DELAWARE HEALTH CARE COMMISSION
APRIL 5, 2007
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400 B
DOVER

MINUTES

Commission Members Present: Lt. Governor John C. Carney, Jr., Chair; Theodore W. Becker, Jr.; Tom Cook, Acting Secretary of Finance; Jacquelyn W. Gorum, DSW; Joseph A. Lieberman, III, MD, MPH; and Lois Studte, RN.

Members Absent: Richard Cordrey, Secretary of Finance; Matthew Denn, Insurance Commissioner; Carol Ann DeSantis, Secretary, Department of Services for Children, Youth and their Families; Vincent Meconi, Secretary, Delaware Health and Social Services; and Dennis Rochford, President, Maritime Exchange for the Delaware River and Bay Authority.

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

CALL TO ORDER

John Carney called the meeting to order at 9:10 a.m.

MINUTES OF MARCH 1, 2007, MEETING

Ted Becker made a motion to approve the March 1, 2007 minutes. Lois Studte seconded the motion. There was a voice vote. The motion carried.

It was noted that a quorum was achieved by Tom Cook's attendance as Acting Secretary of Finance in an ex-officio capacity, as permitted by the Delaware Code.

UNINSURED ACTION PLAN

UPDATE: SMALL GROUP INSURANCE REFORM RECOMMENDATIONS

When the recommendations for reforms in the small group market were reviewed at the March Commission meeting, closure was not reached on the options for recommendations to address the issue of rate stability. Under current law, group characteristics change from low risk to high risk, premiums vary from as much as nine times from lowest risk groups to highest risk groups. A recommendation offered at the March meeting was to gradually compress rates over a four year period to reduce this variation. In addition to compressing the allowable rate variation, the Committee recommended that another mechanism to make rates more stable from year to year be implemented.

Two recommendations were offered for addressing the issue of rate stability:

Option One: Place a cap on the amount that rates can increase from year to year to "trend" – the general increase in the cost of health care - plus an adjustment so that the maximum increase would be no more than 20 or 25 percent.

Action Items

Action
The minutes of the February 1, 2007 meeting were approved.

It was noted that a quorum was achieved by Tom Cook's attendance as Acting Secretary of Finance in an ex-officio capacity, as permitted by the Delaware Code.

Option Two: Limit the amount of increases due to changes in health status (one of the allowable rating factors) to 15 percent.

Blue Cross Blue Shield of Delaware (BCBS) was asked to respond to the Small Business Committee recommendations, and in particular the issues regarding rate stability. BCBS is in favor of Option Two for addressing rate stability. It supports all of the other recommendations.

A motion was made by Dr. Lieberman to accept the report and recommendations of the Small Business Committee. Ted Becker seconded the motion. There was a voice vote and the motion carried.

Action
Dr. Lieberman made the motion to accept the report and recommendations of the Small Business Committee.
Ted Becker seconded the motion. There was a voice vote and the motion carried.

UPDATE: COMMUNITY HEALTHCARE ACCESS PROGRAM (CHAP) OVERSIGHT WORKGROUP
Paula Roy reported to the Commission that the CHAP Oversight Workgroup met in March and spent the majority of the meeting reviewing the research by Dr. James Gill.

The Workgroup is planning to revise and improve the reporting format for the CHAP Program Performance. The new format will be presented to the Commission at the May meeting.

Two components of the CHAP program due to be re-bid are the *Outreach Vendors* and the *Enrollment Broker*. It was proposed by the Workgroup to proceed with issuing Requests for Proposals for Outreach and the Enrollment Broker.

At this time, Dr. Gill's research and evaluation is not at a stage to warrant making recommendations for any program changes for outreach activities this year.

UPDATE: CHAP Evaluation – Dr. James Gill
Dr. Gill provided a presentation of preliminary results of evaluation activities.

Focus of the CHAP evaluation for 2007 and 2008 is three-fold:
1. Measure improvement in quality of care after CHAP enrollment for people with high risk conditions through chart reviews.
2. Perform geo-mapping to determine if CHAP enrollment matches areas of highest need.
3. Evaluate outreach programs that are geographically targeted.

<u>Chart Reviews</u>
Beginning May 2006 the CHAP program began focus on quality of care within chronic disease management. Since the high risk focus began in May 2006, there have been 646 new enrollees with one of the targeted high risk conditions.

Chart reviews were conducted on patients that had been enrolled in the program for six months, had a high risk condition, had at least two visits and had no more that two visits prior to enrollment. The data presented are from only 27 charts. More longitudinal data is required before definitive conclusions can be reached.

Early conclusions drawn from the chart reviews indicate that: 1.) it is too early to draw definitive conclusions; 2.) there was some improvement in control of diabetes; 3.) immunization rates low for targeted conditions and 4.) many persons with diabetes are not getting eye and foot exams.

Geo-Mapping

Dr. Gill's presentation included Delaware maps which illustrated geographic distribution analysis of various age groups; the number of physician practices in those areas and the proportion of eligible population in CHAP.

This round of geo-mapping was performed to attempt to identify where the target CHAP population (between 100 percent and 200 percent of the federal poverty level) reside.

The maps revealed population pockets in Wilmington, New Castle, Kent County east of Dover and around Harrington, and Sussex County. Future geo-maps will attempt to identify low income people by race and ethnicity.

Outreach Evaluation

Dr. Gill is designing an evaluation plan to determine whether geographically targeted outreach programs are reaching CHAP eligible populations. The plan will be implemented, data collected, analyzed and presented during FY 08.

Health Risk Assessments

Follow-up health risk assessments will be administered by EDS to CHAP patients annually on their enrollment anniversary. Beginning May 2007 a revised HRA will consider issues of diet and exercise.

PRESENTATION

Alec McKinney from John Snow Inc. gave a presentation on the *Federally Qualified Health Center/Henrietta Johnson Medical Center Market Research Study*.

The purpose of the study was to better understand perceptions, attitudes, satisfaction/awareness of Delawareans regarding Federally Qualified Health Centers (FQHCs) in order to strengthen their role in the state's health care safety net. Henrietta Johnson Medical Centers was used as a case study for the research. Given the important role of FQHCs in CHAP, this information will be useful in strengthening performance.

The study reviewed secondary data on demographic, socio-economic and health care access related characteristics of HJMC service area and target population. It also included surveys of current users, past users and those who have never used HJMC services.

Some of the report conclusions pertain specifically to HJMC. Some can be generalized to FQHCs statewide.

The summary conclusions of the study relative to HJMC are:

Who does HJMC serve and how well does it serve its target population?

HJMC patients reflect the service area population. HJMC's overall

penetration rate compares well with other urban federally qualified health centers (FQHC) nationally; twenty percent overall Primary Service Area and thirty percent of the area's low income target population.

Recommendation: There is room for improvement and HJMC should continue to market to its target population.

From which geographic areas does HJMC draw most of its patients?

HJMC patients are well distributed throughout its service area but it draws most significantly from the Southbridge area. The next largest proportion of HJMC's patients were from New Castle to the south.

Recommendations: Increase penetration rates in its core and traditional service area and explore ways to expand to the south into New Castle.

How aware is the community of HJMC and its services?

Thirty percent of those who had never used HJMC's services had never even heard of HJMC. The most common way that people became aware of HJMC was through a referral from a family member or friend.

Recommendation: Target marketing efforts focusing on friends and family members of existing patients.

***What services do HJMC patients receive at HJMC*?**

Most patients are seen for routine physical exams and chronic disease management services. Less than 25 percent received dental services and less than 25 percent received urgent or sick care.

Recommendations: Market dental services to current patients. Market HJMC as a place to go when those in the service area are sick and not just a place for routine check ups and follow up care.

Do HJMC patients have family members who use HJMC services?

Forty two percent of HJMC's current users have children or other family members that do not use HJMC's services. Thirty seven percent of current users have other adult members in their households who do not use HJMC's services.

Recommendations: HJMC should develop marketing effort aimed at targeting family members of existing patients.

Do HJMC patients miss appointments? Does HJMC make reminder calls?

Thirty nine percent of HJMC's current patients have missed at least one appointment in the past year. Forty one percent said that they did not always call to cancel and ten percent said they never called. Eighty nine percent reported that they typically receive reminder calls prior to their appointments.

Recommendations: HJMC should implement programs to reinforce and provide incentives for patients who call to cancel appointments.

How satisfied are HJMC's patients with the care they receive?

Overall HJMC patients were very satisfied with HJMC's services and have a positive impression of HJMC as an organization. Ninety percent of current users said that the overall quality of care was good/great. Ninety three percent said that there was a good/great chance that they would refer family/friends. Both current and past users associated favorable words such as "clean," "cheerful," and "caring." Patients showed some dissatisfaction with respect to HJMC's ability to return phone calls; prompt referrals to other agencies/providers and appointment waiting times.

Recommendations: Focus on areas of dissatisfaction.

What are the primary reasons that former patients don't use HJMC?

Only 4% of past users said that they stopped going to HJMC because they were not happy with services. The most frequent response was simply that they found a doctor that they preferred or that was more convenient to use.

Recommendations: HJMC should review their referral practices and develop mechanisms to retain referred patients in their practice as much as possible.

Why do those who do not use HJMC go to their current provider?

The most frequent response was simply convenience of the location followed by ease of getting an appointment. Forty seven percent of those who had never been to HJMC said that they would consider going to HJMC for medical or dental services.

Recommendations: Expand marketing and outreach and promote referrals.

Conclusions relevant to all FQHCs statewide:

Barriers to receiving needed care.
A vast majority of people in Delaware have a "usual" source for medical care. The issue is one of ensuring timely and appropriate access by reducing barriers. As in all studies "cost" is the most frequently cited barrier.

Recommendations: FQHCs should reinforce that care is provided regardless of ability to pay.

Patient Retention
People who use FQHCS are generally very satisfied. In addition to normal transience, patients are often lost to referrals (find another doctor). Convenience and ease of getting appointments, especially for "sick" visits, is critical for recruiting and retaining patients. These are the main reasons people go to their current doctor.

Recommendations: Patient satisfaction and retention should be a priority; to improve patient care and increase word-of-mouth referrals. Most

FQHCs can improve appointment access for new and continuing patients.

Need for Marketing
Many people in target communities have never heard of health centers or understand what services they provide. Word of mouth referrals, particularly from family and friends, is most effective marketing.

The next most important is referrals from other providers/agencies. Often patients use only certain services and/or only some members of a family use services

Recommendations: General marketing to boost name recognition. Emphasis should be on involving current patients and collaborating providers in marketing specific services

FQHCs seen as doctor's offices rather than comprehensive centers
People have difficulty distinguishing between a doctor's office and a community health center

Areas for Further Exploration:

- Explore whether FQHCs should promote the unique, comprehensive services that are available at CHC's that are often not available at private physician's offices.

- Explore whether FQHCs should market themselves as physicians offices.

John Carney said the report was prepared at the request of the Board and not as an evaluation of HJMC effectiveness or services. It was intended to maximize the facility's capacity.

A motion to accept the John Snow report was made by Jaki Gorum. Lois Studte seconded the motion. A voice vote followed and the motion carried.

Action
A motion to accept the John Snow report was made by Jaki Gorum. Lois Studte seconded the motion. A voice vote followed and the motion carried.

<u>INFORMATION AND TECHNOLOGY</u>
UPDATE: Delaware Health Information Network (DHIN)

Project manager Gina Perez reported that as of March 30th, as planned, all three hospitals are sending live data from the three hospital systems and LabCorp in a production environment. The testing team will continue the meticulous testing process to resolve any remaining issues. Cardiology Consultants will be brought live next week. They will receive results two ways; the same way they do now and also through the DHIN. This will enhance the data validation process in a live environment. Although data is being transmitted it is not yet used for clinical decision-making. Technical go-live should be distinguished from a clinical go-live. The next step is clinical go-live, in which all of the participating practices will begin to use the data for patient care. Sign-off on the quality and integrity of the data for clinical use will not occur until the three hospitals and LabCorp are comfortable with the integrity of the data.

Project manager Gina Perez reported that as of March 30th, as planned, all three hospitals are sending live data from the three hospital systems and LabCorp in the production environment.

Robert White, Chairman of the DHIN, told the Commissioners that Medicity, the DHIN implementation vendor, has been awarded a contract by the State of California to develop a system similar to DHIN.

DHIN will be working with Medicity to review the Year 1 contract, which begins July 1, 2007. (DHIN is currently in Year 0.) DHIN and Medicity have a negotiated six year contract, but the scope of work and costs are revisited each year.

It was asked if there has been an increase in the number of people inquiring about becoming involved in DHIN. Gina responded that there is a long list of physician practices interested in getting involved. There are also fifteen electronic medical record vendors that are scheduled to be connected to DHIN in the next contract year so physician practices using those EMR products can easily be integrated into the DHIN system. Rob White and Gina Perez have also been talking to the Medical Society of Delaware about connecting to its physician portal, MSDHub.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

UPDATE: Delaware Economic Development Office (DEDO) – Health Cluster

Paula Roy reported that DEDO has recently added "health" as one of the clusters for focus for economic development purposes. DEDO is beginning to develop a plan for what the health cluster looks like, and what types of industries are included. Commission staff are working with DEDO staff to share information. DEDO staff will be invited to the Health Data Committee meetings in an effort to share data and promote collaboration.

UPDATE: DIDER arrangement with Temple University

Through DIDER the Commission has a new relationship with Temple University Dental School, modeled after DIMER with Jefferson Medical College and Philadelphia College of Osteopathic Medicine.

Not on the agenda because it only occurred yesterday, Sarah McCloskey and Marlyn Marvel met at Temple University with the Associate Dean of the dental school, and representatives from the financial aid office, administrative office and their main student recruiter.

The processes were established by which money will be transferred to Temple, distributed to students in the form of financial aid, and communication with students will take place. There will be seven students from Delaware attending Temple Dental School in the fall.

SPECIFIC HEALTH ISSUES

UPDATE: Mental Health Issues Committee

Based on recommendations from the report, *Supply & Demand for Mental Health Services in Delaware*, Paula Roy and her staff developed a work plan for the Commission. The work plan was reviewed by the Mental Health Issues Committee and some amendments were made.

Due to a change in the Legislative schedule, Secretary DeSantis was unable to attend the Commission meeting and in her absence, Paula was asked to present the amended plan.

Additional recommendations from the Committee include:

- Exploring ways to increase in-patient services for adults and children. The Committee understood that is not a function of the DHCC but

wanted to keep it on the agenda.

- Integration of care for patients with co-occurring illnesses.
- Learn more about the connection between people with mental illness and homelessness.
- Sponsor a day long conference on mental health issues to highlight some of the information contained in the report and provide an opportunity to learn in depth.

Lois Studte moved to accept the Work Plan. Ted Becker seconded the motion. There was a voice vote. The motion carried.

Action
Lois Studte moved to accept the Work Plan. Ted Becker seconded the motion. There was a voice vote. The motion carried.

Update: Chronic Illness Task Force
For several months there has been discussion on planning a summit to highlight chronic illness, its impact and the multi-disciplinary approach necessary to address and manage clinic conditions from a multi-disciplinary approach. The summit is targeted to take place in the spring 2008. Details will be provided to the Commission as plans progress. The next meeting of the Task Force is Friday, April 27.

Chronic Illness Task Force plans a summit in the Spring 2008.

PUBLIC COMMENT
Regarding Henrietta Johnson Medical Center, Dr. Frelick asked whether the implied appointment problems result from so many routine care appointments being scheduled that there's no time for acute care patients.

John Carney responded that when he met with the President of the Board of HJMC missed appointments were a big issue. It impeded the facility's ability to provide service because time was blocked out for patients who ended up skipping appointments without giving any notice or cancelling.

Joanne Hasse of the League of Women Voters asked Alec McKinney if transportation issues were addressed in the HJMC study, particularly in the New Castle area. Alec responded that transportation was raised as an issue to be considered, but it was not a significant barrier to access. It is something that HJMC could explore in the future.

Dr. Frelick commented that it would be hard to show by geo-mapping where the needs are, particularly for the uninsured. Alec said he was amazed at how far people travel to get to a federally qualified health center.

NEXT MEETING
The next meeting of the Delaware Health Care Commission will be held on Thursday, May 3, 2007, at 9:00 a.m. at the Del Tech Terry Campus Conference Center, Room 400 B.

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ADJOURN
The meeting adjourned at 11:15.

GUESTS ATTENDING

Prue Albright	Advances in Management
Anthony Brazen, DO	DHSS/Division of Medicaid & Medical Assistance
Judy Chaconas	DHSS/Division of Public Health
Kathy Collison	DHSS/Division of Public Health
Barbara DeBastiani	Wheeler and Associates Management Services
Robert Frelick, MD	Medical Society of Delaware
James Gill	DVO Research
Doug Gramiak	Office of the Lieutenant Governor
Joann Hasse	League of Women Voters
Lolita Lopez	Westside Health Services
Linda Nemes	Department of Insurance
Sheila Nutter	Electronic Data Systems
Gina Perez	Advances in Management
Faith Rentz	Office of Management and Budget
Rosa Rivera	Henrietta Johnson Medical Center
Albert Shields	Office of the Lieutenant Governor
Debra Singletary	Delmarva Rural Industries
Jose Tieso	Electronic Data Systems
Betsy Wheeler	Wheeler and Associates Management Services
Rob White	DHIN and Delaware Physician's Care Inc.