



Vermont WIC VITLAccess Evaluation Report Addendum

API Connection Evaluation – March 2026

HealthVermont.gov
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Background

In 2024, Vermont WIC conducted an [evaluation](#) to understand the impact of access to the Vermont Health Information Exchange (HIE) for recent measurement and blood iron data on missing records and clinic staff workflow. At that time, WIC staff accessed the HIE through a frontend clinical portal called VITLAccess. In April 2025, WIC partnered with VITL, Vermont's HIE provider, to launch a technical connection between the WIC management information system (MIS) and the HIE. The technical connection, or API (application programming interface), allows the WIC MIS to request data from the HIE on demand. A match is performed based on demographic data and specific health data available are returned to the MIS if they are more recent than what is already recorded. These data include:

- Height
- Weight
- Head Circumference
- Hemoglobin/Hematocrit
- Lead
- Immunizations

The screenshot displays the VITLAccess software interface. At the top, it shows the patient name 'Snow White' and a navigation bar with '1 of 2' pages. Below this, the patient's WIC status is 'Active', with a certification end date of '05/2025' and a last food benefit date of 'Mar 25'. The main area shows a 'Measurement Date' of '04/15/2025' and a list of data points including Weight, Height, and Current BMI. A modal window titled 'HIE Data' is open, containing two sections: 'Anthro' and 'Bloodwork'. The 'Anthro' section has fields for 'Measurement Date' (02/25/2025), 'Length/Height' (66 in), 'Weight' (145 lbs), and 'Head Circumference'. The 'Bloodwork' section has fields for 'Measurement Date' (02/25/2025), 'Hemoglobin' (12), 'Hematocrit' (33), and 'Lead Level (µg/dL)' (2.3). Both sections have 'Reject' and 'Accept' buttons. The modal window also has 'Cancel' and 'OK' buttons at the bottom.

To further evaluate the impact of this new technical feature on clinic workflow, the program administered a survey to staff 3 months after the launch of the API. To understand the impact on WIC data, analysis on successful matches was conducted for the first 6 months of the technical connection in production.

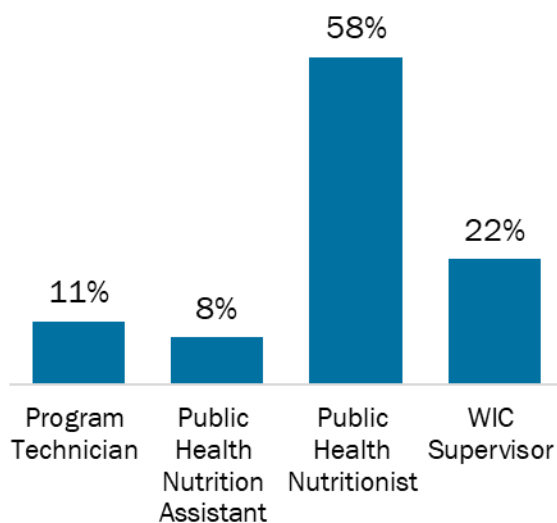
If you need help accessing or understanding this information, contact wic@vermont.gov.

Staff Survey

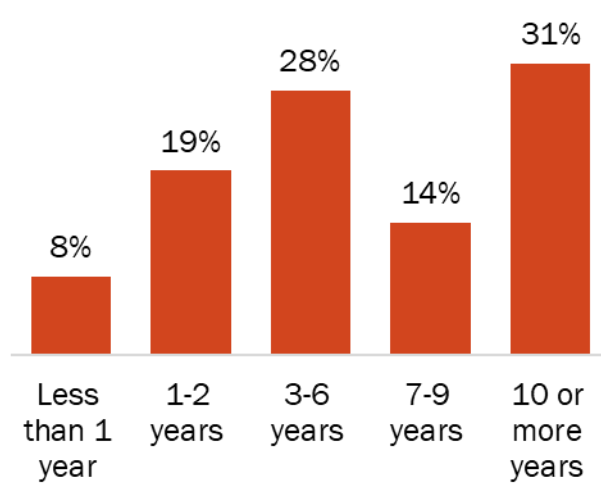
The staff survey was sent to all Department of Health WIC staff, inclusive of staff who conduct health assessments (Public Health Nutritionists, Nutrition Assistants, and WIC Supervisors) and administrative support staff (Program Technicians). Quantitative descriptive analysis was completed. Qualitative analysis of themes from open ended question responses was conducted with support from ChatGPT and reviewed for accuracy by the Assistant Director of WIC Evaluation and Quality Improvement, with thematic pull quotes from survey respondents provided. There were 36 respondents for the staff survey; percentages are reported within the figures. Public Health Nutritionists made up most of the responses, with 58% of the response total. In some district offices, Program Technicians use both VITLAccess and the API feature to obtain measurement and blood iron data as part of the chart preparation process.

The common respondent lengths of employment in the Vermont WIC program were 10 or more years, followed by 3-6 years.

Respondent position type

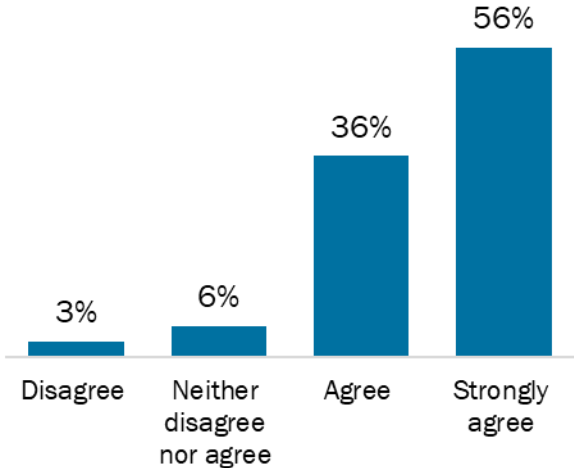


Time working for Vermont WIC

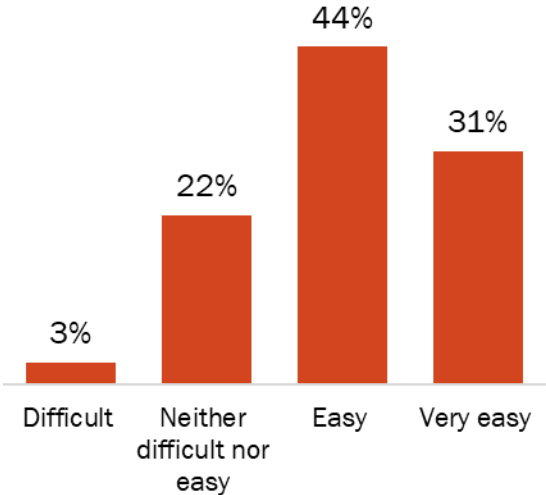


Most respondents (92%) agreed or strongly agreed that it is clear how the HIE import function should be incorporated into their workflows. Three quarters responded it was easy or very easy to incorporate, with 22% responding it was neither difficult nor easy.

Whether respondents agree it is clear on how to incorporate the HIE import function into workflow

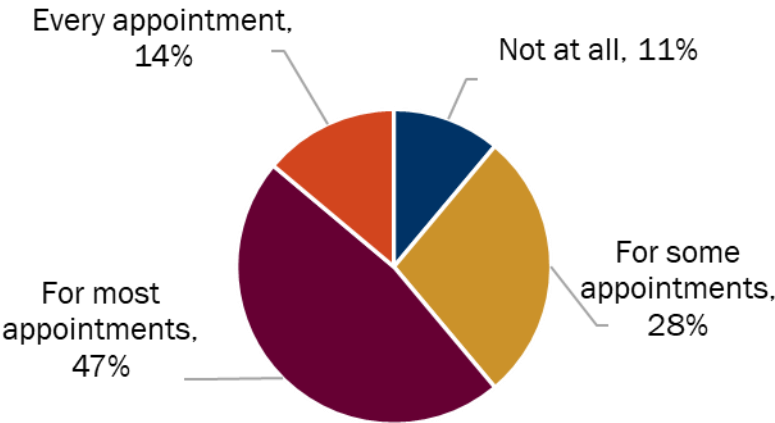


Ease of incorporating the HIE import function into workflow



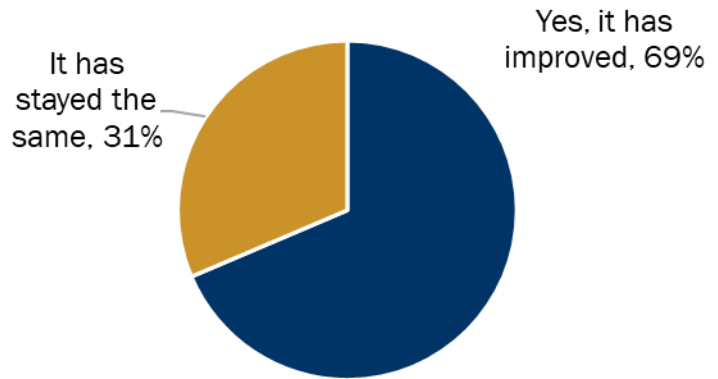
Most respondents (89%) are using the HIE import function for at least some appointments, with the use of this function happening primarily prior to the appointment (88%).

How often HIE import function is used



When asked if this feature improved their workflow, 69% of respondents agreed. While 31% noted workflow stayed the same, no respondents indicated that their workflow has become harder. A little over half of respondents (55%) noted it saved time in chart preparation, with 42% noting it has taken the same amount of time to do chart preparation, and the remaining percent (1 respondent) noting it has taken more time. The most dominant theme in the open comments was around time savings and increased efficiency, when needed data are present. This efficiency is due to a reduced need to log into VITLAccess.

Impact on workflow

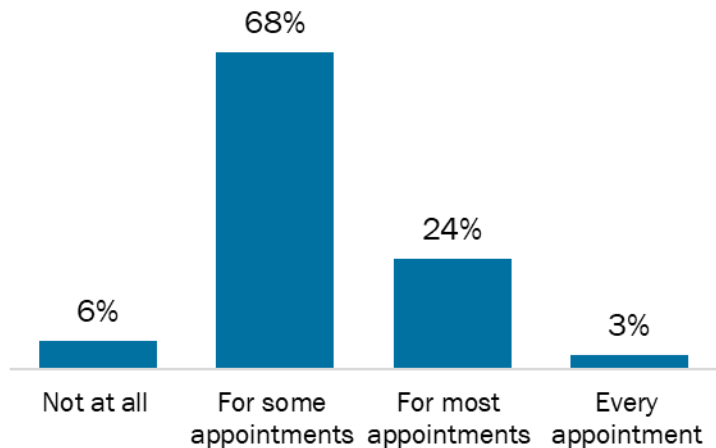


“It saves time when it works correctly.”

“It is much easier to not have to log on to VITL!! I very rarely need to use the portal now.”

However, 94% of staff used VITLAccess in some capacity when data were not pulled into the WIC system.

Using VITLAccess as a backup when data are not pulled into WIC system



In general, when asked to share reflections about using the Import from HIE function, two major themes emerged. Quotes from survey respondents that represent the themes are provided.

1. The HIE Import function is helpful but can be inconsistent. Respondents value this connection when it works, but when the system fails to pull relevant data, it requires users to manually double check for the information using the VITLAccess clinical portal.

“The HIE function is nice when it works but following up when things don't appear that should is not a time saver.”

“It is somewhat unpredictable when it will work, I always try it first but if no data present I will sometimes double check in VITL especially if I know the family's provider uses VITL.”

2. Use of the HIE Import function could be more efficient with broader medical provider participation. Respondents emphasized that HIE would be far more effective if more providers shared data. Integration improvements and more consistent data would save significant time in chart prep and workflow.

“It would save us MORE time if more providers would report labs and measurements in VITL.”

“It would be amazing if we can get our providers to have their information sent to vitl...that would save a lot of time as well.”

When asked what the impact has been of having access to measurements through the Vermont Health information Exchange (either using the VITLAccess clinical portal or the Import from HIE function in the WIC MIS) on the ability to conduct health assessments and deliver nutrition education and counseling, the following themes emerged:

1. Having access to this system has helped to support remote appointments. Staff appreciate that this tool makes the program more accessible and convenient for families. Under current program waivers, appointments can be remote if

measurement and blood iron data can be obtained within 60 days of the WIC appointment.

“It has been amazing and allows flexibility for our clients to be able to remote appointments.”

2. Having access to timely data, when available, helps staff conduct high quality health assessments.

“It is quite helpful to have accurate hgb or hct levels when discussing iron-rich foods and risk for anemia.”

“Having access to measurements through VITL/the HIE function is beneficial, and improves the quality of the health assessment as we are able to see growth trends over time.”

3. Having access to data in the HIE can make clinic time more efficient for staff and make appointments more meaningful for participants.

“It has improved my ability to conduct health assessments and deliver nutrition education because it is one less thing to have to do in the clinic that takes up time. I am able to more effectively use the limited time we have to discuss health and nutrition on a deeper level. It also reduces barriers for families by mitigating "double duty" so that families don't have to bring their children in for yet another appointment just to get something done that a doctor already has.”

4. Missing data limits the usefulness of the HIE.

“The HIE function is nice to have when it works but sometimes it is missing information.”

API Audit Data

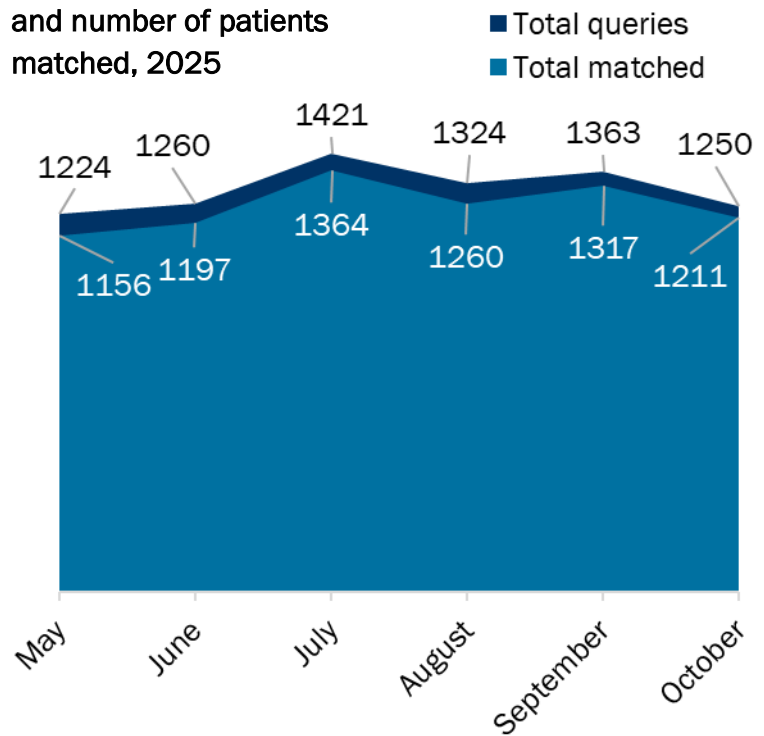
VITL sends a monthly report to WIC aggregating data generated by API use. Data elements include:

Value	Definition
Total queries	number of queries received
Total matched	number of patients matched to VITL identities
Percent total matched	number of patients matched to VITL identities/number of queries received
Total with data	number of responses returning at least 1 data element
Percent with data	number of responses returning at least 1 data element/number of queries received
Total errors	number of error responses
Percent total errors	number of error responses/number of queries received
Percent height	total responses with height value/number of queries received
Percent weight	total responses with weight value/number of queries received
Percent head circumference	total responses with head circumference value/number of queries received
Percent birth height	total responses with birth height value/number of queries received
Percent birth weight	total response with birth weight value/number of queries received
Percent birth head	total responses with birth head circumference value/number of queries received
Percent hemoglobin	total responses with hemoglobin value/number of queries received
Percent hematocrit	total responses with hematocrit value/number of queries received
Percent lead	total responses with lead value/number of queries received
Percent immunization	total responses with immunization records/number of queries received

Over the six-month period between May 1 and October 31, 2025, 7,842 participant queries were made from the WIC MIS system, to the HIE using the API call. Of those, 7,505 matched successfully to a patient in the HIE, representing a 96% matched rate.

On average, 88% of the responses returned at least one data element.

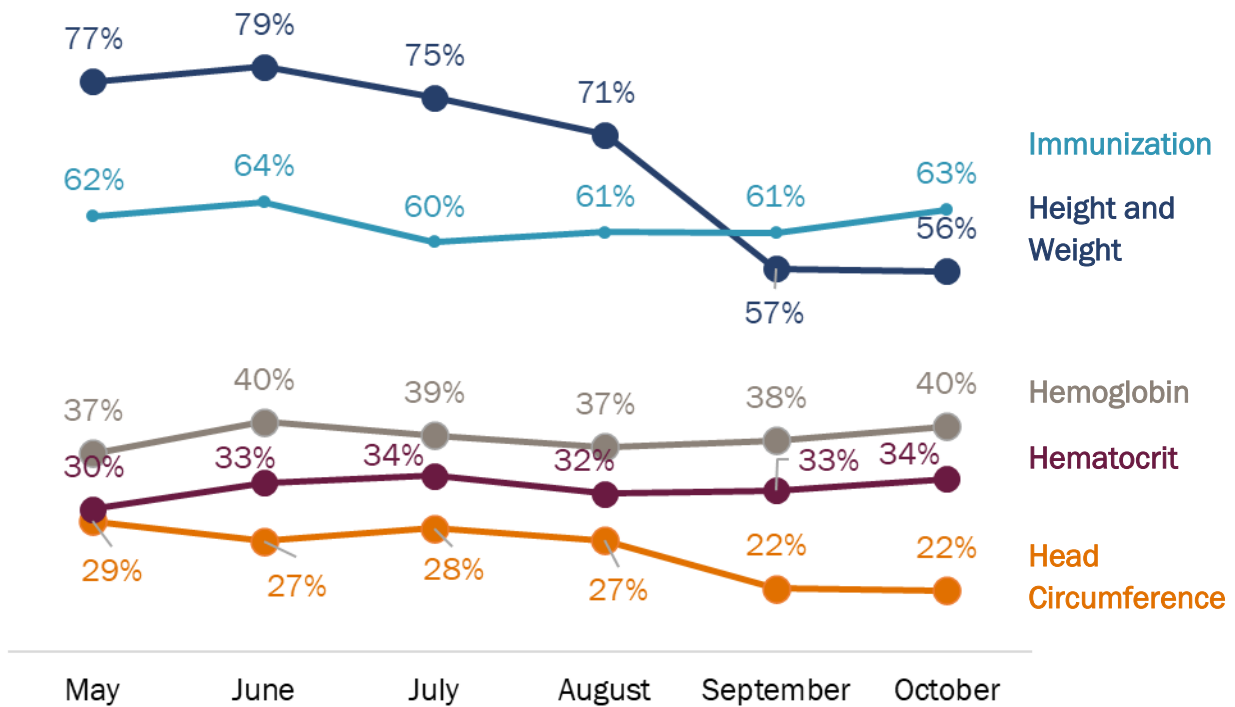
WIC-HIE API total queries and number of patients matched, 2025



Heights and weights (which are only returned when both are present) and immunizations have the highest percent returned. Lead and birth measurements were returned at a very low rate. This is likely due to the rules of the API. Because the blood screen in the WIC MIS has only one field for measurement date, hemoglobin or hematocrit are given priority, since a blood iron measure is required according to WIC regulations. Lead is only returned when it is recorded on the same date as a hemoglobin or hematocrit. Measurements are only returned if the data in the HIE are more recent than what is in the WIC MIS. Because staff often take birth measurements over the phone when a new infant is reported to WIC, these measurements are likely recorded in the MIS before staff have the opportunity to use the API feature.

In late fall 2025, a technical issue was discovered that limited the return of measurement data, as shown in the trend graph below. The state WIC office worked with the technical team at VITL to resolve this issue.

Percent various data elements were returned to WIC system, 2025



Conclusions and Recommendations

Since 2022, the Vermont WIC program has actively partnered with VITL, first to provide WIC staff access to the VITLAccess clinical portal under a defined WIC user role, and later through a technical integration between the HIE and the WIC management information system. This partnership has been in service to participants and staff to more easily allow for remote WIC appointments and improve clinic efficiency while still providing needed data to conduct thorough health assessments.

The API integration has improved workflow when data are available and able to be imported into the WIC system. Previous evaluation work has noted regional variation among medical providers sending data needed for WIC certification into the WIC system. Through additional data quality work, it has also been identified that the way data are coded from the sending electronic medical record can impact whether it will be imported into the WIC system. Further data quality planning and implementation work will improve the utility of the API import feature into the future.

Appendix

Survey tool: API WIC Staff Follow-up: Evaluation of WIC Clinical Staff Access to the Vermont Health Information Exchange

Background

By authority granted by the Vermont Commissioner of Health, the Vermont WIC program has been given access to the Vermont Health Information Exchange (VHIE) to access clinical data for use in health and nutrition assessments. Local WIC staff use the VITLAccess Clinical Portal (the online portal through which the VHIE can be accessed) to access this information.

In April 2025, Vermont WIC launched a technical connection between the VHIE and Ceres which performs a match on specific participants and imports health data directly onto the relevant screens in Ceres. A user imports data by using the “Import from HIE button” on relevant screens in Ceres.

As part of ongoing evaluation of the impact the VHIE has on WIC data and clinic workflow, the program will conduct follow up staff surveys. This is a 3-month follow-up survey following the launch of the VHIE – Ceres technical connection. Results of this survey will be added as an addendum to the existing WIC VITLAccess Evaluation report, shared back with Vermont WIC staff, and shared with WIC programs in other States.

This survey should take about 10 minutes to complete. If you have any questions about this project or this survey, please contact Amy Malinowski at amy.malinowski@vermont.gov. Thank you for your time.

1) I consent to participate in this survey

Yes

No

2) Please select your work location*

Barre

Bennington

Brattleboro

Burlington

Middlebury

Morrisville

Newport

Rutland

Springfield

St. Albans

St. Johnsbury

White River Junction

Central Office

3) What is your position?

Program Technician

Public Health Nutrition Assistant

Public Health Nutritionist

WIC Supervisor

4) How long have you worked in the Vermont WIC program?

Less than 1 year

1-2 years

3-6 years

7-9 years

10 or more years

5) Please answer how much you agree with the following statement: It is clear how using the Import from HIE function in Ceres should be incorporated in my workflow.

Strongly disagree Disagree Neither disagree nor agree Agree Strongly agree

6) Incorporating the Import from HIE function into my workflow has been:

Very difficult Difficult Neither difficult nor easy Easy Very easy

7) How often are you using the Import from HIE function to bring health data into Ceres?

Not at all

For some appointments

For most appointments

Every appointment

8) When are you utilizing the Import from HIE function the most?

Before appointments

During appointments

After appointments

9) Has the Import from HIE function improved your workflow?

Yes, it has improved

No, it has become harder

It has stayed the same

10) How has your workflow improved due to the Import from HIE function being incorporated?

11) How has your workflow become harder due to the Import from HIE function being incorporated?

12) What is the impact on chart prep time of having the Import from HIE function available?

It has saved time in chart prep.

It has taken about the same amount of time.

It has taken more time.

13) On average, how often do you need to use the VITLAccess clinical portal as a backup when data is not pulled into Ceres using the Import from HIE function?

Not at all

For some appointments

For most appointments

() Every appointment

14) Please share any reflections you have about your experience using the Import from HIE function.

15) What has the impact been of having access to measurements through the Vermont Health information Exchange (either using the VITLAccess clinical portal or the Import from HIE function in Ceres) on your ability to conduct health assessments and deliver nutrition education and counseling?

Thank You!

Thank you for taking our survey. Your response is very important to use. If you have any questions please reach out to Amy Malinowski at amy.malinowski@vermont.gov.