

DELAWARE HEALTH CARE COMMISSION
SEPTEMBER 6, 2007
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400 B
DOVER

MINUTES

Commission Members Present: Lt. Governor John C. Carney, Jr., Chair; Lisa Barkley, MD; Theodore W. Becker, Jr.; Carol Ann DeSantis, Secretary, Department of Services for Children, Youth and their Families; Richard Cordrey, Secretary of Finance; and Dennis Rochford, President, Maritime Exchange for the Delaware River and Bay Authority.

Members Absent: Matthew Denn, Insurance Commissioner; and Vincent Meconi, Secretary, Delaware Health and Social Services.

Staff Attending: Paula Roy, Executive Director; Sarah McCloskey, Director of Planning and Policy; and Marlyn Marvel, Community Relations Officer.

CALL TO ORDER

John Carney, Chairman, called the meeting to order at 9:00 a.m.

MEETING MINUTES OF JUNE 7, 2007

Ted Becker made a motion that the June 7, 2007 meeting minutes be approved. Dennis Rochford seconded the motion. There was a voice vote. Motion carried.

NEW COMMISSIONERS

Chairman Carney introduced new Commissioner Lisa C. Barkley, MD. Dr. Barkley has filled the vacancy left by Dr. Jacquelyne Gorum. Janice E. Nevin, MD has also been appointed to fill the vacancy left by Dr. Joseph Lieberman. Dr. Nevin was unable to attend.

UNINSURED ACTION PLAN

UPDATE: Community Healthcare Access Program (CHAP)

Paula Roy gave an update on CHAP. In June, contracts were executed for the five components of the program:

1. *Eligibility and Enrollment* awarded to Electronic Data Systems (EDS)
2. *Health Home and Provider Network* activity awarded to Delmarva Rural Ministries, Henrietta Johnson Medical Center, La Red Health Center and Westside Health Center, and the Medical Society of Delaware
3. *Community Outreach* awarded to Bayhealth Medical Center, Beebe Medical Center, Claymont Community Center, Nanticoke Health Services, Delaware Ecumenical Council and Slaughter Neck Community Action Agency
4. *Evaluation* component awarded to Delaware Valley Outcomes Research
5. *Program Management* awarded to Wheeler & Associates

Action

The June 7, 2007 meeting minutes were approved.

The Health Care Commission has two new members: Lisa C. Barkley, MD, and Janice E. Nevin, MD.

In June, contracts were executed for the five components of the program:

1. Eligibility and Enrollment
2. Health Home and Provider Network
3. Community Outreach
4. Evaluation
5. Program Management

Under the direction of the CHAP Oversight Workgroup, efforts have been ongoing for several months to revamp the CHAP monthly statistical report. Reports from several different sources will be combined into one quarterly report, providing a thorough view of program activities. It was noted there was a problem with reporting consistency among various vendor components of the program. One goal of the new format is to resolve these issues.

The CHAP Oversight Workgroup has acknowledged a challenge of tracking and reporting the outcomes from community outreach activities of two community based organizations, Slaughter Neck Community Action Agency and the Delaware Ecumenical Council. The challenge is to link and identify new CHAP enrollments as the direct result of community outreach. This is because new enrollees may not be aware that they found out about CHAP as a result of these specific organizations' activities, but, rather, an individual who told them.

The CHAP program received a boost in the spring from Astra Zeneca through its Healthy Delawareans Today and Tomorrow project. All of the federally qualified health centers will receive funding for additional people that will enhance CHAP activities. One will use the extra resources to look at data about their patients, to assure all are enrolled in appropriate programs. One will expand hours that coordinators are available to see people. One agency is planning to designate a person that refers patients to related services, called a patient navigator. Another will more aggressively follow up on patient care.

Current CHAP enrollment as of August 31, 2007 was 3,175 people; 1,392 new enrollments, and 1,783 re-enrollments. Total enrollment since the program's inception in June 2001 is over 13,000.

There are 250 VIP II physicians in New Castle County, 79 in Kent County and 155 in Sussex County.

Update: Creenaght Downstate Insurance Initiative

Brian Hefferan reported that the Creenaght Downstate Insurance Initiative was launched a year ago with the first group joining on October 1, 2006. The initial downstate effort began as a result of small employers seeking help from local chambers of commerce for the lack of affordable health care.

The concept was to find a way to put a more affordable health care insurance program on the market. The objective is to increase affordability by improving health outcomes. The initiative is underwritten by Companion Life, an A-rated company.

Participating clients are required to complete a biometric screening. If a health risk factor is identified, the client must see a physician within 60 days and enroll in a disease management program in order to receive reduced cost deductibles. Clients that chose not to do that, pay a much higher deductible. Six out of every ten people screened have some health issue.

The format of the CHAP monthly statistical report is being revamped and reports will be generated quarterly.

Since the CHAP program inception in June 2001, total enrollment is over 13,000.

The Creenaght Downstate Insurance Initiative was launched a year ago with the first group joining on October 1, 2006.

The initial downstate effort began as a result of small employers seeking help from local chambers of commerce for the lack of affordable health care.

Three out of every ten people have an undiagnosed health risk. It has been found that injecting personal responsibility into a health plan can yield excellent results. Mr. Hefferan reported that nearly 90 percent of participants choose to manage their health risk factors, thus benefiting from the reductions in cost. However, one of the challenges reported by clients is the ability to find a physician that can see them within a 60 day window.

Another challenge identified is that in order to receive a rate quote, a small group employer must first have employees complete a health questionnaire. Questionnaires vary significantly among insurance providers. Mr. Hefferan suggested it would be very helpful if there were one uniform health questionnaire used by all insurance providers in the state.

Mr. Hefferan reported that the biggest disappointment has been that premiums are not as significantly lower than other products as had been hoped. However, customer response to the type of product has been positive.

UPDATE: Federally Qualified Health Center's use of the Henrietta Johnson Medical Center survey developed by John Snow, Inc.

Last year a marketing study was conducted by John Snow, Inc. designed to allow Federally Qualified Health Centers (FQHCs) to gain a better understanding of their client population and overall perceptions of their center in particular, and community health centers in general. Henrietta Johnson Medical Center was used as a proxy for the analysis. One of the deliverables from JSI for the Henrietta Johnson Medical Center project was a tool that could then be used by other FQHCs to replicate the study. The Commission is now working with the Division of Public Health on a plan for La Red and Delmarva Rural Ministries to replicate the study. The plan is to have John Snow, Inc. analyze the data to allow for credible comparisons to be made of the survey results.

ACTION: Micro simulation/Econometric Modeling Recommendation

Paula Roy reported that the Commission empanelled a review committee to review proposals to conduct a micro simulation model on two approaches to achieve universal coverage: 1) a single payer approach, and 2) a building block approach. Proposals were received from the Lewin Group, Mathematica and Jonathan Gruber with MIT. A preferred vendor has been selected that the committee would like to begin negotiations.

Action

Ted Becker made a motion that the Chairman and Executive Director be authorized to move forward with negotiations. Dennis Rochford seconded the motion. There was a voice vote. Motion carried.

Action

The Chairman and Executive Director were authorized to move forward with negotiations on a contract to conduct a micro simulation modeling on two approaches to achieve universal coverage.

INFORMATION & TECHNOLOGY

UPDATE: Delaware Health Information Network (DHIN)

Project Status

Gina Perez updated the Commission on the status of the Delaware Health Information Network (DHIN).

The system continues to operate successfully, and new physician offices continue to be added. New data receivers have been added to the system including La Red Health Center, the first FQHC to go live. Westside Health Center is working with DHIN and their electronic medical record (EMR) vendor Allscripts, and will go live shortly.

DHIN is entering Phase Two of the project, during which DHIN will work with hospitals and labs to synthesize patient identifiers for a master patient index. A patient record locator, or query function is being developed. Also, new data senders will be added, including radiology facilities, labs and additional hospitals.

New DHIN marketing materials have been developed and were distributed to the Commissioners.

Demonstration of New Website

Ms. Perez gave a demonstration of the new www.dhin.org website. The logo and look and feel of the website was developed by University of Delaware marketing students. A theme has been developed, which is that DHIN saves lives, reduces cost, improves care and enhances privacy.

The website contains links to all data senders, contact information for DHIN, and an online physician pre-enrollment form. Several responses from practices have been received from physician practices with a desire to learn more and/or enroll in the DHIN. The website includes an updated digital library resource with a list of categorized reports and presentations related to health care in Delaware.

The www.dhin.net website is the official log-in site for clinicians authorized users of the DHIN system. A demonstration of the system from the physicians' perspective will take place at the October Commission meeting.

The Commissioners had a discussion and the following points were raised.

- The system hardware and servers reside in an ultra secure Perot data center in Plano, Texas. Perot also has an approved disaster recovery plan and a separate recovery data center in Michigan.
- Individual facilities continue to "own" the data (i.e. the hospitals and Lab Corp.
- DHIN owns the hardware and licenses to the system software.
- DHIN is exclusive to Delaware, but there will be opportunities in the future to connect to systems in neighboring states and regions.

- Currently DHIN is a “results delivery system.” In Phase Two of the project, July 2007 - June 2008, a “patient record inquiry system” will be implemented.
- A patient portal is being developed that will eventually (after implementation of the patient record inquiry function) allow patients to request an audit trail to see which physicians accessed their records, when, and why.
- DHIN privacy protocols continue to be developed by the Consumer Advisory Committee.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Primary Care Physician Capacity Study

Tibor Toth, PhD, of the University of Delaware Center for Applied Demography and Survey Research, gave a presentation on Primary Care Physicians in Delaware 2006. The survey was prepared for the Division of Public Health. The purpose of the survey was to provide a snap shot of primary care physicians in Delaware. There was a 46 percent response rate. The full report will be posted on the www.dhin.org resource library when it becomes available.

- It is estimated that there are about 781 primary care physicians in the state. Of those, 671 are full time employees (FTE). In 1998 there were 610 FTE primary care physicians.
- The population is growing faster than the number of FTE primary care physicians.
- In 1998, 20 percent were under 40 years old. In 2006, 29.5 percent were under 40. In 1998, 13 percent were above 65 years old. In 2006, 14 percent were above 65.
- In 2006, 78.6 percent reported they plan to be active 5 years from now, the same number as in 1998 and 2001. 7 percent said they will not, and 14 percent said they were unsure.
- In 1998, 13 percent graduated from high school in Delaware. In 2006, 16.2 percent graduated in Delaware.
- The main source of primary care physicians in Delaware is from surrounding states. In 1998, 58 percent of the physicians graduated from medical schools outside of the region. In 2006, 46 percent graduated outside of the region.
- About 49 percent of Delaware medical residency programs are located in New Castle County.
- In 1998, 84 percent were accepting new patients. In 2006, 85.8 percent were accepting new patients.
- In 2006, 68.3 percent were accepting new Medicare patients, and 64 percent were accepting new Medicaid patients, the same as 1998.
- When the number of people served by one primary care physician rises above 3,000 to 3,500 an area is identified as underserved.

A survey of primary care physicians was prepared for the Division of Public Health.

There are about 781 primary care physicians in Delaware, of which 671 are full time employees.

About 29.5 % are under 40 and 14 % are above 65.

About 78.6 % plan to be active 5 years from now.

About 16.2 % graduated from high school in Delaware.

About 85.8 % are accepting new patients.

About 68.3 % are accepting new Medicare patients, and 64 % are accepting new Medicaid patients.

- There appears to be an adequate number of physicians in Delaware, but there is a geographic mal-distribution which creates underserved areas of the state.
- Primary care physicians are becoming slightly more racially diverse. In 1998, 79 percent were Caucasian. In 2006, 73 percent were Caucasian.

There appears to be an adequate number of physicians in DE, but there is a geographic mal-distribution which creates underserved areas of the state.

Primary care physicians are becoming slightly more racially diverse.

SPECIFIC HEALTH ISSUES

Racial/Ethnic Disparities Task Force – Overview of Recommendations

Chairman Carney explained that the Racial/Ethnic Disparities Task Force was empanelled by an executive order from the Governor, which called for recommendations to be made and presented to the Division of Public Health. The Division has since been charged with developing a plan to address and implement the recommendations.

Sarah McCloskey noted that four of the recommendations refer specifically to the Health Care Commission.

1. The Delaware Health Information Network (DHIN) should support the collection of chronic disease health indicators (minimum data elements) as part of standard provider reporting.
2. Support a current initiative of the Health Care Commission and the Division of Professional Regulation to explore the routine collection of certain HIPAA-compliant data on race/ethnicity/language from health professionals through the licensure renewal process.
3. Support budgetary requests for additional funding in FY 2008 for the State Loan Repayment Program (through the Health Care Commission) to recruit a racially/ethnic diverse pool of providers to practice in underserved areas of the state.
4. Support increased state funding to encourage DIDER (The Delaware Institute for Dental Education and Research) & DIMER (Delaware Institute for Medical Education and Research) to begin to establish relationships with Historically Black Colleges.

New Task Forces

Women’s Healthy Heart Issues

Ms. Roy reported that the Health Care Commission will participate on the new Task Force on Women’s Healthy Heart Issues, created by House Resolution 29.

Health Insurance Pooling

The Commission is also charged with responsibility for administrative support on the Task Force on Health Insurance Pooling, created by House Resolution 38. The Commission will co-administer the Task Force with staff from the House of Representatives.

The Commission will participate on two new task forces: Women’s Health Heart Issues, and Health Insurance Pooling.

OTHER BUSINESS

Ms. McCloskey reported that the Commission has received an additional \$100,000 in federal state loan repayment funds.

PUBLIC COMMENT

Dr. Robert Frelick, of the Medical Society of Delaware, said, with regard to the DHIN project, he sees patients in a small Claymont facility and is able to receive patient lab work at that location. He asked how the information would get back to the DHIN. Ms. Perez responded that the Claymont office could be connected with DHIN as a data receiver to allow the information to be sent through DHIN.

George Meldrum, of the Nemours Foundation, asked what is included in the Public Policy section of the DHIN website.

Ms. Perez responded that the section includes general project information.

Mr. Meldrum asked if the Health Disparities Task Force has a subcommittee working on follow up to the recommendations on policy issues.

Mr. Carney responded that the Division of Public Health is charged with establishing a plan to address the recommendations. One of the recommendations is that a special group be established to help move the solutions forward.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on October 4, 2007, at 9:00 a.m. at the Del Tech Terry Campus Conference Center, Room 400 B

ADJOURN

The meeting adjourned at 11:00 a.m.

The Commission has received an additional \$100,000 in federal state loan repayment funds.

Next Meeting
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Guests Attending

Jack Akester
Joy Blasier
Anthony Brazen, D.O.

Judy Chaconas
Jeanne Chigione
Kathy Collison
Barbara DeBastiani
Robert Frelick
Joann Hasse
Brian Hefferan
Jonathan Kirch
Joe LaMantia
Lolita Lopez
Rebekah Magdyla
George Meldrum
Linda Nemes
Sheila Nutter
Janice Parker
Gina Perez
Brian Posey
Faith Rentz
Rosa Rivera
Albert Shields
Debra Singletary
Wayne Smith
Rob White
Calvin Young

Mental Health America
Electronic Data Systems
Division of Medicaid and Medical Assistance
Division of Public Health
American Cancer Society
Division of Public Health
Wheeler and Associates/MACHC
Medical Society of Delaware
League of Women Voters
Greenaght Health Plans
American Heart Association
Elan Pharmaceuticals
Westside Health
Electronic Data Systems
Nemours Foundation
Department of Insurance
Electronic Data Systems
American Heart Association/ASA
AIM
American Association of Retired Persons
Office of Management and Budget
Henrietta Johnson Medical Center
Office of the Lt. Governor
DRM
Delaware Healthcare Association
Delaware Physicians Care, Inc.
UAW Community Healthcare