

DELAWARE HEALTH CARE COMMISSION
SEPTEMBER 4, 2008
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400 B
DOVER
MINUTES

Commission Members Present: Theodore W. Becker, Jr.; Susan Cycyzk, representing Henry Smith, Secretary, Department of Services for Children, Youth and Their Families; Vincent Meconi, Secretary, Delaware Health and Social Services; Janice Nevin, MD; Dennis Rochford, President, Maritime Exchange for the Delaware River and Bay; Fred Townsend

Members Absent: Lt. Governor John C. Carney, Jr., Chairman; Lisa Barkley, MD; Richard Cordrey, Secretary of Finance; A. Richard Heffron; Matthew Denn, Insurance Commissioner; Henry Smith, Secretary, Department of Services for Children, Youth and Their Families.

Staff Attending: Paula Roy, Executive Director; Leah Jones, Director of Planning and Policy; Marlyn Marvel, Community Relations Officer; and Linda G. Johnson, Administrative Specialist

CALL TO ORDER

The meeting was called to order at 9:10 AM by Vincent Meconi, Acting Chairman in the absence of Lt. Governor Carney.

NEW COMMISSIONERS

Mr. Meconi welcomed Fred Townsend, who was appointed by the President Pro Tempore of the Senate and acknowledged Henry Smith, new ex officio Commissioner, Secretary, Department of Services for Children, Youth and Their Families, who was unable to attend.

Fred Townsend and Henry Smith were acknowledged as new Delaware Health Care Commissioners.

MEETING MINUTES OF JUNE 5, 2008

Acceptance of the June 5, 2008, meeting minutes was deferred due to lack of a quorum.

UNINSURED ACTION PLAN

COMMUNITY HEALTHCARE ACCESS PROGRAM (CHAP)

Paula Roy summarized highlights of the CHAP Fourth Quarter FY 2008 (April – June) report.

Commissioners heard a summary of the CHAP FY 2008 fourth quarter report.

- The current CHAP enrollment is 3,143, indicating a slight drop from the third quarter. Such drops are expected and typical during re-enrollment, which occurred during the third quarter.
- There were 2,075 re-enrollments during the fourth quarter; higher than in previous years.
- During the quarter, there were 998 new enrollments

How applicants heard about CHAP during the fourth quarter:

- EDS (internal, non-CHAP) ~ 16 percent
- FQHC ~ 50.5 percent
- Hospital / ER ~ 19.2 percent
- Blank ~ 0.2 percent
- Other ~ 14.2 percent
("other = State entities, Covering Kids & Families, outreach, family/friends/other clients)

Coordination with Screening for Life

Ted Becker, Chair of the CHAP Oversight Committee, met with a Screening for Life/CHAP working group, to identify opportunities to blend Screening for Life and CHAP to:

- Improve outreach
- Gain greater administrative efficiencies
- Track movement in and out/among programs
- Reduce system barriers
- Improve services to patients

Members of the workgroup included Jill Rogers, Carmen Herrera from the Division of Public Health, Betsy Wheeler, Lolita Lopez, Paula Roy and Leah Jones.

Infant Mortality

A first meeting was held with representatives of the Infant Mortality Program administered by the Division of Public Health. Attending were Ted Becker, Brian Olson, Betsy Wheeler, Mawuma Gardesey, Paula Roy and Leah Jones. More detailed information is necessary but it does appear that opportunities exist to collaborate on data sharing.

Mr. Becker felt a blending of the Infant Mortality program and CHAP should be pursued and Dr. Nevin agreed.

The meeting produced a report which was distributed to the Commission and is attached to these minutes.

There are structural similarities between the programs that offer opportunities to blend the programs.

Recommendations

The working group offered recommendations in three key areas:

- Providers
- Systems
- Services

1. Providers

Maps showing Screening for Life (SFL) and VIP providers were reviewed. Recommend more in-depth review and develop a systematic way to blend the network.

2. Systems

SFL is considering a major systems overhaul because much of the process is manual and slow. CHAP is due to bid the enrollment and eligibility contract in the spring of 2009. Recommend issuing a joint Request for Proposals (RFP) to develop a combined system

- Timing good
- Efficiencies and potential cost savings
- Better tracking of patients across programs
- Better reporting: services, demographics, case management and follow-up

Ted Becker reported on a workgroup meeting to identify opportunities to blend Screening for Life and CHAP.

The group recommends a joint *Request for Proposal*.

3. Services

A grid of preventive services covered by state programs was developed. It offers an encouraging view of covered services which can be delivered through the CHAP network. Recommend using it as a basis for determining which services should be expanded.

Evaluation

Ms. Roy reminded commissioners of the decision last spring that the use of chart reviews to evaluate CHAP patients' health outcomes was cumbersome and labor intensive, and did not produce appreciably different results from previous outcomes tools. The decision was made to return to the original health status tool used when the program was first launched in 2001. The tool is administered upon enrollment and results sent to a nurse case manager. She follows up with high risk patients and identifies those whose progress should be monitored by Dr. Gill. This process began in August.

A large portion of the CHAP population are females of child bearing years. The Infant Mortality program is a good place for data mining to help craft an evaluation plan.

Report: Healthcare Leadership Council Market Research, Beth Schapiro, PhD, Founder, The Schapiro Group

Ms. Roy introduced Beth Shapiro, PhD of the Shapiro Group to present the findings of Delaware specific market research. The firm was retained by the Health Leadership Council after participation in two summits on the Uninsured sponsored last year by the Delaware Public Policy Institute (DPPI). The research is aimed at determining how to reach the 25 percent of the uninsured who are eligible for existing programs but not enrolled. Reaching this population as a strategy to reduce the uninsured is a major recommendation of both the Commission and the DPPI summits.

Dr. Shapiro prepared and presented the *Delaware Health Coverage Enrollment Study*, to determine which health enrollment tactics will drive Delaware residents to take action on their own behalf toward finding health coverage.

Four hundred Delaware residents were surveyed.

- Four target audiences
 - Young adults
 - Parents whose children (under age 18) have no insurance
 - Small business employers and employees
 - Latinos

At least 150 respondents in 3 of 4 target audiences were interviewed.

- Young adults, parents with uninsured children, small business

Margin of sampling error +/- 3.9 percent.

In-depth follow-up interviews with 20 respondents

- At least 5 from each of the 4 target audiences

Chart reviews were found to be labor intensive, and did not produce appreciably different results from previous outcomes tools. The decision was made to return to the original health status tool used when the program was first launched in 2001.

The Health Leadership Council contracted with Dr. Beth Shapiro to conduct Delaware specific research to gain insight to help people gain access to insurance.

Self-enrollment experiment

- Part 1
Expose uninsured individuals to different forms of communications about finding health coverage.
 - Outcome of interest was calling an 800 number or going to a website to request information about affordable health coverage options.
- Part 2
Determine who requested information and what communications stimuli they were exposed to.

Definitions

- Uninsured
 - No private or employer-sponsored health insurance, including coverage under someone else's plan.
 - No other form of healthcare coverage (i.e., association-sponsored plan, Medicaid, or state run program).
- Underinsured
 - Has coverage but has avoided seeking medical treatment due to cost
 - Has coverage, but does not feel that current coverage will provide enough assistance in case of medical emergency.

Key Finding: Level of Concern

- Uninsured not convinced they need health coverage

I am concerned about my healthcare coverage

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know/Refused
Total	25%	36%	34%	4%	1%
Un/Underinsured	36%	39%	22%	2%	2%
Young adults	33%	31%	32%	5%	0%
Small business	50%	33%	14%	0%	2%
Parents of children	32%	42%	22%	3%	1%

I am concerned that my child/children does/do not have coverage

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know/Refused
Total	11%	25%	46%	17%	2%
Un/Underinsured	17%	35%	38%	6%	3%
Young adults	18%	37%	37%	8%	0%
Small business	7%	47%	40%	2%	3%
Parents of children	16%	36%	39%	6%	2%

Key Finding: Availability

- Uninsured believe health coverage options are not available

There are health coverage options out there for people like me

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know/Refused
Total	10%	40%	35%	11%	4%
Un/Underinsured	10%	32%	40%	14%	3%
Young adults	5%	47%	38%	9%	0%
Small business	22%	21%	31%	22%	4%
Parents of children	11%	37%	40%	8%	4%

Key Finding: Affordability

- About half believe they can afford health insurance

Can you afford health insurance?

	Yes	No
Un/Underinsured	47%	53%
Young Adults	48%	52%
Small business	51%	49%
Parents of children	52%	48%

Note: Un/Underinsured respondents only

Key Finding: Where to turn

- Uninsured residents do not know where to go to find health insurance

I know where to go to find coverage that is right for me.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know/Refused
Total	7%	44%	40%	7%	2%
Un/Underinsured	7%	31%	49%	11%	2%
Young Adults	0%	39%	48%	14%	0%
Small business	9%	38%	36%	14%	2%
Parents of children	6%	34%	50%	7%	2%

Do you know of a reliable source of information about health coverage options?

	Yes	No	Don't know/ Refused
Un/Underinsured	40%	59%	2%
Young adults	30%	70%	0%
Small business	47%	53%	0%
Parents of children	36%	60%	4%

Note: Un/Underinsured respondents only

Key Finding: Confusion

- Uninsured residents have difficulty understanding the plans that are out there.

Are health coverage options too confusing?

	Yes	No	Don't know/ Refused
Un/Underinsured	72%	28%	0%
Young adults	87%	13%	0%
Small business	77%	23%	0%
Parents of children	72%	28%	0%

Note: Un/Underinsured respondents only

Key Finding: Sources of Information

- Different audiences look to different sources
 - Employer
 - Internet
 - Family/friends
 - State government
- State government is a credible source among all audiences
 - Delaware Insurance Commissioner's Office
 - Delaware Help Line
 - Delaware State Service Centers

Messaging: Content

- Convince people they need health insurance
 - Medical emergency could put you or your family in debt for many years
 - Even if you are young and healthy, you still need health insurance. Unexpected illness can happen to anyone, regardless of age and health
 - Avoid messaging that reinforces the idea that "affordable options do exist." Acknowledge that they have looked before and have come up empty.

- Tell them where to turn for trustworthy information and assistance.
 - Craft differently for each audience

Messaging: Tone

- Conversational techniques are doubly effective for Delaware audiences.
 - Conversational tone convinces people that they need coverage.
 - Helps them identify resources for finding and understanding their health coverage options.

Comparison to National Findings

National study conducted in early 2007

- Largest obstacle stopping people from pursuing coverage
 - National: preconception that health insurance costs too much
 - Delaware: understanding and identifying options
- Effective tone of initial contact
 - National: persuasive
 - Delaware: conversational

Recommendations

- Need to convince the uninsured that they need health coverage
- Need to build awareness of credible and trustworthy sources of information
- Strong potential for public-private partnerships, with uninsured frequently turning to state government and employer for information.
- Use conversational tone.

Report: Robert Wood Johnson Outreach Grant Application

In August 2008, Ms. Roy informed the Commissioners via an e-mail that, at the urging of the Chairman, Lt. Governor Carney, the Commission opted to proceed with an application for a grant through the Robert Wood Johnson foundation entitled, "Maximizing Enrollment for Kids." The grant is a four year project that provides assessments for state systems and policies for enrolling children in Medicaid and SCHIP. Up to eight states may receive grants of up to \$1 million over the four year period.

Betsy Wheeler, of Wheeler and Associates, wrote the grant application on behalf of the Commission, which had to be submitted by August 6. Letters of support were received from Governor Minner, the State Chamber of Commerce, Astra Zeneca, La Red, Westside Health, Division of Public Health and the Division of Medicaid and Medical Assistance, and were included with the application. If Delaware is chosen for a site visit, it will take place in October or November. Grant awards will be announced on December 15, 2008.

Update: Modeling Project ~ State Planning Program

Dr. Jonathan Gruber is much in demand nationwide for modeling health care reform. He requested that his contract with Delaware be extended and the Commission should receive his full report in the Fall.

Recommendations were: convince the uninsured that they need health coverage; build awareness of credible and trustworthy source of information; there is a strong potential for public-private partnerships; use a conversational tone

The Commission opted to apply for a four year grant through the Robert Wood Johnson Foundation to maximize kids enrollment in Medicaid and SCHIP. Up to \$4 million dollars is available.

Dr. Jonathan Gruber's full report will be presented in Fall 2008.

INFORMATION AND TECHNOLOGY

Report: Delaware Health Information Network (DHIN)

Gina Perez, Executive Director of the DHIN, updated the Commissioners about recent activities.

- Christiana and BayHealth Hospital systems, Beebe Medical Center and Lab Corp are participating at this time.
- Sixty five physician practices ~ 107 practice locations enrolled.
- Three hundred twenty one physician users ~ 554 total users (includes clinical staff)
- At this time lab and pathology results, radiology reports and admission/discharge/transfer information is being transferred.
- Two employees have been hired to work for DHIN – a Project Manager and a Management Analyst.
- Delaware is the first state to have both national laboratories on board ~ LabCorp and Quest Diagnostics.
- Nanticoke is doing a complete system upgrade and planning to come on board next year.
- Delaware is part of the National Health information System and is the only state of 9 to complete all of the testing requirements.
- Agency for Healthcare Research and Quality (AHRQ) funding for DHIN continues for two years.
- Formed Finance Workgroup to look at how to bring health plans and other beneficiaries of DHIN into the system for financing purposes.
- DHIN awarded a Medicare Electronic Health Record demonstration project in June 2008. The award provides up to \$290,000 for each of up to 100 Delaware primary care practices who adopt electronic health records and complete performance reporting to Medicare. DHIN's role will be to assist Medicare in identifying and recruiting eligible practices. The project will begin in June 2009.
- Set of regulations being compiled and should be ready to review at the October Commission meeting.

Diabetes Program Report

Don Post, Diabetes Prevention and Control Manager (DPCP), Division of Public Health, summarized the program's accomplishments of last year. The report is attached to these minutes.

The *Media Project* provides an on-going campaign for diabetes awareness, education and prevention. Messages include utilization of specific services, risk factors, complications, methods of good control and ways to prevent development of the disease.

- 407,042 households reached statewide by television media (15,411 Hispanic)
- Circulation area was statewide: all three counties ~ Kent, Sussex and New Castle.
- Ad placements total 3,856
- Campaign lengths averaged 5 ½ months
- 187 tracked responses were referred to the DPCP by the Delaware Help!Line with 96 requesting financial support, 54 for educational information and 37 for other reasons.

Gina Perez updated the Commission on DHIN activities: DHIN hired a Project Manager and a Management Analyst; LabCorp and Quest Diagnostics are on board; Delaware is the only state of 9 to complete all of the testing requirements; AHRQ funding for DHIN continues for two years.

Don Post, Diabetes Prevention and Control Manager, Division of Public Health, summarized the program's accomplishments of last year.

The *Community Health Centers Diabetes Infrastructure Development* project provides on-going support for diabetes education and treatment at all four Federally Qualified Health Centers (FQHC) in Delaware, four community clinics and Delaware Park. Certified Diabetes Educators have been placed at the four FQHCs.

The *Community Blood Screening* project was designed to increase public awareness of the risks and burden of diabetes, find those Delawareans at risk and refer high-risk Delawareans to their health care provider. Screenings are conducted at health fairs, festivals, pharmacies, places of employment and worship, senior centers, medical clinics and community centers.

The *Diabetes Emergency Medical Fund (DEMF)*, administered through the Delaware State Service Centers, provides residents of Delaware, on an emergency basis only, diabetes services, medications and supplies. The DEMF provides for items only directly related to diabetes that will eliminate or alleviate the emergency condition, reduce health disparities and increase access to care. This is probably the most successful of the Diabetes programs.

Delaware Diabetes Coalition Staff Development employs a part time Executive Director and provides a foundation for their community work, uniting those working with diabetes in the state, strengthening partnership communication, reducing duplication and contributing towards meeting state and national objectives. This project holds the Diabetes Expo.

Pre-diabetes Treatment Guidelines development and utilization assessment of the pre-diabetes treatment guidelines provide uniform treatment statewide, establishes a best-practices approach to prevention of Type 2 diabetes, increases provider knowledge and use of maximum treatment protocols.

- 1,400 guidelines were printed
- 1,200 (86 percent) guidelines were distributed to providers
- Pre-diabetes guidelines, along with past diabetes guidelines, are available online.

The 90 hour *School Nurse Diabetes Cluster, "Diabetes in the School Setting,"* is designed to increase the clinical knowledge base of school nurses in diabetes.

- No modules were conducted due to the contractor experiencing difficulty in enrolling the number of school nurses.

Previously, the cluster has not been very successful and has been re-designed this year. If it is not more successful, it may be phased out.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Health Workforce Development Committee

Leah Jones reported that the Health Workforce Development Committee reconvened with co-chairs, Drs. Janet Nevin and Lisa Barkley. The Committee is in its preliminary data gathering stage.

The Health Workforce Development Committee reconvened with co-chairs, Drs. Nevin and Barkley.

Three break-out workgroups were formed. Two of the three workgroups met over the summer: Data and Information Management and Workforce Competencies. Both workgroups brainstormed to assist the full Committee with recommendations.

The next Workforce meeting is September 18 at the Smyrna Wellness Center.

It was asked if the reimbursement rate for providers came up as an issue in terms of retention. Dr. Nevin responded that it had.

State Loan Repayment Completion

Ms. Jones received feedback from three of the doctors who have completed their State Loan Repayment obligation. Feedback expressed a need for an OB/GYN in Sussex County; two of the three are going to remain at the site where they are practicing; and they had an overall positive experience in the program.

OTHER BUSINESS

Dr. Nevin acknowledged Westside Family Healthcare, the positive impact it has had on the community and their upcoming 20th anniversary celebration.

Ms. Roy called attention to a Beebe Medical Center report from Ted Becker, which was distributed to the Commissioners, devoting two pages to CHAP and how the program helped two of its participants.

PUBLIC COMMENT

Joanne Hasse, of the League of Women Voters, suggested as part of outreach that more emphasis be placed on keeping people in programs, particularly the SCHIP program, and not just on enrolling new people.

Dr. Robert Frelich suggested that Workforce Committee reports be made available to the public.

Lolita Lopez thanked Dr. Nevin and Ms. Hasse for their comments about Westside Health Center. Ms. Lopez has been leading the organization for 18 of its 20 years and Dr. Frelich was one of the founding board members. She believes Westside's success is based largely on the strong partnerships they have developed throughout the community, including Christiana Care, the Division of Public Health and the Health Care Commission, and she thanked everyone for their help. The anniversary gala will be September 20 and Ms. Lopez invited everyone to attend.

George Meldrum, of the Nemours Foundation, supports merging the Screening for Life and CHAP programs. He suggested that the Request for Proposals include an opportunity to meet existing gaps in services.

The Nemours Foundation is having its annual conference October 22 and 23. Brochures are available for anyone wishing to attend.

Two of the three workgroups met over the summer and brainstormed to assist the full Committee with recommendations.

Westside Family Healthcare is celebrating its 20th anniversary.

The Nemours Foundation is having its annual conference October 22 and 23.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on Thursday, October 2, 2008 at 9:00 a.m. at Del Tech Terry Campus in Room 400 B.

ADJOURN

The meeting adjourned at 10:55 AM

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on Thursday, September 4, 2008 at 9:00 a.m. at Del Tech Terry Campus in Room 400 B.

GUESTS

Anthony Brazen, DO	Division of Medicaid and Medical Assistance
Rodney Brittingham	Delaware Children's Campaign
Kathy Collison	DHSS/Division of Public Health
Barbara DeBastiani	Wheeler and Associates
Spencer Epps	Apollo Human Rights Foundation
Robert Frelich, MD	Medical Society of Delaware
Joann Hasse	League of Women Voters
Barbara Jackson	Electronic Data Systems
Suzanne Raab-Long	Delaware Healthcare Association
Lolita Lopez	Westside Family Healthcare
George Meldrum	Nemours Foundation
Sheila Nutter	Electronic Data Systems
Brian Olson	La Red Health Center
Gina Perez	Advances in Management/DHIN
Rosa Rivera	Henrietta Johnson Medical Center
Jill Rogers	DHSS/Division of Public Health
Lillian Ronneberg	Electronic Data Systems
Jose Tieso	Electronic Data Systems
Betsy Wheeler	Wheeler and Associates