Promotions Coordinator
12. Deonna Williams, HealthCheck Region 3/Oral Health Program
13. Karen Dougherty, HealthCheck Region 6
14. Carrie Humphreys, HealthCheck Secretary
15. Ann Willard, HealthCheck Clinical and Quality Assurance Coordinator
16. Heidi Staats, Children with Special Health Care Needs (CSHCN) Program Director
17. Pam Roush, WV Birth to Three Director
18. Jackie Newson, West Virginia Home Visitation Program Director
19. Christina Mullins, OMCFH Infant Child and Adolescent Health Division Director
20. Anne Williams, OMCFH Director
21. Richard Ernest, Special Programs Manager, Bureau for Medical Services
22. Pat Woods, Director, BMS/Office of Professional Services
23. Jean Khoury, Division of Immunization Services Vaccine Manager/VFC Coordinator

Absent:

1. Yusr Aboushaar, MD
2. Martin Carpenter, OD
3. Norman Cottrill, DO
4. Fernando Indacochea, MD
5. Raymond Leonard, MD
6. Isabel M. Pino, MD
7. Timothy York, DO

- **Welcome and introductions (Jim Jeffries, HealthCheck Director)**

- ☞ Two new members were introduced to the Board – Dr. Jason Roush (WV State Dental Director) and Dr. Robert Pollard (Otolaryngologist).

- ☞ Minutes from the March 2, 2012 meeting were accepted and approved by members present.

- **HealthCheck status report (Jim Jeffries, HealthCheck Director)**

- ☞ New website was unveiled January 2012.

- ☞ Developed in conjunction with the Board, modifications to the age-appropriate PHS forms (within the margins of AAP's *Bright Futures* standard of well-child care) have been made. Additionally, each form will have a "page 2" to be utilized when an authorization for service is needed.
- ☞ Currently, WVU staff is working on a project to equip primary care providers with an electronic preventive care format that'll allow clinician-enhanced efficiencies incorporating the *Bright Futures* standard of well-child care.
- ☞ Reviewed methodologies and results of HealthCheck CQI measure (the extent to which children at various ages from 0-36 months received developmental screening with a standardized, documented tool or set of tools and the extent to which children at 18 and 24 months received autism screening via the administration of an autism-specific screening tool).
 - ✓ The Board accepted the results and endorsed the following correction strategies.
 - ✚ Purchase additional ASQ-3 starter kits and hand-deliver the kits to the providers who aren't routinely performing developmental screening (per the *Bright Futures* standard), but wish to build surveillance and screening elements into their process of care.
 - ✚ During provider contacts, emphasize the *Bright Futures* recommendation for developmental and autism spectrum disorder (ASD) screening.
 - ✚ Promote the HealthCheck website (developmental toolkit).
 - ✚ Repeat the measure in one year (evaluate) to measure the effect of the HealthCheck's intervention.
 - ✓ Dr. Frazer asked for a breakdown of the providers (by provider type) that did not conduct developmental screening.
 - ✓ The Board expressed concern with the percentages of children (age 30 months) relative to the measure that either did not keep the appointment or did not have an appointment.
 - ✚ Dr. Sams noted that she has a problem with children from 18 months to 4 years not keeping appointments. This includes children in foster care.
 - ✚ Dr. Whitaker and Dr. Sams noted that other programs available to younger children do not seem to work well with the medical home approach to comprehensive primary care.
- ☞ Reviewed and discussed potential surveillance and assessment activities for continuous quality improvement.
 - ✓ Suggestion – Measure the extent to which hearing screening (per AAP's *Bright Futures* standard) occurs during the provision of well-child care (Dr. Lucero and Dr. Frazer).
 - ✚ Anecdotal evidence indicates a need to reinforce this component.
 - ✚ Dr. Lucero suspected that objective hearing screening (pure tone audiometry) does not occur the majority of times indicated (4, 5, 6, 8, 10 years and other screening intervals during which the clinician identifies risk of hearing loss).
 - ✓ Suggestion – The objective visual acuity measurement beginning at 3 years of age is often difficult in the primary care setting. Dr. Veronneau offered the *InfantSee*® comprehensive eye and vision assessment for infants within the first year as a qualifying element to the 3 year objective visual acuity measurement.
 - ✚ Dr. Lucero offered to take this suggestion to the AAP's WV chapter.
 - ✓ Dr. Cupp suggested rating the evidence for screening components, similar to the U.S. Preventive Services Task Force (USPSTF).

- **ICAH Division's Fostering Healthy Kids Initiative status report (Ann Willard, HealthCheck Clinical and Quality Assurance Coordinator)**
 - ☞ Reviewed totals of children qualified, children who are no longer eligible, active children, and current classifications.
 - ✚ Dr. Frazer expressed concern with moving children from placement to placement; citing a study that indicated children who are moved more than three (3) times are adversely affected for life (attachment issues).
 - ✚ Mr. Damous noted difficulties in obtaining information from social workers.
 - ☞ Per Dr. Lucero's recommendation at the 7-8-11 Board meeting, data concerning BMI and tobacco exposure is now being collected. This data will be the foundation of any future recommendations.
- **Discussion – Hearing Screening Standards (Robert Pollard, MD)**
 - ☞ OAE – pass/fail (utilized for infants in hospital prior to discharge)
 - ☞ ABR – frequency specific (preferred to OAE)
 - ☞ Behavioral testing (pure tone audiometry) – best practice (as appropriate)
 - ✓ Best accomplished by a certified audiologist
- **New Information – Home Visiting/Help Me Grow (Jackie Newson, West Virginia Home Visitation Program Director)**
 - ☞ Reviewed the *Help Me Grow* conceptual model, emphasizing that all OMCFH Programs are actively participating.
 - ✓ The Board endorsed *Help Me Grow* and offered the following comments/suggestions.
 - ✚ Dr. Whitaker and Dr. Lucero liked having a central location and speculated that *Help Me Grow* could eliminate unnecessary duplications.
 - ✚ Dr. Sams suggested that all foster children (age 0-5) enter the *Help Me Grow* system.
 - ✚ Dr. Cupp liked the incorporation of data collection and suggested using said data to support future interventions, specifically around safety.
 - ✚ Dr. Frazer identified the need in the *Help Me Grow* conceptual model for feedback assurances to physicians.
- **Children with Special Health Care Needs (CSHCN) status report (Heidi Staats, Children with Special Health Care Needs Program Director)**
 - ☞ Reviewed prevalence of children with special health care needs.
 - ☞ Reviewed medical home indicators for CSHCN.
 - ☞ Currently, there is a need for pediatric providers that'll manage underweight children.
 - ✓ The Board endorsed CSHCN Medical Foods Authorization Form.
- **WV Immunization Program/VFC status report (Jean Khoury, Division of Immunization Services Vaccine Manager/VFC Coordinator)**
 - ☞ Reviewed immunization requirements for 7th and 12th graders beginning 2012-2013.
 - ☞ Reviewed process for medical exemption requests.
 - ✓ The Board discussed the administrative challenges for primary care providers, but agreed that the VFC Program was instrumental in preventing scattered immunization records and/or delayed immunization.

Meeting adjourned at 3:40 p.m.

Minutes electronically submitted by Jim Jeffries for approval on August 2, 2012 at 1:00 p.m.