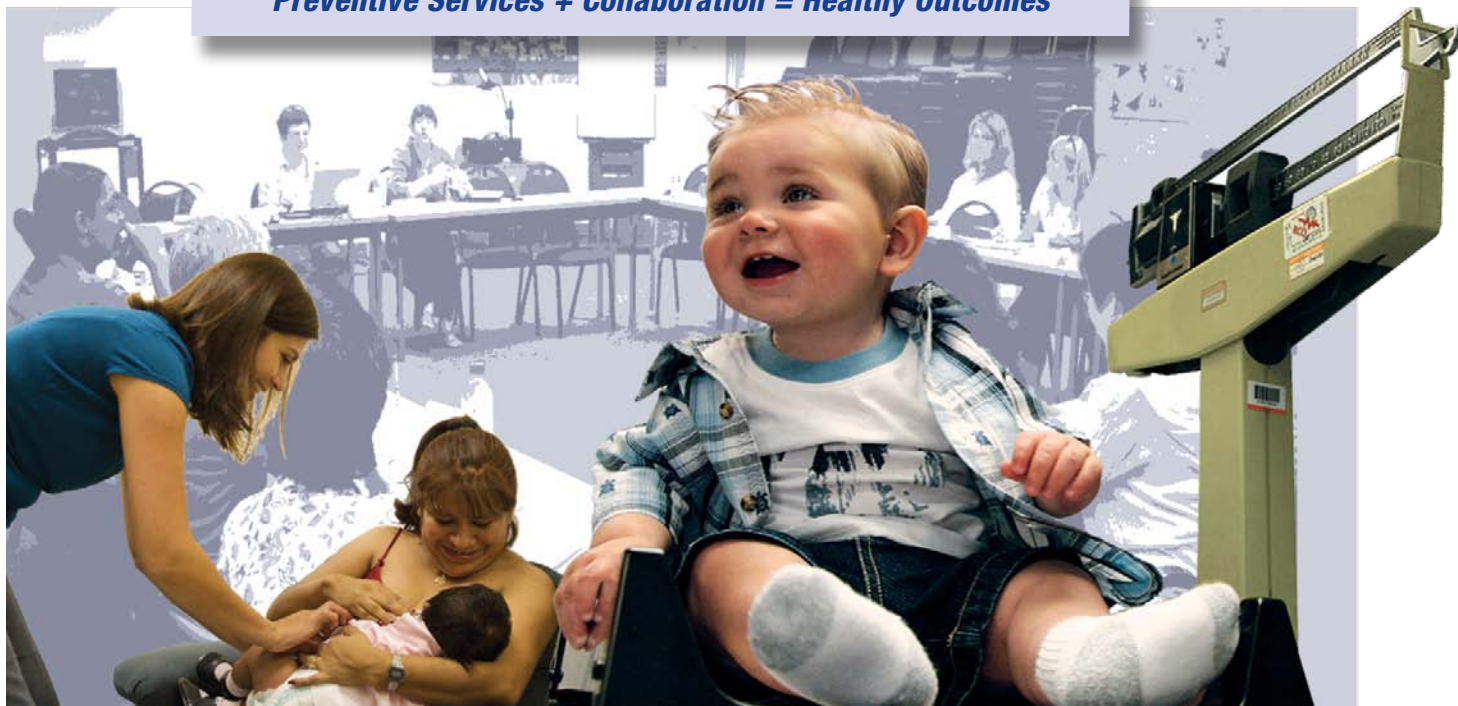


Opportunities for Nutrition and Breastfeeding Interventions Under Health Care Reform

Preventive Services + Collaboration = Healthy Outcomes



Preventive care to improve health outcomes and reduce health care costs forms the foundation of health care reform as enacted in the Patient Protection and Affordable Care Act of 2010.¹ The National Quality Strategy for improved health care frames the future with the Triple Aim approach: “improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations.”²

This major paradigm shift—from prioritizing treatment to prioritizing prevention—provides a crucial opportunity for the WIC Program and community health providers to collaborate to ensure improved health outcomes for young families. Improved outcomes will be evident in such indicators as breastfeeding rates, Body Mass Index, and indices of chronic disease, such as gestational diabetes, hypertension and hyperlipidemia. In addition, chronic diseases will be screened for and treated early.

**A POLICY BRIEF ON LACTATION AND NUTRITION COUNSELING
UNDER HEALTH CARE REFORM**

Produced by the California WIC Association

May 2012

FOCUS ON WELLNESS AND PREVENTION

The landmark Affordable Care Act creates a focus on preventing disease and supporting healthy lifestyles.³ All plans will be required to provide a basic set of Essential Health Benefits, such as hospitalization and prescription drugs. Among them are benefits related to maternity and newborn care, preventive and wellness services, and chronic disease management. Included in these benefits are the Clinical Preventive Services (see next page), which present new and long-awaited opportunities for including nutrition and breastfeeding interventions as essential elements of care.

Three sections of legislation are particularly relevant:

Sec. 2713. Coverage of Preventive Health Services. Requires all plans to cover preventive services and immunizations recommended by the U.S. Preventive Services Task Force and the CDC, and certain child preventive services recommended by the Health Resources and Services Administration, without any cost-sharing.⁴

Providing Free Preventive Care. All new [commercial] plans must cover certain preventive services, such as mammograms and colonoscopies, without charging a deductible, co-pay or coinsurance. Effective for health plan years beginning on or after September 23, 2010.⁵

Improving Preventive Health Coverage. To expand the number of Americans receiving preventive care, the law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost. Effective January 1, 2013.⁶

Since the passage of the Affordable Care Act in March 2010, an additional set of recommendations for women has been included in the Act. Based on a special report from the Institute of Medicine, and adopted by Health and Human Services in August 2011, these recommendations—which require provision of preventive services such as well-woman visits, breastfeeding support, domestic violence screening, and contraception without additional cost to the woman—fill a gap overlooked in the complex passage of the Affordable Care Act.⁷

The set of Clinical Preventive Services was based on recommendations from the U.S. Preventive Services Task Force (USPSTF).⁸ This body of health experts has for many years reviewed current research and made recommendations as to the effectiveness of a variety of Clinical Preventive Services. This information is used by health plans, the government and organizations when determining how to best select, develop and provide Clinical Preventive Services. Preventive services referred to include screenings, medications and counseling for adults and children.

The inclusion of the recommendations of the USPSTF are powerful for a number of reasons. First, this is the first time that there is a focus on the importance of prevention in primary health care. Second, basing care on these expert recommendations will help ensure that effective preventive services are covered by insurance. Providers and health care systems will be accountable for delivering effective care. And third, for the first time there is an opportunity to narrow the gap in the provision of preventive care to different populations.



OPPORTUNITIES FOR NUTRITION AND LACTATION COUNSELING

The Clinical Preventive Service benefits recommended by the USPSTF represent four areas of counseling opportunities for Registered Dietitians and Lactation Consultants:

Adult counseling for a healthy diet. The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.

Adult screening and counseling for obesity. The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.

Child screening and counseling for obesity. The USPSTF recommends that clinicians screen children aged six years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

For women, breastfeeding support, supplies and counseling. The USPSTF recommends comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, including renting breastfeeding equipment.

Thus, Registered Dietitians (RDs) and International Board Certified Lactation Consultants (IBCLCs) will be able to insert their expertise in medical offices, community clinics, and outpatient hospital clinics. WIC staff, which constitutes the state's largest workforce of RDs and IBCLCs, should be actively pursuing relations with community clinics, medical offices and health plans in order to provide more effective interventions.

Through contracts, Memorandums of Understanding or agreements, staff can be shared and nutrition and lactation counseling not duplicated. RDs and IBCLCs, whether working for WIC or in private practice, should become preferred providers for health plans so that medical providers have a resource for referral.

CLINICAL PREVENTIVE SERVICES

For health care providers working with women, children and young families, the new law provides many opportunities to improve health and prevent disease by providing the following Clinical Preventive Services:

FOR ADULTS:

- Diet counseling for adults at higher risk for chronic disease
- Blood pressure screening for all adults
- Obesity screening and counseling for all adults

FOR CHILDREN:

- Obesity screening and counseling
- Oral health risk assessment for young children
- Height, weight and Body Mass Index measurements for children
- Iron supplements for children ages 6 to 12 months at risk for anemia

FOR WOMEN:

- Anemia screening on a routine basis for pregnant women
- Comprehensive breastfeeding support and counseling from trained providers, as well as access to breastfeeding supplies for pregnant and nursing women
- Screening for gestational diabetes for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- Well-woman visits to obtain recommended preventive services for women under 65

For the complete list of Clinical Preventive Services, see <http://www.healthcare.gov/prevention/index.html>.

Those providing patients with medical homes, a strong focus of health care reform, will need to establish a new level of coordination, especially with WIC, in order to provide effective preventive care for nutrition and breastfeeding.⁹

Such collaborative efforts would help clinics increase their Healthcare Effectiveness Data and Information Set (HEDIS) performance measures for two indicators: Body Mass Index, and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents for obesity prevention.¹⁰

COORDINATING COUNSELING FOR EFFECTIVE INTERVENTIONS



MEDI-CAL BENEFITS FOR NUTRITION AND LACTATION SUPPORT

Even before health care reform efforts resulted in a welcome focus on prevention, advocates in California succeeded in strengthening Medi-Cal regulations to make access to lactation consultations and breast pumps possible in all counties. This work dovetails with the new preventive services that will be offered under health reform.

Lactation support and nutrition counseling have been Medi-Cal benefits in the Comprehensive Perinatal Services Program (CPSP) for many years. RDs are part of the approved list of practitioners, and IBCLCs can be utilized as Community Perinatal Health Workers (CPHW) unless they are otherwise licensed as a health provider. In Federally Qualified Health Centers, unlicensed RDs and IBCLCs, working with licensed medical staff, can provide nutrition and lactation support and bill for services.

Medi-Cal was intended to be the primary provider of lactation support, but barriers in Medi-Cal to accessing lactation support, and a parallel build-up of support for lactation in WIC, resulted in WIC being the default support for breastfeeding. Now, as a result of several years of advocacy on the part of health providers, especially California WIC Association, and commitment from the Department of Health Care Services to support breastfeeding, there are many opportunities for health professionals, including lactation consultants, to provide strong safety nets in the community for breastfeeding support. To underscore the Medi-Cal intent, legislation passed in 2007 requires the state to “streamline and simplify existing Medi-Cal program procedures in order to improve access to lactation supports and breast pumps among Medi-Cal recipients.”¹¹

For more details on Medi-Cal regulations and models of community breastfeeding support, see *Ramping Up for Reform: A Toolkit for Building Shared, Sustainable and Effective Support for Lactation* at www.calwic.org/storag/documents/bf/2012/Ramping_up_for_Reform-WIC_Breastfeeding_Toolkit_2012.pdf.

COORDINATED LACTATION AND NUTRITION COUNSELING IN ACTION: NORTH COUNTY HEALTH SERVICES

North County Health Services (NCHS), a comprehensive health service provider in north San Diego County, is a Federally Qualified Health Center and CPSP¹² provider. NCHS uses a model in coordination with WIC that enables it to bill more nutrition and lactation support services at the higher FQHC rate.

NCHS employs Registered Dietitians and Lactation Consultants to provide prenatal and postpartum nutrition and breastfeeding education to patients in its obstetric program, called Women's Health Services (WHS). Other WHS staff provide other pieces of the CPSP services, including psychosocial and health education. Dietitians provide nutrition assessment and breastfeeding encouragement once during each trimester of the pregnancy and in three visits over the course of the six- to eight-week postpartum period:

- ***At the infant's first pediatric visit at three to seven days of age:*** An IBCLC or Lactation Educator staff member who is a Registered Dietitian or Degreed Nutritionist provides a newborn feeding assessment, communicating information from the visit to the physician. Problems are followed up with a return visit in a few days.
- ***At the infant's one- to two-week weight check:*** The RD or IBCLC checks on how infant feeding is going, assesses the mother's eating, drinking, and resting, and probes for any other concerns.
- ***At four to six weeks postpartum:*** The RD provides a thorough postpartum nutrition assessment as the mother's care under the program comes to an end.

In the two Sweet Success-affiliated WHS clinics,¹³ RDs who are also Certified Diabetes Educators see the moms with gestational diabetes mellitus at a much higher frequency, sometimes weekly.

In all WHS sites, integration with WIC provides more efficient services and better use of staff. A "Nutrition Fast Pass" that mothers carry to their WIC visits conveys what happened in the clinic, so each visit can build on nutrition information already provided in either setting. With the patient's permission, NCHS can share the "Nutrition" part of the patient's electronic health record with WIC. Patient databases are accessible from both the clinic and WIC networks, enabling shared paperwork and increasing efficiency and timeliness of care.

RECOMMENDATIONS

The following recommendations would increase access for young families to low-cost allied health providers. Expanded access to RDs and IBCLCs for nutrition and breastfeeding support as part of preventive care strategies will improve health outcomes and reduce health care costs.

State-Level Recommendations

- Require all health plans, including Medi-Cal and health plans in the California Health Benefits Exchange, to provide, at no charge, breastfeeding and nutrition counseling, with access to in-person consultations with IBCLCs and RDs, modeled after the recommendations from the National Business Group on Health.¹⁴
- Require health plans to maintain referral lists in each county to enable members to receive counseling from RDs and IBCLCs.
- Require health plans to set up Memorandums of Understanding (MOUs) with WIC programs and community clinics to establish effective referrals and communications for lactation and nutrition counseling.
- Require WIC agencies, community clinics and medical offices to have written referral plans for nutrition and lactation consulting, and to develop interagency MOUs and contracts for maximizing staff expertise and co-located staffing.
- Require health plans to provide mothers with access to quality breast pumps when needed that will sustain breastfeeding, particularly personal/single-user breast pumps. Equipment specifications should identify equipment quality required for Durable Medical Equipment (DME) providers.

National Recommendations

- Create regulations that allow IBCLCs and RDs, otherwise not licensed as medical providers, to bill as medical providers so as to increase access to lower-cost allied health providers for lactation and nutrition counseling.
- Fund workforce development and training programs for IBCLCs and public health RDs to increase the workforce for Clinical Preventive Services.¹⁵
- Fund pilot studies to track health outcomes, such as breastfeeding rates or BMIs, in communities with networks of community providers for nutrition and lactation education and counseling.



References and Notes

1. The Patient Protection and Affordable Care Act of 2010 (ACA). Full text can be found at <http://www.govtrack.us/congress/bills/111/hr3590/text>.
2. National Committee for Quality Assurance (2011); Hedis 2012, <http://www.ncqa.org/tabid/1415/Default.aspx>. See also Health Care.Gov (2011), Report to Congress: National Strategy for Quality Improvement in Health Care, March 2011, <http://www.healthcare.gov/law/resources/reports/quality03212011a.html>, and Fleming, C. (2010), Berwick Brings The 'Triple Aim' To CMS, Health Affairs Blog, September 14, 2010, <http://healthaffairs.org/blog/2010/09/14/berwick-brings-the-triple-aim-to-cms/>. (Note: Although Don Berwick was not approved as the Administrator of the Centers for Medicare and Medicaid Services, his "Triple Aim" approach is being used by CMS in current policy goals.)
3. Healthcare.gov, The Health Care Law and You, <http://www.healthcare.gov/law/index.html>.
4. See Sec. 2713, at <http://www.healthcare.gov/law/resources/authorities/patient-protection.pdf>
5. See Key Features of the Affordable Care Act by Year, 2011, at <http://www.healthcare.gov/law/timeline/full.html#2010>.
6. See Key Features of the Affordable Care Act by Year, 2013, at <http://www.healthcare.gov/law/timeline/full.html#2010>.
7. See Institute of Medicine (2011), Clinical Preventive Services for Women: Closing the Gaps, <http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>, Institute of Medicine (2011) Essential Health Benefits: Coverage and Cost, <http://www.iom.edu/Reports/2011/Essential-Health-Benefits-Balancing-Coverage-and-Cost.aspx>, and U.S. Department of Health and Human Services, Affordable Care Act Ensures Women Receive Preventive Services at No Additional Cost, <http://www.hhs.gov/news/press/2011pres/08/20110801b.html>.
8. For a list of covered services, see Healthcare.gov, Prevention and Wellness, <http://www.healthcare.gov/prevention/index.html>, and Agency for Healthcare Research and Quality, U.S. Preventive Services Task Force (USPSTF), <http://www.ahrq.gov/clinic/uspstfix.htm>.
9. For more on medical homes, see National Committee for Quality Assurance (2011); Patient-Centered Medical Home, <http://www.ncqa.org/tabid/631/default.aspx>.
10. Healthcare Effectiveness Data and Information Set (HEDIS), <http://www.ncqa.org/tabid/1415/Default.aspx>.
11. SB 22 (Migden), Breast-feeding, 2007, http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_0001-0050/sb_22_bill_20071011_chaptered.pdf.
12. The Comprehensive Perinatal Services Program (CPSP) provides culturally competent services to MediCal pregnant women, from conception through 60 days postpartum, including standard obstetric services and enhanced services in the areas of nutrition, psychosocial and health education. <http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>.
13. Sweet Success is the designation for medical providers trained by the California Diabetes and Pregnancy Program (CDAPP), which seeks improved pregnancy outcomes for high-risk pregnant women with pre-existing diabetes and women who develop gestational diabetes mellitus (GDM) during pregnancy: <http://www.cdph.ca.gov/programs/cdapp/Pages/default.aspx>.
14. National Business Group on Health. Moving Science into Coverage: An Employer's Guide to Preventive Services. <http://www.businessgrouphealth.org/preventive/>.
15. For more on training, see California WIC, Grow Your Own Career with WIC, <http://www.wicarecorner.com/> and Loving Support (Riverside), Grow Our Own Lactation Support Program, <http://lovingupport.org/index.php/grow-our-own>.



Funded by The California Endowment

Photos: William Mercer McLeod. Dina Marie Photography and California WIC Association

