

DELAWARE HEALTH CARE COMMISSION
DECEMBER 1, 2005
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400B
DOVER

Action Item

MINUTES

Commission Members Present: John C. Carney, Jr., Chair; Richard Cordrey, Secretary of Finance; Joseph A. Lieberman, III, MD, MPH; Vincent Meconi, Secretary of Health and Social Services; Robert Miller; and Lois Studte, RN.

Members Absent: Carol Ann DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families; Jacquelyne W. Gorum, DSW; Matt Denn, Insurance Commissioner; and Dennis Rochford.

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

CALL TO ORDER

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

APPROVAL OF NOVEMBER 3, 2005 MINUTES

Dr. Joseph Lieberman made a motion to accept the minutes of the November 3, 2005 meeting. Lois Studte seconded the motion. There was a voice vote. The motion carried.

RESEARCH & POLICY DEVELOPMENT

Delawareans without Health Insurance – Edward Ratledge

Edward Ratledge, of the University of Delaware Center for Applied Demography and Survey Research, gave a presentation on “Delawareans without Health Insurance 2005”.

The 2005 Delaware total population is 840,000. Of those, 96,000 do not have health insurance.

Who are the 96,000 uninsured?

- 78% are over the age of 17
- 57% are male
- 73% are white
- 16% are Hispanic
- 68% own or are buying their home
- 16% live alone
- 85% are above the poverty line
- 36% have household income over \$50,000
- 56% are working
- 9% are self-employed
- 15% are non-citizens

Action:

The November 3, 2005 meeting minutes were accepted.

Commissioners heard a presentation on “Delawareans without Health Insurance 2005”.

In 2005 there are 96,000 Delawareans without health insurance.

The full presentation may be viewed on the Delaware Health Care Commission website:

<http://www.state.de.us/dhcc/>.

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HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Nursing Implementation Committee

Lois Studte updated the Commission on the activities of the Nursing Implementation Committee.

Doctoral Degree Requirement to become an Advance Practice Nurse

At the last meeting, Ms. Studte reported that the American Association of Colleges of Nursing had recommended that a doctoral degree be required in order to become an Advance Practice Nurse. Currently 50 programs are preparing for a Doctorate of Nursing Practice (DNP). An additional 170 programs are considering offering a DNP program in the future.

The National Organization of Nurse Practitioners is supporting a doctoral degree requirement. The Clinical Nurse Specialist Organization is not.

The current typical level of education for an Advance Practice Nurse is a Master of Science in Nursing (MSN). Whether or not a doctoral degree is required will depend on future State mandates. There would be no grandfathering under the proposal. There is the possibility, however, that bridging programs from MSN to DNP may be available.

Nursing and Allied Health Workforce “Center”

Ms. Studte presented the Commission with the following information from a “Fact Sheet” prepared by Commission staff on a Workforce Center for Nursing and Allied Health. She asked Commissioners to consider the “Fact Sheet” as a possible blue print for a Nursing and Allied Health Workforce Center in the future.

Workforce Shortages: threatening the stability and quality of Delaware’s health care system

- Delaware is predicted to have a shortage of 3,036 registered nurses by 2010 and 4,692 nurses by 2020 – a shortage of over 50 percent.
- Over 3,600 health professionals (2,200 of which are registered nurses) need to be recruited from 2005-2010 to meet the needs of Delaware’s growing and aging population.
- Critical shortages among radiological technicians, laboratory technicians, pharmacists, dentists, mental health specialists, and other allied health professionals are reported among practitioners “in the field,” but

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comprehensive, accurate, state-wide data does not exist.

- Delaware’s health care system is only as strong as its weakest link; therefore, nursing can not and should not be our only focus.

Ms. Studte said that the Commission is viewed as being very objective in the collection and presentation of data. The Nursing Implementation Committee is recommending that the Commission move forward by streamlining the fragmented data collection systems that exist today, creating a comprehensive and objective workforce data resource for stakeholders.

A copy of the complete “Fact Sheet” is attached to these minutes.

A report, “Workforce Center for Nursing and Allied Health: A White Paper”, was distributed to Commissioners for review. The report includes a synopsis of the workforce shortages, recommendations for a Center, workforce development activities underway in Delaware, state centers for nursing, and national, regional and state workforce centers.

There are currently 24 state nursing centers, with at least five additional state centers emerging. There is a National Center for Health Workforce Analysis housed within the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions. In addition to the national center, there are six HRSA-supported university based regional centers.

The report also includes an overview of a survey tool distributed by the Health Care Commission and the responses received. Respondents from regional centers included New York, Iowa, North Carolina, Illinois, Tennessee, and Mississippi. The report includes how they interact with Area Health Education Centers (AHEC), their mission, and primary activities.

Ms. Studte said that the Commission has received funding from the Delaware AHEC to conduct a study of nursing education programs available in Delaware, including a full array of programs available and length of time required to complete education and enter the workforce. Nursing degrees are awarded by Delaware Tech, Delaware State University, University of Delaware, and Wesley College. Wilmington College offers a degree program for candidates who are already Registered Nurses. Beebe Medical Center also has a nursing school.

Issues that need to be addressed include the waiting list to enter nursing school, limited capacity for clinical rotations, and a shortage of nursing faculty. The average age of current nursing faculty is 56 years. Also, the pay for faculty members is not

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comparable to what can be earned in the private sector.

It was suggested that a Health Professional Workforce Committee be empanelled to identify a plan to coordinate comprehensive data collection activities on nursing and allied health professionals, and identify new data collection activities that need to occur. Ms. Studte will work with the Commission staff to develop a proposed list of participants.

INFORMATION & TECHNOLOGY

Delaware Health Information Network (DHIN)

Robert Miller, Chair of the DHIN, updated the Commission on the activities of the DHIN.

The DHIN's contract with the federal Agency for Healthcare Research and Quality (AHRQ) includes very specific deliverable due dates. The consequence of missing a deliverable date is not being paid.

It has become apparent that DHIN activities have reached the order of magnitude that will require full time resources in order to meet deadlines for the commitments that have been made. The project can continue moving forward at a very slow pace with volunteer efforts, but full time staff is needed.

The DHIN has committed to releasing a Request for Proposals in the first quarter of 2006. Resources are needed to evaluate the proposals and select a vendor or vendors to assist with this initiative. At the same time there are financial issues, and a cost benefit analysis is necessary.

The DHIN Board of Directors has raised the following fundamental questions:

- Is the DHIN structured correctly to manage this large initiative? The DHIN is an entity of the Commission. Is the Commission the appropriate body of people to evaluate the development of an information and technology project?
- If the project remains in State government, where should it appropriately be housed?
- Should the project be outside of State government as a private entity?

The project will not slow down as the Board analyzes how it should be managed. It will continue with volunteer efforts while a correct governance model is developed.

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Discussion

The Commission discussed the DHIN, and the following points were raised:

- Who would hire the staff, and who would they report to? If this is going to be a State project, will it be necessary to hire the staff as State employees with the limitations and constraints of State government? The project could potentially become a Department of Technology and Information project. It is important to determine whether that is the correct course to take.
- It is going to be a challenge to continue the work with volunteers.
- One possibility is to hire a vendor, which is the purpose of the RFP. It is important to recognize the difficulty in managing multiple vendors.
- It is important not to let the euphoria of launching the project over shadow the reality of whether it can actually be accomplished.
- It is important to find the most efficient and effective way to manage the project.
- Concern was expressed about the timing of the State budget cycle. The Fiscal Year 2007 budget cycle is currently underway. If a request for funding is not made within the next 30 days, it could be necessary to wait until the next budget cycle.

ANNUAL REPORT & STRATEGIC PLAN

A draft “Annual Report and Strategic Plan, 2006” was distributed to Commissioners for review. Commissioners were asked to contact Commission staff with comments on the report. Commissioners will be asked to adopt the report at the January Commission meeting, after which it will be submitted to the Governor and General Assembly.

OTHER BUSINESS

Sarah McCloskey distributed a brochure on the Delaware State Loan Repayment Program. This is the Commission’s first step in marketing the program. It is similar to a previous brochure, but includes program enhancements that have recently been made.

PUBLIC COMMENT

An opportunity was provided for public comment. There was none.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on **THURSDAY, JANUARY 5, 2005** at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

The meeting adjourned at 11:00 a.m.

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A draft “Annual Report and Strategic Plan, 2006” was distributed to Commissioners for review. Commissioners will be asked to adopt the report in January.

A brochure on the Delaware State Loan Repayment Program was distributed to Commissioners for review.

Next Meeting
The next meeting is 9:00 a.m. on Thursday, January 5, 2005 at the Delaware Tech Terry Campus

Conference Center,
Room 400B.

GUESTS ATTENDING

Jack Akester, Consumer Advocate
Paula Bodner, Bayhealth Medical Center
Judy Chaconas, Director of Health Planning, Division of Public Health
Robert W. Frelick, MD, Medical Society of Delaware
Joann Hasse, League of Women Voters of Delaware
B. Michael Herman, Coventry Health Care
Kay Holmes, Division of Medicaid and Medical Assistance
Lolita Lopez, Westside Health Center
Miranda Marquez, Navigator – DOL/DET
Rita Marocco, NAMI, Delaware
Linda Nemes, Department of Insurance
Brian Olson, La Red Health Center
Suzanne Raab-Long, Delaware Healthcare Association
Willard Spahn, EDS
Mark B. Thompson, St. Francis Hospital
Betsy Wheeler, Wheeler and Associates Management Services

Delaware Health Care Commission

Fact Sheet: Workforce Center for Nursing & Allied Health

Workforce Shortages: threatening the stability and quality of Delaware's health care system

- Delaware is predicted to have a shortage of 3,036 registered nurses by 2010 and 4,692 nurses by 2020 – a shortage of over 50 percent.¹
- Over 3,600 health professionals (2,200 of which are registered nurses) need to be recruited from 2005-2010 to meet the needs of Delaware's growing and aging population.²
- Critical shortages among radiological techs, laboratory techs, pharmacists, dentists, mental health specialists, and other allied health professionals are reported among practitioners "in the field," but comprehensive, accurate, state-wide data does not exist.
- Delaware's health care system is only as strong as its weakest link; therefore, nursing can not and should not be our only focus.

Existing State Activities: currently disjointed; creating opportunity for better coordination

- *DE Institute of Medical Education and Research (DIMER)*- under DHCC, provides enhanced opportunity for Delawareans to pursue a medical education through a partnership with Jefferson Medical College and Philadelphia School for Osteopathic Medicine.
- *DE Institute of Dental Education and Research (DIDER)*- under DHCC, supports the general practice residency dental residency program at Christiana Care Health Systems.
- *DE Division of Public Health, Bureau of Health Planning and Resources Management*- performs data collection and analysis to identify and designate health professional shortage areas; provides oversight of the J-1 State Waiver Program.
- *State Loan Repayment Program*- administered by DHCC and the DE Higher Education Commission to recruit and retain providers in underserved areas of the state.
- *National Health Service Corps Program*- arranges for the placement of primary care providers in underserved areas of the state, administered by the federal government with technical assistance from the Division of Public Health.
- *DE Department of Labor*- collects data to project rates of growth for various occupations, including health care employment, and maintains a website listing job opportunities.
- *DE Area Health Education Center (AHEC)*- a newly established branch of the Pennsylvania AHEC system, AHEC organizations nationally link the resources of university health science centers with local planning, educational and clinical resources.
- *DE Workforce Investment Board*- the 48 member Board includes one health care representative. Primary areas of expertise are in the basic education and skills training for paraprofessionals and "laborers" (such as certified nursing assistants).

¹ U.S. Health Resources & Services Administration. *Projected Supply, Demand and Shortages of Registered Nurses 2000-2020*. July 2002.

² Delaware Healthcare Association- Acute Care Hospitals and Health Systems Workforce Needs Report. June 2004.

Delaware Health Care Commission

Fact Sheet: Nursing and Allied Health Workforce “Center”

ACTION: Streamline the fragmented data collection systems that exist today, creating a comprehensive and objective workforce data resource for stakeholders.

Primary Goals

- Centralize and coordinate information on all health professions throughout the State
- Standardize the collection and analysis of state-wide data
- Forecast health workforce supply, demand, and demographics
- Evaluate the educational “pipelines” for health professionals in the State
- Prepare recommendations for action and policies to address faculty shortages
- Fundraise and/or seek grants to support activities and research
- Reduce competition between existing stakeholders in the State for resources and personnel
- Create long-term solutions for the recruitment of workforce professionals

Conceptual Framework

- Would not require a separate physical location or building
- Could initially consist of minimal staffing (1-2 individuals)
- Advisory group representing key stakeholders would oversee initiatives
- Similar entities exist for the same purpose in other states

Possibilities for Additional Long-term Center Activity

- Targeted recruitment encouraging people to pursue health related careers
- Broad marketing and media campaign to raise awareness and promote health careers
- Monitor federal funding opportunities and policy developments
- Workforce leadership institutes/councils
- Electronic clinical placement programs
- Promote student preceptor, internships, mentoring, and scholarship programs
- Dissemination of “Best Practices” for health professionals

Funding Sources

- Federal grants, private foundations, cash contributions, congressional earmark, re-licensure fees, general fund/legislation