

Meeting called to order on **July 8, 2011 at 10:05 a.m.**

Present:

1. Norman Cottrill, DO
2. Matthew Cupp, MD
3. George Damous, MA, EdS, Licensed Psychologist/School Psychologist
4. Carlos Lucero, MD
5. Isabel M. Pino, MD
6. Gary Veronneau, OD
7. Jim Jeffries, HealthCheck Director
8. Kim Wentz, HealthCheck
9. Deonna Williams, HealthCheck
10. Karen Dougherty, HealthCheck
11. Regina Hubinak, HealthCheck
12. Renae Riggs, HealthCheck
13. Kim Allen, Division of Infant Child and Adolescent Health (ICAH)
14. Heidi Staats, Children with Special Health Care Needs (CSHCN)
15. Todd Rundle, WVU
16. Pam Roush, WV Birth to Three
17. Traci Dalton, Head Start
18. Terra Hoff, Bureau for Medical Services (BMS)
19. Joan Skaggs, Division of Primary Care
20. Sharon Carte, WV CHIP
21. Jean Fisher, West Virginia Health Improvement Institute (WVHII)
22. Karen Northrup, RN, Wood County Schools

Absent:

1. Martin Carpenter, OD
2. Sara Elizabeth Hicks, Licensed Child Psychologist
3. Fernando Indacochea, MD
4. Raymond Leonard, MD
5. Debra Sams, DO
6. Charles F. Whitaker, III, MD

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- **Reviewed and discussed function of MAB** (Jim Jeffries, HealthCheck Director).
    - ☞ To demonstrate ongoing coordination between the WV Title V agency and Medicaid.
    - ☞ To participate in HealthCheck policy development.
    - ☞ To advise the WV Title V agency on health and medical service needs within local communities.
  - **Reviewed September 24, 2011 meeting minutes** (Jim Jeffries, HealthCheck Director).
    - ☞ Minutes were accepted and approved by the board members present.

- **HealthCheck update** (Jim Jeffries, HealthCheck Director).
  - ☞ Reviewed quality improvements.
    - ✓ No less than 95% of eligible individuals (not enrolled in a managed care organization) have a clearly identifiable PCP by the end of each month – **was 68% on 7-8-10.**
    - ✓ No less than 85% of children in custody of the WVDHHR have a clearly identifiable PCP by the end of each month.
  - ☞ Reviewed outreach efforts to providers.
    - ✓ Ensure that providers are familiar with the *AAP Bright Futures* standard for pediatric preventive health care.
    - ✓ Region V Program Specialist has retired. HealthCheck is searching for her replacement.
  - ☞ Reviewed collaboration with the WVDE-Office of Healthy Schools to support the medical home approach to comprehensive primary care.
    - ✓ Discussed school entry requirement for comprehensive wellness screening – per Governor’s Kid’s First Initiative and WV Code §18-5-17.
      - **Dr. Lucero** – comprehensive wellness screening should be required for middle school and/or high school entry.
      - **Dr. Cottrill** – Ohio and Kentucky require wellness screening for middle school entry.
      - **Board endorsed the concept of adolescent comprehensive wellness screening for school entry as a strategy for improving preventive health care participation.** Data indicates a significant decrease in preventive health care participation beginning at age ten<sup>1</sup>.
  - ☞ Reviewed HealthCheck strategies for FY 2011-2012.
    - ✓ Pilot a web-based system for referral tracking.
    - ✓ Partner with WV CHIP to develop an electronic documentation format that corresponds to HealthCheck PHS forms (*Bright Futures*). EMR templates will be created for two EMR systems, and then successfully implemented at two pediatric practices.
    - ✓ Analyze BMI and developmental screening data for an initial cohort to identify trends and opportunities for improvement of provider and community level partnerships.
      - **Dr. Lucero** – recommended collecting data to support any future board recommendations.
    - ✓ Evaluate quality improvement infrastructure.
- **ICAH Division’s Fostering Healthy Kids Initiative Update** (Jim Jeffries, HealthCheck Director, and Kim Allen, ICAH Special Projects Coordinator).
  - ☞ Reviewed improvement in scheduling new foster children for initial HealthCheck screening. Currently, no less than 90% of all active foster children are scheduled for initial HealthCheck screening within 30 days of placement. Six months ago, the percentage was less than 50. The goal continues to be to schedule the initial HealthCheck screening within three days. Strategies have been implemented to achieve timely scheduling, but obstacles remain (i.e. untimely status changes in FACTS and transient placements).
    - **Dr. Lucero** – lack of medical, pregnancy, and/or immunization history continues to be a problem. Foster children are brought to medical providers with no (or very limited) historical information. The children are seen, but little follow up occurs.

<sup>1</sup> Form CMS-416: Annual EPSDT Participation Report (WV)

- **Dr. Cupp** – suggested the Department designate someone to mine all data sources (i.e. immunization registries and claims data).
- **Dr. Cottrill** – providers do not have the time to go to multiple sources for information. The information should be retrievable in a timely manner.
- **Dr. Pino** – information should be stored so that it's easily accessible to the medical provider, preferably in electronic format.
- ☞ ICAH Division will be collecting data to facilitate the development of strategies to address tobacco use/exposure, nutrition, and physical activity of foster children.
  - **Dr. Lucero** – more emphasis should be placed on educating foster parents.
- **InfantSEE® presentation** (Dr. Gary Veronneau).
  - ☞ Reviewed the need for infant eye and vision assessment and services offered by this public health program for infants.
    - ✓ [www.infantsee.org](http://www.infantsee.org)
    - ✓ 1-888-369-EYES (3937)
      - **George Damous, Licensed Psychologist** – during mental health intake process, some problems may be noted. It's good for mental health professionals to have this resource for referrals.
      - **Dr. Cupp** – although he conducts at every well child visit, skeptical of the effectiveness of the red reflex test as it only serves as a snapshot for a specific time. Long term observation over time is needed to pick up on changes.
- **State level performance measure of developmental screening** (Sharon Carte, WV CHIP Director)
  - ☞ Reviewed CHIP/Medicaid quality provisions – there are 24 pediatric quality standards.
    - **Dr. Cupp** – wanted to know whether quality measures applied to HMOs. Answer – yes.
  - ☞ One of the 24 pediatric quality standards is the use of standardized developmental screening instruments at 9, 18, and 24 or 30 month well visits. Standardized developmental screening tools must meet established reliability and include the following domains: motor, language, cognitive, and social-emotional.
    - ✓ Current recommended tools that meet criteria: ASQ (2 months-5 years), BDI-ST (birth-95 months), BINS (3 months-2 years), Brigance Screens-II (birth-90 months), CDI (18 months-6 years), CDR-PQ (18 months-5 years), Infant Developmental Inventory (birth-18 months), PEDS (birth-8 years).
      - **Dr. Lucero** – suspects that most providers aren't completing developmental screening (administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder).
      - **Dr. Cottrill** – doesn't mind screening outside the medical home, as long as the screener is qualified. However, he'd prefer to receive pertinent screening information – which does not routinely happen.
      - **George Damous, Licensed Psychologist** – unless the screener has been trained to administer an instrument, he/she should not. A concern with standardization is that it's just a snapshot for a specific time. Observation over time is a more accurate method for diagnosis.

- **Dr. Cupp** – placing people on treatment pathways unnecessarily is a concern with over-screening.
- ☞ Reviewed concerns with CHIP/PEIA audit results for school entry wellness screenings (Sharon Carte, WV CHIP Director).
  - ✓ Vision and hearing were components that were most often missing.
- ☞ Reviewed goals for the Tri-state Children’s Health Improvement Consortium (Jean Fisher, WV Health Improvement Institute).
  - ✓ Provide care coordinators to facilitate efforts by the practices to achieve pediatric quality standards.
  - ✓ Help practices achieve NCQA patient-centered medical home certification.
- **CSHCN Public Awareness and Physician Recruitment presentation** (Heidi Staats, CSHCN Director, and Todd Rundle, WVU)
  - ☞ Primary goal is to ensure that children with disabilities have access to health care.
  - ☞ Discussed eligibility, medical conditions, and care coordination.
- **Coordination with providers of early intervention** (Pam Roush, WV B-3)
  - ☞ Discussed WV Birth to Three, referral process, and Family Educational Rights and Privacy Act (FERPA) requirements.
    - ✓ When a medical provider refers to WV Birth to Three, the family must give consent before information can be released back to the medical provider.
    - ✓ Child is entitled to a free multidisciplinary assessment.
    - ✓ DRAFT Referral and Release Form was provided to board members for comment.
      - **Dr. Cottrill** – would not be hard to implement in practice.
      - **Dr. Pino** – nice to have the release of information on the same form.
- **Local Research on Acanthosis Nigricans screening** (Karen Northrup, Wood County Schools)
  - ☞ Marker is a thickened, raised dark area of the skin, usually on the neck.
  - ☞ Wood County school nurses routinely assess for this marker. If present, the family and advises them to follow up with their physician. Most do not have type 2 diabetes, some do.
  - ☞ Vast majority of children with the marker are <98% BMI.
  - ☞ CDC is interested in the data.
  - ☞ Wish list – to include marker on the HealthCheck PHS forms.
    - **Dr. Pino** – wanted to know what else is done besides informing the family of the marker. A – Increase in physical activity/education. Dr. Pino emphasized the need for parental responsibility.
    - **Dr. Lucero** – pointed out that not all overweight kids have the maker. Dr. Lucero noted concerns with school lunch programs.
    - **Dr. Cottrill** – more research is needed, present board members concurred.
- **HealthCheck Website** (Kim Allen, ICAH Special Projects Coordinator, and Kim Wentz, HealthCheck Program Specialist/Website Coordinator)
  - ☞ Reviewed specific pages on the website prototype for the parent audience and provider audience.
  - ☞ Target date for new website = September 2011.
    - **Dr. Cupp** – would like HealthCheck forms available in text to copy and paste to EMR template.

- **Provider Concerns** (Jim Jeffries, HealthCheck Director, and Kim Allen, ICAH Special Projects Coordinator).
  - ☞ **Dr. Lucero** – need to increase developmental screening of school-age children.
  - ☞ **Dr. Indacochea** (via phone call to HealthCheck) – the WV AAP position on developmental screening is consistent with *Bright Futures*, administration of a brief standardized tool (preferably the ASQ-3) at 9, 18, and 24-30 months, as well as anytime caregiver or provider concerns are identified during surveillance. Surveillance indicators on the HealthCheck forms do not substitute for the developmental screen.
  - ☞ **Dr. Pino** – access to mental health services for children with public insurance is challenging.

Meeting adjourned at 3:55 p.m.

Minutes electronically submitted for approval by Jim Jeffries on July 22, 2011 at 12:20 p.m.