CASE STUDY

Transforming WIC Agency Referral Data Exchange to Enhance Enrollment Rates

BACKGROUND

The Women, Infants, and Children (WIC) program, a United States Department of Agriculture (USDA) supplemental nutrition program, provides critical nutritional support to pregnant women, new mothers, and young children. However, for some eligible individuals, enrolling in WIC and taking part in in-person and remote appointments can be challenging. Nationally, only a little over half of those eligible for WIC are benefitting from WIC services including Breastfeeding Support, Nutrition Education, Healthy Foods, and Referrals to Family Resources.

Considering Medi-Cal covers over 50% of California births, making the newborns income-eligible for WIC, it is critical to help California mothers and their children access nutrition and family resources through WIC agencies. Typically, primary care providers refer eligible mothers to the WIC agencies by filling out forms and faxing them to the agency, which then reaches out to enroll the eligible mothers. However, the manual referral process is time-consuming for clinic administrators and lacks critical information for the nutritionist, leading to delays in obtaining essential clinical data such as the hemoglobin level (a measure of anemia) or the baby's height and weight at birth. The inefficiency of this process results in low enrollment and missed opportunities for timely prenatal and postpartum interventions.

THE OPPORTUNITY

To help ensure more people can access WIC's essential services, the Los Angeles Network for Enhanced Services (LANES), a Qualified Health Information Organization (QHIO), and the California WIC Association (CWA) initiated a pilot project to improve WIC enrollment and retention. The pilot project would streamline referrals and care coordination, with access to health data required for WIC enrollment and ongoing participation.

By partnering with LANES as a central source of health data, all seven WIC agencies in Los Angeles may eventually be able to receive referrals from providers and gain access to relevant, specific patient information required for WIC enrollment. Facilitating accurate and efficient data transfer would:

- Streamline referrals between primary care providers and WIC agencies.
- Improve WIC agencies' access to specific patient data needed to enroll new applicants and continue services for as long as they are eligible.
- Ensure that pregnant women, newborns, and children are able to access critical WIC services.

IMPLEMENTATION DRIVES REFINED, REVISED WORKFLOW

LANES and CWA implemented a pilot project, which was supported through a Kaiser Permanente grant, at two Los Angeles WIC agencies located in community health centers by deploying standing orders for WIC referrals from health care providers through LANES.

The pilot helped the two agencies accelerate and enhance WIC enrollment by making available demographic and health information for pregnant women, new mothers, newborns, and young children. The project also enabled real-time data sharing, reducing the lag and errors associated with manual referral and data transfer processes.

The revised workflow facilitated:

- **Automated referrals:** An automated electronic referral from primary care and women's health providers to the WIC agency affiliated with the health center helped reduce and eliminate manual referrals for all pregnant patients. The WIC agency accessed patient data from healthcare providers through LANES.
- **Efficient care coordination:** LANES enhanced communication and streamlined data sharing between primary care providers and WIC agencies, improving overall care coordination.
- **Adherence to regulation:** The process complied with highly restrictive federal and state regulations pertaining to information sharing between WIC agencies and primary care providers.

OUTCOMES

The pilot project resulted in:

- **Increased access to eligible but not enrolled individuals:** By automating the referral process, more eligible individuals were enrolled in WIC. Over three months one participant, Northeast Valley Health Corporation WIC, received 6,471 referrals of which 30% were not previously enrolled. Watts Healthcare WIC received 3,100 referrals of which 10% were not previously enrolled.
- **Improved patient outcomes:** Research indicates continuous access to WIC services ensures better health outcomes and streamlining access to health information supports continued enrollment.
- **A model for other WIC agencies and regions:** The successful pilot project provided critical information for expanding to other Los Angeles WIC agencies, some of which provide healthcare and others that do not. The model can also be replicated in other regions of the state.

The pilot highlighted the potential of HIOs to transform administrative processes within healthcare support services like WIC. Key considerations for broader implementation include:

- **Data sharing agreements:** Establishing clear policies on data sharing between HIOs and WIC agencies to protect patient privacy and data security.
- **Streamlined consent processes:** To implement closed-loop referrals, WIC agencies and participants need improved technology options to efficiently obtain consent to share WIC data.
- **Training and support:** Providing ongoing assistance for WIC agency staff to effectively use the HIO platform.
- **Funding and resources:** Securing adequate funding to support the referral system and maintenance of HIO data sharing infrastructure.

The LANES QHIO and California WIC Association pilot project successfully demonstrates how HIO technology can streamline referrals, improve data access, and enhance care coordination, ensuring all eligible mothers and children are referred to WIC agencies by primary care providers. This initiative serves as a promising model for improving coordination between health care and WIC and, ultimately, for improving patient outcomes in California.

For more information, read this blog post on Streamlining WIC Referral and Data Sharing Systems, and check out this case study summary.