

MALPH Practice Exchange



Health Department of Northwest Michigan - Rural
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INTEGRATED CLINICS: WIC, IMMUNIZATION, MIHP

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**HEALTH
DEPARTMENT**
of Northwest Michigan

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ABSTRACT

The Health Department of Northwest Michigan provides an integrated service delivery approach which facilitates "one stop shopping" for Women, Infants, and Children (WIC), Immunizations, Fluoride Application, Medicaid Enrollment and Maternal Infant Health Program (MIHP) enrollment & services. For a pregnant woman this means she comes to the Health Dept for a 1.5 hour appointment and gets her Healthy Kids application completed, is enrolled in WIC, and is also enrolled in MIHP. For a child it means they may receive immunizations & fluoride varnish at every WIC appointment where those services are needed by the WIC Competent Professional Authority (CPA) who is a RN. Parents of children who are not enrolled in Medicaid/MI-Child are given information on how to apply and offered application assistance, if needed.

The Health Department of Northwest Michigan is doing all of the items identified above. Grand Traverse County Health Dept & Benzie-Leelanau Health Dept are doing many of them. Other health departments have visited to get information on the model and are implementing parts and/or all of it in their locations. The reason we do it is because clients only need to come to the health department once so it's economical for them, it is economical for our agency, and we have very good health outcomes so it's a win-win. Good health outcomes include very high immunization rates, very high breastfeeding rates, and low infant mortality rates.

This model actually saves local health departments money by maximizing the use of local dollars through the match available through Medicaid Outreach, Immunizations, & MIHP funding sources and minimizing local dollars supporting the WIC program.

This program made a difference because it led to high immunization rates, high breastfeeding rates, low infant mortality rates, high levels of client satisfaction, it is cost effective, & maximizes local dollars.

CATEGORY

- Maternal and Child Health
- Immunizations
- WIC and MIHP

ACCREDITATION

Michigan:

- Section V – Immunization
- Section XI – WIC

QUALITY IMPROVEMENT

METHODS AND/OR TOOLS

- Client Satisfaction Surveys
- On-Going Feedback from Staff
- Quantitative Evaluation

POPULATION SERVED:

- Pregnant women
- Families with children up to age 5

OVERVIEW

Several Maternal Child Health indicators were addressed: Improved Immunization rates, improved breastfeeding rates, lower infant mortality, and higher service penetration into the eligible population. For example, we have very high numbers of pregnant women enrolled in Medicaid helping to ensure access to prenatal care and very high percentages of pregnant women on Medicaid enrolled in the Maternal Infant Health Program (105%).

We first began Implementation of integrated services in 1985 when we began integrating immunizations into WIC clinics. We later expanded to integrate Early Periodic Screening, Diagnosis, and Treatment (EPSDT) into WIC clinics but that was later eliminated due to changes in EPSDT. Since then we've implemented WIC/MIHP integration and recently expanded to include fluoride varnish application in WIC clinics.

The target population has always been the WIC population of pregnant women, infants, & children up to age 5 as WIC is the foundation upon which program integration services are built. WIC is a good foundation as it is a health and nutrition education program. Planning began as staff working in the programs wanted to decrease duplication of services within similar programs--WIC pregnant woman assessment & MIHP pregnant woman assessment--for example. They also wanted to decrease missed opportunities for immunizations. As we staffed our WIC clinics with Registered Nurses as WIC CPAs, we were in a good position to expand services in WIC as the Nurses were already knowledgeable about and oriented to immunizations and later, MIHP.

Goals of Program Integration:

- Decrease barriers to services for clients, including number of times client comes to the health department for services, number of times client has to answer similar questions for different programs (income, health, etc.)
- Increase health outcomes for target population
- Decrease duplication of effort by staff in similar programs
- Increase staff productivity, client access to programs, and maximize local funding

All goals were met

JUSTIFICATION OF THE PRACTICE

All of our counties are rural communities with transportation challenges and geographic challenges. Clients were missing appointments at immunization clinics for example, but keeping appointments at WIC clinics. Seasonal unemployment rates are much higher than state averages, an average of 50-60% of the births are Medicaid, one county has no hospital or prenatal care provider, large lakes and harsh winters create additional transportation issues, and the population in general has challenges accessing medical care and community resources.

INPUTS, ACTIVITIES, OUTPUTS AND OUTCOMES OF THE PRACTICE

The first goal was integrating WIC and Immunizations. This occurred over a 6 month period. RNs were already trained as WIC CPAs and were further oriented to Immunizations. WIC schedules were adjusted to allow for immunization administration in clinics. The results were immunization rates >95% for WIC participants (there were fewer immunizations at that time!). Currently immunization rates for WIC participants range from 88%-93%.

The second goal was integrating WIC and MIHP. All RN's were trained in both programs so implementation was not difficult; it was simply a matter of organizing the encounter to ensure all program requirements for both programs were met. As electronic screening tools were adopted by MIWIC and MIHP, some adjustments were needed but now RNs

have laptops available to them and continue to be able to provide both services at a single encounter. We have over 100% of the Medicaid eligible women participating in MIHP.

ADMINISTRATION, OPERATIONS, SERVICES, PERSONNEL, EXPERTISE AND RESOURCES

Commitment of administrators and staff to program integration is very important. Finance department support is needed to ensure correct funding sources are billed and revenues are credited to the appropriate program.

BUDGET ESTIMATES AND FORMULAS OF THE PRACTICE

Local dollars, WIC funds, Medicaid reimbursement for Immunizations and MIHP, and successfully obtaining match dollars from Medicaid outreach and Immunization and MIHP cost based reimbursement.

The biggest start up costs are cross training staff and implementing a tracking/service activity system to ensure costs & revenues are applied appropriately.

LESSONS LEARNED AND/OR PLANS FOR IMPROVEMENT

Integration of services is a bonus for both the client and the staff for reasons identified above. When a staff member leaves the orientation of a new staff person is challenging as orientation to multiple programs must occur. Keeping all staff current in multiple program requirements can also be challenging, but in our opinion, worth the effort.

AVAILABLE RESOURCES

None

EVALUATION PROCESS

Evaluation occurs using qualitative and quantitative processes. Qualitative evaluation includes client satisfaction surveys which are done every 6 months and on-going feedback from staff. Quantitative evaluation includes no-show rates, breastfeeding rates, immunization rates, number of pregnant women enrolled in Medicaid, and number of pregnant women on Medicaid enrolled in MIHP

IMPACT/ EFFECTIVENESS

Baseline data is not available for comparison as we've been doing integrated services for so many years. However, we do compare our rates with other WIC agencies, Immunization rates across the state, and other local health departments, and find that our rates are consistently among the highest in the state for the following indicators:

- 45% of the total 0-5 population is enrolled in WIC
- 50% of the pregnant women in the district are on Medicaid
- 105% of the pregnant women on Medicaid are enrolled in MIHP
- 92% of pregnant women on WIC receive prenatal care in 1st trimester
- 53%-71% of pregnant women enroll in WIC in 1st trimester
- 74% of women on WIC initiate breastfeeding and 35% of those women are still breastfeeding at 6 months
- 87% of 2 year olds on WIC have all of their immunizations for their age

EFFICIENCY

When staff are cross trained, multiple services can be done at 1 encounter, saving staff time and client time. We don't look at programs in a "box"; we look at providing services to families with children. Thus, when a pregnant woman's income is evaluated for WIC eligibility, it doesn't need to be done again for Medicaid eligibility as the front desk technician is evaluating both programs. When a RN is asking about weeks of pregnancy, smoking & alcohol use, etc., for WIC, she doesn't have to ask those same questions again for MIHP as she is doing both programs at the same visit. This is very cost effective.

DEMONSTRATED SUSTAINABILITY

We've been doing this (and improving it) for 25 years, so it definitely has sustainability. Staff needs to be kept abreast of program changes in multiple programs.

COLLABORATION/ INTEGRATION

The biggest collaboration occurs internally between the programs to offer an integrated, efficient service to the families coming to us.

ADDITIONAL OBJECTIVES/ RATIONALE

HP2020 has goals to increase immunization rates and improve Maternal and Child Health. We definitely do that. We have received special recognition from the MI Accreditation Program for our efforts.

