

Local Agency Registered Dietitians Meeting Minutes  
September 22, 2009

**34 Participants on the call:**

<u>Name</u>	<u>County</u>	<u>Name</u>	<u>County</u>
Susan Gerig	Baker	Nora Miller Blackwell	Salud
Mari Brooker	Clackamas	Vera Yamamoto	Salud
Julie Aalbers	Clackamas	Sara Sloan	State
Jean Farmer	CT Umatilla	Cheryl Alto	State
Janet Harris	Deschutes	Mary Rhode	State
Sherri Tobin	Deschutes	Vernita Reyna	State
Elizabeth Binkley	Douglas	Sarah Fife	Washington
Judy Harvey	Jackson	Stephanie Kohler	Washington
Jackie Lucas	Lane	Melissa Nash	Washington
Amanda Claxton	Lincoln	Tiare Sanna	Washington
Lindsay Grosvenor	Malheur	Jan Apland Curtis	Washington
Dale Erickson	Marion	Angie Treadwell	Umatilla Morrow
Gwen Bounds	Marion	Kelly Martin	OHSU Intern
Sandra Farley	Marion	Kris Regelein	OHSU Intern
Suzanne Bruels	Multnomah	Emily Kennedy	OHSU Intern
Heidi Suess	Multnomah		
Joy McNeal	Multnomah		
Sarah Hise	Multnomah		
Mary Kay Diloreto	Multnomah		

**Meeting Topics:**

- Announcements
- Fresh Choices Check In
- Fresh Choices/Medical Documentation
- Formula update
- Survey Monkey
- Guest speaker: Donna Hamilton, Occupational Therapist, Artz Center  
[dannah@artzcenter.org](mailto:dannah@artzcenter.org)
  - Topic: Creating positive outcomes for children & families when eating is NOT fun!

**Handouts sent prior to the call:**

- Presentation materials: power point slides
- Agenda
- Oregon WIC Formulary
- Providence HME updated procedures

**Announcements:**

- New staff/new positions:
  - David Brown, Multnomah County WIC Coordinator
  - Tiare Sanna, Washington County WIC Coordinator

- Gwen Bounds, Marion County WIC Coordinator
- Jan Apland-Curtis, Washington County Training Coordinator
- WIC staff in the media:
  - Suzanne Bruels was a judge for the Fresh Choices media event at the Boys & Girls Club on August 6<sup>th</sup>. Multnomah County did a great job of assisting in the event.
- Adjustment to the agenda: Results from the survey monkey will be covered in a separate mailing to the LARD group. The input from the group has been very valuable with an incredible amount of comments provided which will serve to inform the direction LARD and WIC will be heading. Today's speaker was based on input of training needs taken from the survey administered at the State meeting in June.
- Resources:
  - Local agencies recently received 3 resources: Food-Medication Interactions, 15<sup>th</sup> edition; AAP Pediatric Nutrition Handbook, 6<sup>th</sup> edition; C is for Cooking, Sesame Street.

### **Fresh Choices Check In:**

- State WIC staff is very grateful to the local agencies for the successful implementation of Fresh Choices.
- Overall changes have been positive. Implementation has been busy but well received.
- Discussion on interim rule comments to submit to USDA:
  - Despite higher workload due to medical documentation, the contact with the HCP using a standardized form has been positive for most agencies.
  - Food package comments:
    - Dietitians should be able to determine the foods that go with a medical formula food package although it is a means of communication with HCP.
    - Dietitians should be able to determine whether a child can receive soy beverage.
    - Dietitians should be able to determine whether a child can receive tofu (when/if Oregon approves tofu for issuance).
    - The group did not reach a consensus on food package assignment whether HCP/RD or certifier should be able to assign tofu/soy or additional cheese (if additional cheese and tofu were added to the Oregon food package).
  - Comments on whole milk and children:
    - Generally clients are accepting of the policy.
    - Explained it is essentially half a tablespoon of butter, finding other ways to get the calories.

- Consider going with 1% or less, doing away with 2% milk. This was met with mixed reactions.
- Dietitians should be able to determine lower or higher fat milk for children.
- Whole milk needs to be available for children in need of increased calories and not receiving medical formulas.
- Formula issuance:
  - The decrease in formula at the 7 month issuance has been going OK.
  - Suggestion to comment that 9 cans for a non-breastfeeding infant at month 1 is too much and does not support emphasis on breastfeeding. Discussion on this comment included: the issuance of 9 can does not necessarily translate into the baby consuming all that formula, that there is some formula disposed of if hunger/satiety cues are being honored. No consensus reached.
- Other comments:
  - Offer food package with no juice and increased cash value voucher (cvv).
  - Offer food package which replaces jarred fruit/vegetable with additional cvv.
  - Have a standard CVV for all categories, such as \$10 with a higher option for BF woman.
- Availability of products:
  - Corn tortilla 16 oz. package sizes have been problematic in some counties. It was recommended to contact local vendors for difficult-to-find items.
  - Milk alternatives:
    - Availability of Acidophilus milk in the quart size is problematic across the state.  
**Action:** quart of acidophilus milk has been removed from the food package.
    - Lactose free, whole milk in the quart size is available from Umpqua but not all stores carry this product. **Action:** recommend contacting local vendors to determine availability. Recommend that clients request the product at stores to increase demand for the product.  
*Update: vouchers for quart whole lactose free milk changed to read "whole or 2%" as of 10-14-09.*

### **Medical Documentation :**

- Discussed ways to ensure forms are fully completed:

- Star the sections that need to be completed.
- Highlighting sections does not fax well.
- Verbal orders are OK to clarify the diagnosis, adjust the formula name, amounts, etc.
- Pre-fill the form with the exception of diagnosis, HCP signature.
- Feedback from healthcare providers: please provide information and do not send a blank form with the family to the HCP (note: refer to the last bullet point in this section for a link to optional tools to accompany the med doc form).
- What to do when dietitian disagrees with diagnosis provided:
  - Having ICD-9 codes has helped with connecting dx with medical condition.
  - A difference of opinion regarding an assigned diagnosis is an opportunity to provide training, education to HCPs
  - It is recommended to contact the HCP for further exploration, assessment of the underlying medical issue.
  - Authorization for WIC to provide a medical formula can be denied if the medical formula does not match the medical diagnosis; recommend contacting your assigned nutrition consultant in such situations.
- What to do when the growth data in TWIST does not support the diagnosis and request for medical formula (e.g. pediasure for a child whose growth is developing within normal limits):
  - Suggestions included sending the growth chart with a note that states why the medical formula was not approved, reinforced the need for training with HCPs on growth, FTT. Multnomah County stated they will be working with medical residents in an experiential rotation of understanding WIC from a client's perspective.
  - Growth data and TWIST:
    - TWIST rounds off the age to the nearest month so that the plot point on the graph may not match exactly with the percentage listed on the medical data screen.
    - Source for growth charts in TWIST is based on CDC data. Discussion of the growth charts in TWIST will be discussed further at a future LARD meeting.
- New materials on the Oregon WIC website:
  - <http://www.oregon.gov/DHS/ph/wic/clinicforms.shtml>
  - These are optional materials that can be customized by local agencies:
    - Medical documentation coversheets(2): medical formula and soy beverage

- Client explanation of the medical documentation tool-English and Spanish

### **Formula Update:**

- Oregon WIC Formulary is posted on the Oregon WIC website: <http://www.oregon.gov/DHS/ph/wic/providers.shtml>
- The formulary does not include metabolic formulas which are issued directly from the CDRC Metabolic clinic on a case by case need.
- Oregon WIC Formulary is more comprehensive than most other states with 39 different types of formula and their variations (powdered, concentrate, ready to feed) available.
- Requests for a formula to be added to the Oregon WIC formulary will no longer be handled by app support and will require review by the formula workgroup at the State office. Please contact your assigned Nutrition Consultant with requests.
- Oregon WIC criteria for adding products to the formulary includes:
  - Is there a similar product (e.g. alimentum vs. nutramigen, neocate vs. elecare, etc.) that can be issued?
  - Is there evidenced based research on the efficacy of the product?
  - What are the cost considerations?
  - How many participants need the formula?
- If a formula is not on the Oregon WIC formulary and the participant is on OHP, a letter of refusal can be provided by the State Office and, in some cases, OHP will provide the formula.
- LARD input on the Oregon WIC formulary included: consider not offering 'transitional' formulas such as Monogen; continue to streamline the number of formulas; it is nice to know that Oregon is looking at the cost of formulas and the impact on the program.
- Manufacturer updates:
  - Mead Johnson:
    - Enfamil Premium = Enfamil Lipil. This is a standard infant formula with prebiotics added. It is **not** an Oregon WIC approved formula
    - Restfull: A new product being marketed as the first nighttime infant formula in the U.S. "A special blend of carbohydrates to help baby feel full and rest easy". The special blend contains rice starch which delays gastric emptying thus providing a 'full' feeling. **Not** an Oregon WIC approved formula.
    - Nutramigen: Both Nutramigen Lipil (16 oz) and Nutramigen Lipil with Enflora LGG (12.6 oz) are currently on the Oregon WIC formulary due to availability across the state. The 16

oz. version needs to be selected due to availability, not preference as it will be phased out by the end of the year. The new product has a change in consistency, described by WIC participants as 'fluffier' and the scoop size is different from the 16 oz. can. As a reminder, inform participants to always use the scoop that comes with the current can to ensure proper dilution.

- Nestle:
  - Boost Kid Essentials: The institutional version of 1.0 and 1.5 BKE is approved for use in Oregon WIC. It comes in a 8.0 fluid ounce Tetra Brik Pak and not the 8.25 Tetra Prisma that comes with the probiotic straw (the retail version).
- Input on the job aid for modules of standard and medical formulas: The group provided input on how to identify packages whose maximum allowable might be difficult to locate in local pharmacies due to number of cans not matching with package sizes. Suggestions were offered to identify these packages with an asterisk in the description and identify which formulas can be ordered through Providence HME who can provide broken cases. Julie Aalbers will work on this and an updated job aid will be sent out in the next month.
- **Guest speaker: Donna Hamilton, Occupational Therapist, Artz Center:** Power point slides are located on the LARD webpage under resources: <http://www.oregon.gov/DHS/ph/wic/lard.shtml>

Next meeting: Tuesday, January 26, 2010 1-4pm

Minutes respectively submitted by Cheryl Alto