

Professional Discretion High Risk



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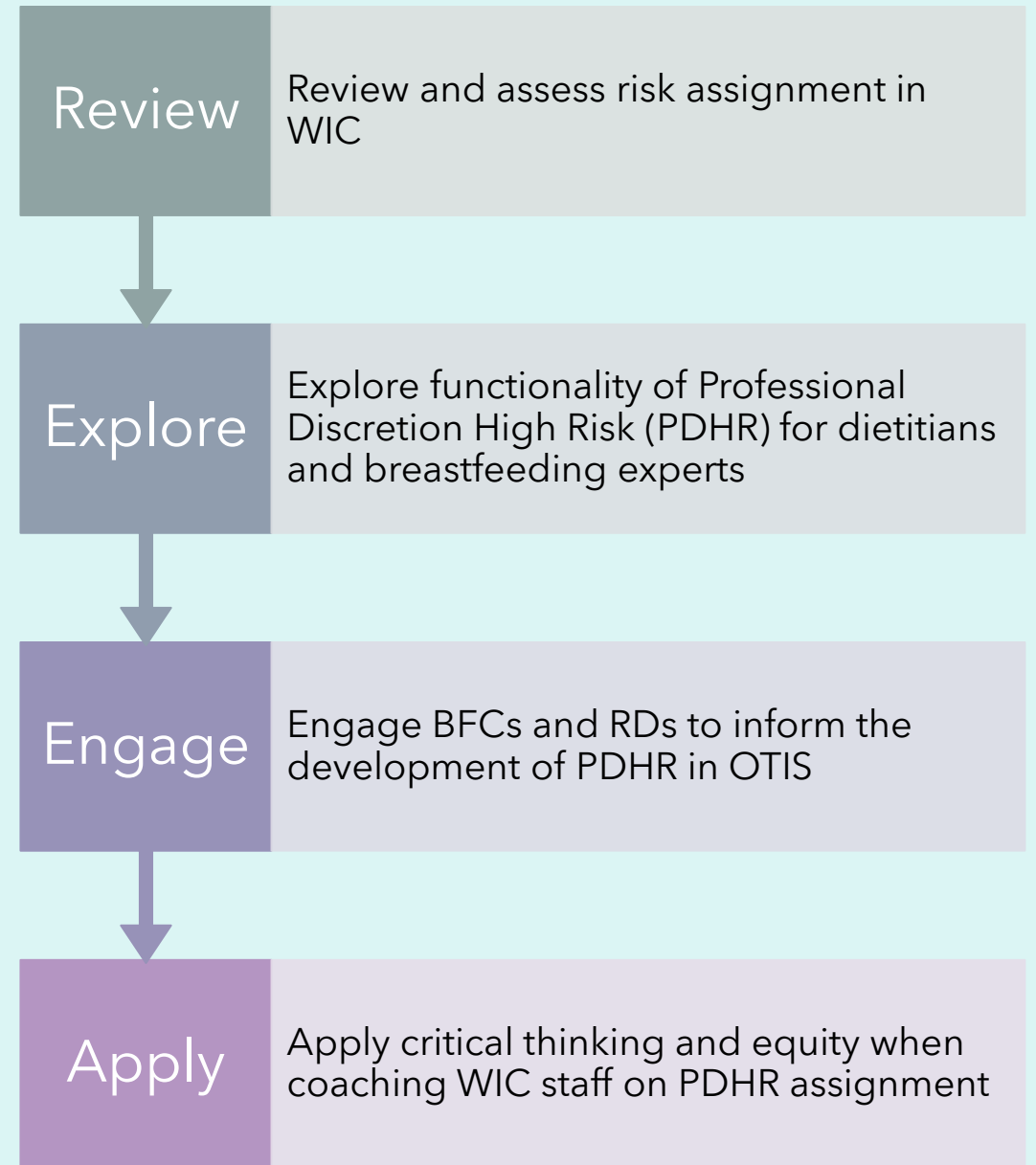
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Breastfeeding Coordinators and Local Agency
WIC Nutritionists meeting August 23, 2022

Objectives



Key considerations to frame our conversation



The new WIC data system, OTIS, is under development

Timeline for OTIS rollout statewide is being adjusted

Oregon has asked for significant programming changes to have a system that mirrors the capability of TWIST

Some programming had to be prioritized-
example: Risk 201, low and very low
hemoglobin, hematocrit

Today's focus will be on opportunities to
promote WIC nutritionists and breastfeeding
experts

Warm-up question:

Please put your name and response in the chat

Think about a time
when WIC staff
referred a participant
to you that was not
high risk.

What was the
concern?



Overview of Oregon WIC Nutrition Risks

100 current Nutrition
Risks

In Oregon, 28 are high
risk (including risk 201)

Risk level is
determined by each
state/region

Western Region Partners: High Risk Comparison



Many similarities between Oregon and WR partners



Some partners have "at risk of" such as for underweight/overweight risk codes that are combined in Oregon



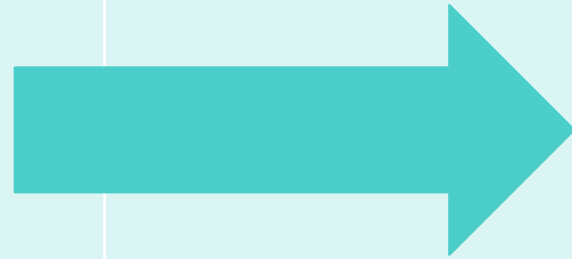
A comparison of risk levels is part of what is being used to inform Oregon's use of PDHR

TWIST

High

Medium

Low



OTIS: two risk distinctions and no method to change risk levels

High

At risk



Small group
discussion



Small group
discussion debrief

Professional
Discretion High
Risk
(PDHR)

A new functionality in the new WIC data system (OTIS)

For participants who are not high risk but who would benefit from a referral

PDHR assignment provides a referral pathway to WIC health professionals: breastfeeding experts and/or dietitian

As development continues, we are assessing the use of PDHR to track clinic operations: medical formula, Formula Warehouse orders, etc.

How PDHR is used in other WIC programs

INTERTRIBAL COUNCIL OF ARIZONA (ITCA)

Used when participant is not high-risk, but staff feels the participant would benefit from a RD visit or the situation is out of their scope

HAWAII

Dietitians use PDHR in the absence of high-risk factors, but RD wants to have follow up with the participant

KANSAS

PDHR is used when multiple risk factors that individually are not high risk, but collectively impact the health status of the individual. Examples: pregnancy at a young age + homelessness + abusive situation

Oregon WIC is expanding the use of PDHR to include other health professionals

Registered Dietitians/Nutritionists

Internationally Board-Certified Lactation Consultants IBCLC

For agencies without IBCLCs, refer to the designated health professional, the RD, or refer to a lactation specialist in the community with follow up by WIC staff

The State Agency supports the promotion of RDs to become Designated Breastfeeding Experts (DBEs)

We recognize the need to be flexible as each LA is different

We asked local agencies to share examples of referrals to the dietitian for non-high-risk reasons

Special formula

Chronic constipation

Food allergies that restrict a major food group

Children on a vegan diet

Examples of Local Agency Referrals to the Dietitian

BMI \geq 98%

Rapid change in growth velocity in children

Prematurity \leq 35 weeks or \leq 37 weeks with medical complications

Intrauterine growth restriction (IUGR)

History of cancer

PDHR
recognizes the
impact of social
determinants of
health



Many risks are low to medium but have an accumulative effect- allostatic load



Social determinants influence 50% of health outcomes



Addressing social needs can improve individual health outcomes and have a positive impact on the health behaviors of the entire family

PDHR provides
a referral
pathway to
address social
determinants of
health

Food security

Transportation

Targeted referrals-housing, domestic violence, substance use, food assistance, mental health, early intervention

Bolstering social supports during key sensitive periods-i.e. breastfeeding peer counseling, resources for pregnancy at a young age

Case study

- Mother, 8-month-old infant, 4-year-old child
- Tested positive for **meth use** during pregnancy, **2nd premature delivery by C-section**, no prenatal care, entered rehab after delivery, **uses a patch**, pumps and dumps after use of the patch, **smokes** 15-20 cigarettes per day
- DHS involvement due to ex-partner taking the infant and not returning him after a visit, ongoing custody dispute
- Experiencing disruptions in living situation
- Infant was **4 weeks premature**, 5 lb, 10 oz, latch issues, slow weight gain, **short stature**, no primary care provider, **exposed to smoke, infant fed with propped bottle in car seat**, recent case of thrush, **no vitamin D supplementation**



PDHR provides a referral pathway for breastfeeding challenges and related risks

Risks
Associated
with
Breastfeeding
Complications
for Women

602 - Breastfeeding
Complications or Potential
Complications for Women

Examples:

- Severe breast engorgement
- Recurrent plugged ducts
- Mastitis (fever or flu-like symptoms with localized breast tenderness)
- Flat or inverted nipples
- Cracked, bleeding or severely sore nipples
- 40 years of age or older
- Failure of milk to come in by 4 days postpartum
- Tandem nursing (breastfeeding two siblings who are not twins)

Risks Associated
with
Breastfeeding
Complications
for Infants

603 – Breastfeeding
Complications or Potential
Complications for Infants

Examples:

- Jaundice
- Weak or ineffective suck
- Difficulty latching onto the breast
- Inadequate stooling (as determined by a healthcare professional)
- Less than 6 wet diapers per day

Other
situations
when certifiers
may refer
include when a
parent...

Has any breastfeeding problem that remains unresolved after 24 hours despite help

Wants to supplement with formula or stop breastfeeding due to complications

Has a situation beyond basic breastfeeding, such as breastfeeding more than one baby or breastfeeding an adopted baby

Has a physical challenge, a hormonal condition, or a chronic or acute illness



Poll Question

In your agency, who assists
parents with complex
breastfeeding challenges and
how do they get referred?

PDHR: on the risk assignment screen in OTIS

Assign Risk Factors
Child

Available Risk Factors

- 201-Low Hemoglobin Or Hematocrit
- 211-Elevated Blood Lead Levels
- 301-Hyperemesis Gravidarum
- 302-Gestational Diabetes
- 303-History Of Gestational Diabetes
- 311-History Of Preterm Or Early Term Delivery
- 312-History Of Low Birth Weight
- 321-History Of Fetal Or Neonatal Loss
- 331-Pregnancy At Young Age
- 332-Closely Spaced Pregnancy
- 333-High Parity And Young Age
- 334-Lack Of Or Inadequate Prenatal Care
- 335-Multiple Fetus Pregnancy
- 336-Fetal Growth Restriction
- 337-History Of A Birth Of A Large For Gestational Age

Assigned Risk Factors

Professional Discretion High Risk

Add
Delete
Save
Cancel

Functionality in OTIS: Adding PDHR

- User selects "Add"
- System adds a PDHR row
- User enters a reason
- User documents a note

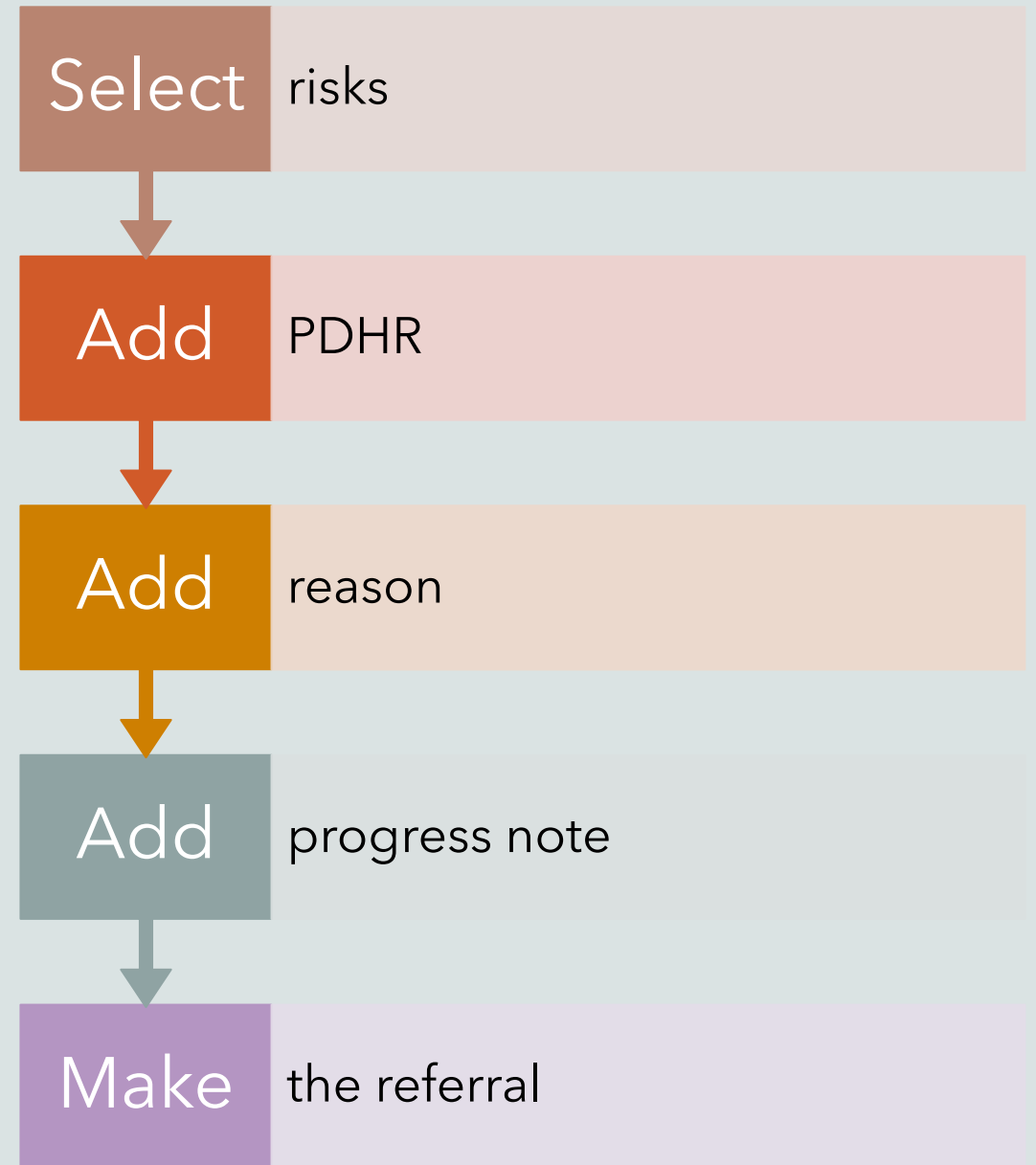
The screenshot shows a web form titled "Professional Discretion High Risk". The form has a header bar with the title. Below the header is a text input field labeled "Reason" with a red square icon to its right. Below the input field is a metadata line: "Created 09/01/2020 04:02 PM by Staff Name at Blackwater WIC Clinic". To the right of the form are three buttons: "Add", "Delete", and "Cancel". At the bottom right of the form is a "Save" button.

Jordan Doe	WIC Active C
1136812 Gender Female	Cert. Period 05/11/2020 to 04/30/2021
DOB 01/05/2018, 2 Years 7 Months	Priority 3 PDHR

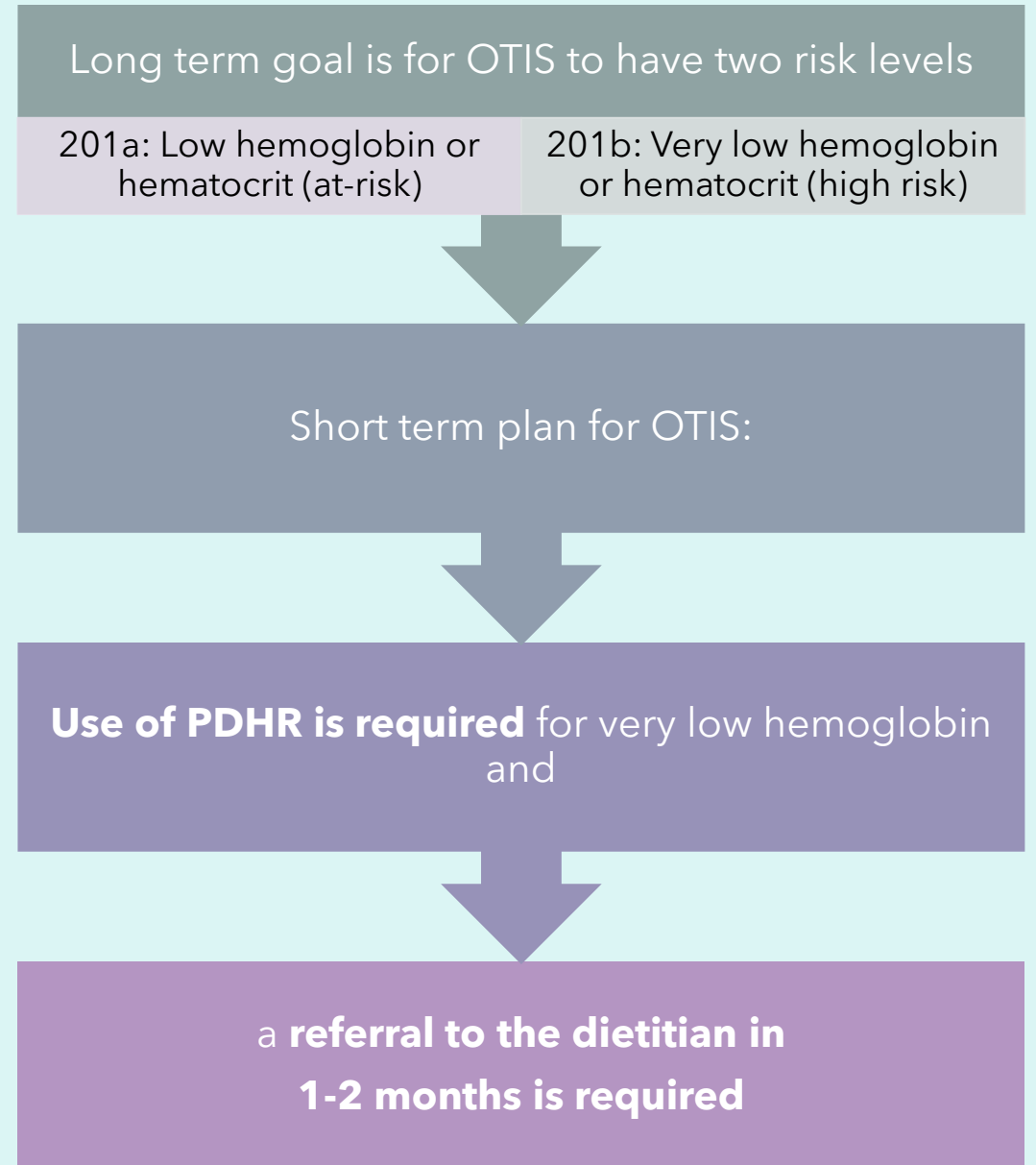


When the screen is saved, PDHR will display in red in the header of the chart

PDHR pathway



PDHR will be required for Risk 201: Low and Very low Hemoglobin or Hematocrit





Small group
discussion



Small group
discussion debrief

Reporting data

The high-risk report will include all risks of participants identified as high risk

PDHR will be included on the report

High Risk Report

Find Participant Appointment Book **High Risk Participants with Risk Factors**

High Risk Participants with Risk Factors

Show/Hide Report Parameters

Clinic Eligibility End Date: From 01/01/2022 to 12/31/2022

Excel Export Generate Clear

1 of 2 Find Next

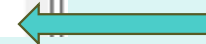
OR WIC Program
High Risk Participants with Risk Factors
Benton CHD
 Eligibility End Date From: Jan 01, 2022 To: Dec 31, 2022

Clinica De WIC

WIC Group #	Participant ID	Participant Name	Date of Birth	Cat	Language	Eligibility End	Professional Discretion	Risk Factors
1021499	1022412	Schelich, Report Infant	09/01/2021	I	English	09/30/2022		141-Low Birth Weight * 151-Small for Gestational Age 152-Low Head Circumference *

Corvallis WIC/Clinica De WIC

WIC Group #	Participant ID	Participant Name	Date of Birth	Cat	Language	Eligibility End	Professional Discretion	Risk Factors
1021340	1022065	Anvile, Alise	10/10/1999	BF	Russian	09/30/2022		141-Low Birth Weight * 302-Gestational Diabetes * 331-Pregnancy At Young Age *
1021487	1022385	Gardner, Betty	05/21/2000	BF	English	09/30/2022		357-Drug Nutrient Interactions *
1021290	1021297	Taufaasau, Brooke	06/02/1979	BF	Cambodian	10/31/2022		354-Celiac Disease *
1021367	1022124	Test, Lee M	02/06/2000	BF	English	05/31/2022		331-Pregnancy At Young Age * 348-Central Nervous System Disorders *
1022999	1037632	Warabe, Aasha	11/04/2004	PG	Arabic	12/31/2022	YES	133-High Maternal Weight Gain



High Risk Summary Report

[Find Participant](#) | [Appointment Book](#) | **High Risk Summary Report**

High Risk Summary Report

Clinic Select Clinic:

Agency Custom

Select Start Date / Run Date: From to

1 of 1 | 100% | Find | Next

OR WIC Program
High Risk Summary Report
 From Sep 2021 to Dec 2021
 Clinic: Corvallis WIC/Clinica De WIC

Category	Enrolled	High Risk (HR)	% HR	Professional Discretion High Risk (PDHR)	% PDHR	HR & PDHR Total	% HR & PDHR
PG	151	11	7.3%	2	1.3%	13	8.6%
BF	149	19	12.8%	0	0.0%	19	12.8%
PP	146	20	13.7%	1	0.7%	21	14.4%
I	437	72	16.5%	3	0.7%	75	17.2%
C	1201	44	3.7%	0	0.0%	44	3.7%
Total	2084	166	8.0%	6	0.3%	172	8.3%

Report Date: 4/25/2022 3:19:48 PM Page 1 of 1

Next steps



PLEASE COMPLETE
SURVEY FOR TODAY'S
PRESENTATION



STATE AGENCY WILL
REVISE POLICIES TO
REFLECT PDHR



OTIS DEVELOPMENT
CONTINUES
THROUGHOUT 2022



PILOT IN DESCHUTES
AND CROOK
COUNTIES IN 2023



CONTINUE TO ASSESS
AND ADJUST AS
NEEDED

<https://forms.office.com/g/sJx9pDSmY2>

Thank you for your
contributions!

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