

VIII (A). CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

GOAL: Streamline the certification process and ultimately reduce appointment time by 1) accessing the WV Health Information Network (WVHIN), a health information portal which would provide necessary program health surveillance, and 2) utilizing a document sharing and electronic signature portal for eligibility documentation, medical information, and referrals prior to appointment.

METHODOLOGY: The WIC Innovation Grant awarded to Pennsylvania and West Virginia through the Council of State Governments will support Medical Liaison (ML) positions that will: 1) access the WVHIN to collect anthropometric information for participant certification; 2) manage a document and electronic signature portal for their assigned Local Agency area; and 3) establish and maintain relationships with Primary Care Physicians to educate on the WIC Program, eligibility, and the benefits of sharing information using the WVHIN.

By a data agreement and participant acknowledgement form, MLs will have access to medical records within the WVHIN. The first phase is to access height, weight and hemoglobin values collected by a health care professional. The WIC Program will utilize these for participant certification if the values were collected within the most recent 60 days.

ML will also request and collect residency, income and identity documentation via a document sharing portal. Likewise participant signatures can be collected for participant agreements, EBT cardholder agreements, and benefit issuance acknowledgement via the portal as well as documents for referrals and medical prescriptions. Ultimately, this will support continuing some portions of WIC services virtually. With eligibility documentation, medical information, and referrals being addressed prior to the appointment, it is intended to decrease the time and frequency of in person appointments for participants. With documentation required for the certification appointment being provided prior to the appointment as well as questions or barriers addressed before the participant arrives in the clinic, this streamlined certification process should reduce the appointment time for participants.

State and local agency will work together to continue to incorporate telehealth into WIC services and remain on pace with changes in healthcare technology to ensure service delivery and eliminate barriers for participation.

EVALUATION: Evaluation will be conducted with the assistance of the Gretchen Swanson Center for Nutrition (GSCN). The State and local agency will utilize Crossroads reports to collect data to assess pre/post changes for decreasing

the time for appointments and reducing redundancy of tasks required for certification. The sampling size determined by GSCN will be large enough (0.5 effect) to detect as few as a 7-minute difference in average appointment time.

Medical Liaisons will be tracking the number of records accessed in the WVHIN, the number of participants with up-to-date anthropometric measures, the number of documents received via the portal, and the number of physicians visited for outreach.

STATUS:

This grant period has ended and a final report was compiled and submitted to CSG who submitted it to FNS. The overall results are as follows” twenty-three percent of contacted participants elected to participate in the WVHIN WIC innovation project by returning signed forms. In total, 1,343 appointments had data available within the WVHIN. In 27.3% of appointments, anthropometric data was available but not usable 5 (n=668); in 12.8% of appointments, hemoglobin data was available but not usable (n=313). This resulted in a reduction of 700 tasks that would have been completed in the clinic or not at all due to physical presence waivers. WIC participants who have height, weight, and hemoglobin data in the WVHIN do not have to complete height, weight, and/or hemoglobin measurements in the WIC clinic during their certification appointment. WIC participants (n=213) who completed in person certification appointments during the evaluation period were asked if they had their own (or their spouse’s) height, weight, or hemoglobin measured (41.8% “Yes”) or their child’s height, weight, and/or hemoglobin measured (60.1% “Yes”). For 85.0% of in-person visits, either an adult or child, or both, reported having height, weight, and/or hemoglobin measured. West Virginia WIC compared metrics of appointment satisfaction (i.e., staff helpfulness, length of appointment, and general satisfaction) between the groups that had height, weight, and/or hemoglobin measured versus those who did not. There were no statistically significant differences between those who had their anthropometric and hematologic data taken in clinic versus those who did not.

This goal was completed in FY 2023.

VIII (B). CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

GOAL: Streamline the certification process by 1) accessing the WV Health Information Network (WVHIN), a health information portal which would provide necessary program health surveillance, and 2) utilizing a document sharing and electronic signature portal for eligibility documentation, medical information, and referrals prior to appointment.

METHODOLOGY: The infrastructure grant awarded to WV will support the medical liaison positions in each of our eight local agencies. The WV WIC Program will assess the effectiveness of the use of the WVHIN through the number of participants willing to allow WIC to access their health information. Currently, participants sign an authorization for release of health information that allows WIC to search the WVHIN for their health information. We hope that with the use of a document sharing portal and its functionality within our existing applications we are able to receive authorization from more participants which eliminates the burden of maintaining and returning physical paperwork. The WV WIC Program would define successful use of the WVHIN as receiving 20% of our authorizations for release of health information back from participants starting in year 1 and 40% by year 3. Effectiveness of the document sharing portal would be measured by reaching at least 50% of our average annual caseload by FY23 through the portal with the help of the interconnected existing WIC applications. We also plan to assess the effectiveness of the use of WVHIN through both the number of participants able to be located in the WVHIN and the number of heights, weights, and hemoglobins that are available for documentation at a WIC appointment. As we continue toward a post pandemic world we hope to see a return to more routine in person healthcare which would mean more readily available health data in the WVHIN. Successful use of the WVHIN would be that 10% or more of our participants have at least one available anthropometric or hematological measure within the appropriate date range for use at a WIC appointment.

EVALUATION: The State and local agency will utilize Crossroads reports and tracking documents to collect data on participant willingness to participate, document portal implementation, and available height, weight, and hemoglobin data.

Medical Liaisons will be tracking the number of records accessed in the WVHIN, the number of participants with up-to-date anthropometric measures, and the number of documents received via the portal.

STATUS: **This goal is new for FY2024.**