

LAWN Meeting Minutes February 25, 2014

32 participants attending:

Name	County/ Agency	Name	County/ Agency
Mandy Peterson	Baker (phone)	Ellen Plaia	Salud
Deborah Pyke	Benton (phone)	Mary Rhode	State WIC (phone)
Julie Aalbers	Clackamas	Susan Greathouse	State WIC
Jill Wright	Clackamas	Cheryl Alto	State WIC
Laura Spaulding	Deschutes (phone)	Beth Lanham	State WIC
Sherry Tobin	Deschutes (phone)	Vernita Reyna	State WIC
Janet Harris	Deschutes (phone)	Sara Sloan	State WIC
Judy Harvey	Jackson (phone)	Nancy Ludwig	Tillamook (phone)
Sue Schiess	Klamath (phone)	Angie Treadwell (phone)	Umatilla Morrow H.S.
Katey Bosworth	Lane (phone)	Stephanie Hiromura	Washington
Cindy Cole	Linn (phone)	Tara Olson	Washington
Ai-Lan Whitson	Marion (phone)	Lisa Beck	Washington/Mult
Jan Apland Curtis	Multnomah	Roxanne Blanding	Washington
Heidi Suess	Multnomah (phone)	Annie Southworth	Washington/Mult
Ricki Donato	Multnomah (phone)	Jean Clinton	Deschutes CaCoon RN (phone)
Susan Runyan	Multnomah	Ellen Dawson	Deschutes CaCoon RN (phone)

Agenda:

- Local updates
- State updates
- Continuing education presentation: Enteral Feeding

Materials sent prior to the call:

- Agenda
- PowerPoint slides
- LAWN calendar
- LAWN contact list

Materials sent with the minutes:

- Email from Sue Woodbury regarding Similac rebates

Local updates:

New WIC Nutritionists:

Multnomah County:

-Susan Runyan (Relocated from Alaska where she worked with WIC)

-Jan Apland moved from Washington County to Multnomah County

Clackamas: Jill Wright (Relocated from South Carolina where she worked with WIC)

Salud:

-Ellen Plaia (did her undergraduate work in Indiana and dietetic internship in Washington state)

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-Kimberly Richardson (was a clinical dietitian in Pennsylvania after doing her undergraduate, graduate work in Washington state))

Washington: Tara Olson (Relocated from Nevada where she worked for Intertribal Council of Nevada, ITCN WIC)

Monica Dennis RD will be working with RanDee Anshutz in Crook County

Next meeting we hope to hear more from the new WIC Coordinator/RD in Lincoln County, Dawn Travelstead and Kathy Sanders, Coos County WIC Nutritionist

Training:

Angie Treadwell is coordinating a presentation/ Community Health Fair February 28th and March 1st.

The speaker will be Jill Castle, MS, RDN author of *Fearless Feeding: How to Raise Healthy Eaters from High Chair to High School*

<http://www.fearlessfeeding.com/>

State updates:

eWIC:

Sara Sloan sent out an email to WIC Coordinators stating that eWIC related clinic readiness activities will be put on 'pause' until a new EBT contractor has been identified. eWIC technical assistance calls will continue as a means of providing updates. TWIST training will be offered during this transition.

Training modules:

The paper training module for infant nutrition has been revised by Texas WIC and split into two modules: infant nutrition and infant formula. The two modules are currently under review by the state office and once "Oregon-ized" will be released for use by local agencies. The timeline for the release is within 4-6 weeks.

Formula updates:

Cheryl shared the following formula updates:

- Enfacare ready to feed: the 32 oz container has been replaced with six pack 8 oz bottles (food code: ENC-R)

Removed from Oregon WIC formulary:

- Polycose (manufacturer discontinued product)
- Similac Expert Care for Diarrhea (end dated in TWIST due to low usage)
- Nutren formulas for adults (end dated in TWIST due to low usage)

Changes:

- Name change for EO28 Splash: Now called Neocate Splash; added unflavored option, discontinuing tropical flavor starting in June 2014.
- Neocate Jr is adding flavor of Strawberry, June 2014

The updated formulary can be accessed here:

http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/med_doc_WIC_formulary.pdf

Cheryl will talk with Providence to check and see if they will be adding the flavors for Neocate Splash and Neocate Jr. An updated Providence formulary will be shared at the next LAWN meeting.

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Medical documentation form:

Revisions to the medical documentation form have been made to reflect the current formula changes and to incorporate changes requested by local agency WIC dietitians over the past few years.

The revisions include:

- addition of referral to WIC Nutritionist/Dietitian
- statement regarding non-qualifying conditions
- length of issuance, removing 12 months (12 months can be written in but this change is included to promote the transitioning back to Similac Advance at 8-9 months of age)
- “all foods” option has been removed; if this space is left blank, the default food package will be based on category and age of the infant
- addition of length of issuance to soy beverage
- changes on backside of med doc
- hard copies of the revised medical documentation form will be available later this month to be ordered from the mail room or available in the fillable version on the provider page (see above)
- either version of the medical documentation form is acceptable

Updated medical documentation can be accessed here:

http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/636_medical_doc.pdf

Hard copies/tear pads of the medical documentation form are available from the mailroom.

Similac Formula updates:

Attached to the meeting minutes is the email that Sue Woodbury sent to WIC Coordinators on 2/21/14 regarding Abbott’s decision to provide rebates on Similac Sensitive, Total Comfort and Similac Spit Up. The email outlined the state’s decision to stay with our original decision to discontinue Similac Sensitive and Total Comfort. Similac Spit Up will remain-with medical documentation for the qualifying condition of gastroesophageal reflux.

The decision to not offer Similac Sensitive and Total Comfort was supported by our neighboring states, Washington and Idaho.

Concern was expressed by LAWN that we will see an increase in special medical formulas if the Similac products are not available for use. Please remember-not all requests for special medical formulas (Alimentum, Nutramigen) are justified and the state office supports local agencies to deny inappropriate requests. Issuance of special medical formulas will be monitored over the next 4-6 months to assess the fiscal impact of this change.

We do want to hear from the group on this issue. Please contact your assigned nutrition consultant with questions, input. We will track what we are hearing from WIC staff, WIC participants, community partners and health care providers and the issue will be brought back to LAWN at the May meeting.

Vernita shared data from the Marion County pilot project of asking a tube feeding question in TWIST. From the beginning of December through February 24th, the following ‘yes’ responses have been received:

Infants: 7 participants

Child 1-2: 3 participants

Child 2-5: 13 participants

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The data obtained by asking this question in TWIST will provide prevalence data that we currently do not have. This will be an optional question that defaults to no and most commonly will be asked if there is visible evidence of a tube feeding in place. Vernita Reyna will be following up with the Marion county RDs and staff to share lessons learned about the impact of gathering the data via questionnaires.

Please contact your assigned nutrition consultant if you have questions, input regarding this question. The goal would be to implement the question statewide to assist in the discussion with Medicaid regarding the payment of formulas administered via tube feedings.

Per USDA regulations, each State WIC office is to coordinate with the State Medicaid program (in Oregon, it is referred to as DMAP: Division of Medical Assistance Program) for the provision of WIC eligible medical foods/nutritionals for participants who are also Medicaid recipients.

Presentation: The Basics of Enteral Nutrition

Speaker: Kara Abbas, MS, RD, LD

Discussion points:

Nasogastric (NG) or Nasojejunum (NJ):

- French: refers to the tube size. (1 French unit = 0.33mm).
- 5 French is a common size for newborns; 6 or 8 French for older infants & toddlers.
- Tubes come in weighted or non-weighted forms (non-weighted more common). They also typically contain a stylet that makes the tube stiffer and easier to place (this is then removed after the tube is in place).
- Families are often taught to place the NG & NJ tubes themselves at home.
- OHSU uses a standard tube length of 36" and caregivers are taught how to assess for placement. This can result in a very long tube that has to be secured under clothing.
- Reasons for placement into the jejunum are various: anatomy, issues with absorption, gastro esophageal reflux.
- There are some NGJ placements; (two tubes placed) NG for releasing gas, NJ for feedings.

Percutaneous endoscopic gastrostomy tube (PEG), gastrostomy tubes:

- Two methods of placement: percutaneously and surgically
- *(after presentation addition: For more information on placements:*
<http://ped surg.ucsf.edu/conditions--procedures/gastrostomy-tubes.aspx#a1>)
- G-tubes will have tubing extending out; most often g-tubes are changed out to a low profile button to help with tummy time and to prevent the infant/child from pulling on the tubing.
- Of the low profile buttons, the Mic Key and the Mini are the most common for infants and children.
- The low profile selection is determined by the physician.

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Feedings:

Provide formula and water at room temperature-if it is too cold there may be some discomfort or intolerance for the infant/child.

Pumps

- In Oregon, the Kangaroo pump is the most commonly used pump in the hospital.
- The Joey is the smaller, more portable home version of the Kangaroo that is commonly used in Oregon.
- The Infinity pump is more common in Washington State.
- The infinity pump is more accurate than the Joey and significantly lighter weight.
- Pumps need about 10-15 cc of formula to prime the pump.

Insurance coverage

- Typically covers 1 bag/day for NG feedings
- Typically only covers 3 or 4 extensions per month (needed with low-profile buttons). Families treat these like gold as they often need more than the insurance-allotted amount.

Feeding Bags

- Clients are instructed to rinse out & store bags & tubing in the refrigerator between feedings to reduce bacterial growth and reduce the risk of clogging tubing.
- A new feeding bag should be used every 24 hours.
- Breastmilk has been said to “coat” to the side of normal feeding bags, likely the un-emulsified fat globules are not draining properly out of the feeding bags.
- The “Orange” Infinity pump (not what is typically seen in Oregon) has 100mL sized feeding bags that are specially coated so that breastmilk doesn’t stick to the sides of the bag.

Other questions/issues:

1) Blenderized diets:

- Seem to be more common in Oregon
- Needs assessment by a dietitian to assure adequacy and food safety.
- Joey pump typically does poorly with thicker blenderized foods.

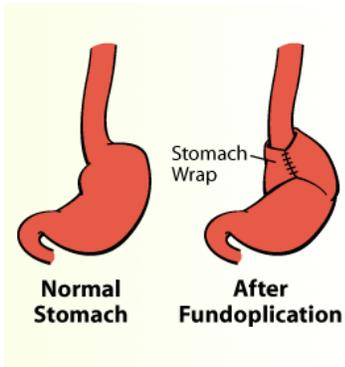
2) Weights and measures with pumps:

- If needed, pumps can be put on pause for 5 minutes

3) Hang times:

- Hang time for breastmilk is 4 hours-possibly different times for previously frozen breastmilk vs. freshly expressed breastmilk (per ASPEN; Kara will explore further)

- #### 4) Gas issues; can use Ferrell Vent bags to help draw out excess gas from the G-tube.
- Especially helpful in a child w/ has had a Nissen Fundoplication (wrapping and stitching of the fundus portion of the stomach to reduce gastric reflux into the esophagus).

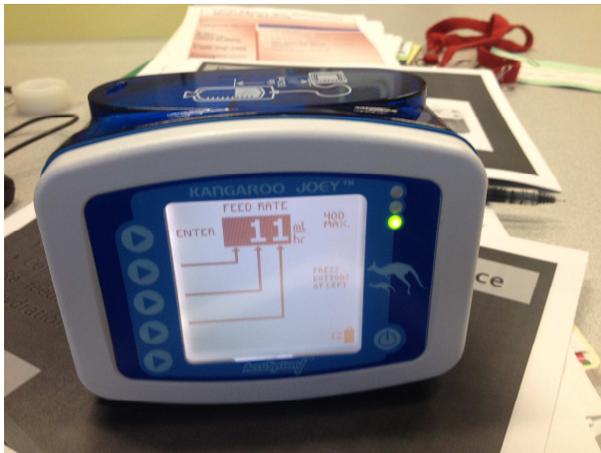


Pictures:

1) Doll with a low profile PEG and a Y port tube



2) Close up of the monitor on a Joey pump:



3) Size comparison of the Infinity vs. the Joey pumps

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4) Threading the tubing on the Joey pump



5) Threading the tubing on the Infinity pump



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Next meeting: Tuesday, May 27, 2014 2-4pm

Minutes respectively submitted by Cheryl Alto