

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

Action Item

Commission Members Present: Lt. Governor John C. Carney, Jr., Chair; Theodore W. Becker, Jr.; Richard Cordrey, Secretary of Finance; A. Richard Heffron; Janice Nevin, MD; Dennis Rochford; and Frederick Townsend.

Members Absent: Lisa C. Barkley, MD; Matt Denn, Insurance Commissioner; Vincent Meconi, Secretary, Health and Social Services; and Henry Smith, Secretary, 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 9:05 AM by Lt. Governor John Carney, Chairman.

MEETING MINUTES OF OCTOBER 2, 2008

Ted Becker made a motion to accept the October 2, 2008 meeting minutes. Fred Townsend seconded the motion. After a voice vote, the motion carried.

Action

The October 2, 2008, meeting minutes were approved.

UNINSURED ACTION PLAN

Community Health Care Access Program (CHAP)

Evaluation Report 2008-Delaware Valley Outcomes Research, LLC

The Community Health Care Access Program (CHAP) evaluation focused on three main objectives. The first was to evaluate improvements in quality of care for individuals who fell into one of four 'high risk' groups, which included persons who have diabetes, hypertension, asthma and/or who are at least 50 years old. CHAP patients were assessed for their condition and, among other things, were connected to existing services in Delaware, such as Screening for Life and the Delaware Tobacco Quitline. Finally, improvement in identifying potential CHAP patients was measured by determining under-penetrated/underserved areas for additional outreach efforts. The report had previously been presented to the Health Care Commission. Approval is required to release payment.

Action

The CHAP Evaluation report was accepted and payment to Delaware Valley Outcomes Research was approved.

Ted Becker made a motion to accept the report and release payment to Delaware Valley Outcomes Research. Rich Heffron seconded the motion. There was a voice vote and the motion carried.

Health Center Marketing Report, John Snow, Inc.

The primary goal of the Health Center Marketing project was to conduct patient satisfaction and market research that would allow the Delaware Health Care Commission and other stakeholders in the state to better understand the perceptions, attitudes, level of satisfaction/awareness, and behavioral propensities of individuals who are current users of federally qualified health center (FQHC) services, as well as attitudes and

perceptions held by those who were never users. This information could then be used to assist the Commission and others to invest their resources to expand access to quality primary care services for all Delawareans and better position Delaware's FQHCs in the current health care marketplace. This report was reviewed extensively at the October 2008 Commission meeting. The report has been presented to the Commission and comments received. All contractual obligations have been met. Approval is required to release payment.

Ted Becker made a motion to accept the report. Rich Heffron seconded the motion. After a voice vote, the motion carried.

Geographic Expansion Request for Proposals (RFPs)

Paula Roy reported that the Commission was awarded \$1 million in June 2006 in the FY 2007 budget, specifically for federally qualified health centers in support of their role in CHAP. That month a Request for Proposals (RFP) was issued and two contracts were awarded, one of which was never signed. The money was carried forward and is still available. After extensive consultation with the Commission's legal counsel it was determined that, because of the time lapse since June 2006, another RFP must be issued. The new RFP will mirror the first and include updates to the data and information. The first contract was awarded in New Castle County and, after discussion with the CHAP Workgroup, it was determined that the next contract should be limited to Kent or Sussex County.

Approval is needed from the Commission to release the new RFP. Mr. Carney explained that the initial proposal was to expand services into western Sussex County. At the time of the first RFP, he met with board members and staff of La Red and Nanticoke Hospital to discuss a partnership to enable them to establish a center in that corridor. Nanticoke Hospital then experienced unique fiscal and other challenges, including leadership changes, and never signed the original contract. The need in Sussex County still exists and Mr. Carney agrees that issuing a new RFP should be a priority.

Dr. Janice Nevin made a motion to approve release of the RFP. Ted Becker seconded the motion. After a voice vote, the motion carried.

Options for Health Reform in Delaware: Impacts on Insurance Coverage and Government Cost (DRAFT), Dr. Jonathan Gruber, Professor of Economics, MIT

The Commission, through its Universal Coverage Committee, and as part of its Uninsured Action Plan, opted to consider, in depth, two approaches to universal coverage. The first is a single payer system, which is similar to how health care is financed in the provinces of Canada. The other is a 'building blocks' system which moves to universal coverage through expansion in existing options. This is the approach taken in Massachusetts and proposed by Governor Schwarzenegger in California (although ultimately defeated).

Dr. Jonathan Gruber was contracted by the Commission to assess the impacts of options of insurance coverage and public sector costs, using a micro-simulation to model the two approaches to health care reform.

Action

The Health Center Marketing Report was accepted.

Action

The Geographic Expansion Request for Proposals was approved for release.

Dr. Gruber has recently submitted a draft report to the Universal Coverage Committee, which has not had sufficient opportunity to review it, ask questions and make comments. Dr. Gruber's contract, which ends December 31, 2008, consists of five deliverables; the report is the third deliverable.

Ms. Roy requested the Commission's approval to release the third installment of payment on the contract with Dr. Gruber and authority to extend the end date of his contract. This would leave two remaining deliverables and payments.

Rich Heffron made a motion to approve the third payment and extension of the contract end date. Ted Becker seconded the motion. After a voice vote, the motion carried.

Dr. Nevin asked if Dr. Gruber would be returning to attend another Commission meeting and respond to questions. Ms. Roy and Mr. Carney assured that he would.

INFORMATION AND TECHNOLOGY

Update: Delaware Health Information Network (DHIN)

Gina Perez, Executive Director of the DHIN, informed Commissioners of the DHIN accomplishments to date:

- 592 physicians are participating - the goal by the end of June 2009 is to have 900.
- 93 practices - a total of 1,780 users (physicians and staff)
- 22 applications are in the pipeline. Those 22 applications need to be submitted by the end of December 2008. After that, a moratorium will be placed on new enrollments to allow time to re-train current users in the new version of the system and bring up new users. In March or April, DHIN will again be accepting new enrollments. In the meantime, new applications will be accepted, but no new enrollments will occur.
- Continuing to work with Quest Diagnostics to go live when the new version is enabled.
- The work and testing with Doctors Pathology Services is complete and they will be live when the new version is up.
- St. Francis Hospital is meeting with IT staff to plan implementation.
- Nanticoke Hospital's Infection Control unit has contacted DHIN. The DHSS/Division of Public Health has been supportive of DHIN and wants hospitals to report patients' reasons for emergency room visits and transmit lab results through DHIN. Nanticoke has a new Chief Executive Officer and Chief Information Officer and DHIN will probably have discussions with them after the year's end.
- Electronic medical records vendor, Misys, is about to go live with Cardiology Consultants.

As a requirement of its contract with the Agency for Health Care Research and Quality, the DHIN must be evaluated. A preliminary plan has been prepared. However, a more scientific evaluation plan must be developed - considering what data is available in the system, functions of the system, how that can be analyzed and researched in a way to define the value to

Action

The Commission approved the third payment on Dr. Jonathan Gruber's contract and extension of the contract end date.

Dr. Gruber will return to attend a Commission meeting to respond to questions.

physician practices, health plans, employers and hospitals. This plan should be developed by a non-stake holder, neutral third party. Discussions have been held with Blue Cross/Blue Shield of Delaware about DHIN's value to them as it moves into the Patient Record Inquiry Phase (next version of DHIN). Hospitals now telephone Blue Cross/Blue Shield to notify them when one of their plan participants comes into the emergency room. DHIN may potentially be able to provide that notification to Blue Cross/Blue Shield through automation.

The Division of Public Health had an initial meeting with DHIN to discuss the Immunization System and how to connect it to DHIN. This could facilitate a query of immunizations from the DHIN application and provide the ability of a physician to give an immunization and report that information to Public Health through DHIN. Possibilities of supporting the Newborn Screening Program, the Cancer Registry and several other Public Health programs are being considered.

DHIN is working closely with Public Health on the next phase of the Nationwide Health Information Network Project (NHIN). In mid-December in Washington, DC, DHIN will demonstrate it is delivering chief complaint data and lab data from hospitals to Public Health's Bio-Surveillance System in a live environment. Public Health will show how the data is used to support public health management of outbreaks.

Mr. Carney asked how the interface between DHIN and the Delaware Electronic Reporting Surveillance System (DERSS - to track diseases) is working. Gina Perez responded that, in test mode, DHIN is delivering the chief complaint when someone goes to a hospital emergency room to the ordering physician, primary care physician and Public Health. Within Public Health, the data is de-identified before it is pulled into DERSS, which is monitored by epidemiologists, to determine if there is an outbreak.

Mr. Carney said, at a recent visit to his personal physician, the doctor commented on patient management systems, which medical practices buy themselves. The doctor's observation was that, as opposed to a manual record wherein the physician determines what is put into the record, these systems tend to drive the information that is put into it in a 'form' and some nuances are lost. Mr. Carney asked if DHIN has any interaction with that kind of decision making.

Ms. Perez answered that DHIN does not recommend or facilitate the implementation of an electronic medical record or practice management system at a physician practice or health center - that is their decision to make - DHIN just connects to it to facilitate the information flow. The hospitals might sponsor a certain electronic medical record vendor and their own practices implement that. The only relationship DHIN will ever have to facilitating the electronic medical record (EMR) adoption is the project with Centers for Medicare and Medicaid Services (CMS) to identify 100 practices that wish to implement EMR and pass that information on to CMS.

DHIN will demonstrate it is delivering chief complaint and lab data to Public Health in December in Washington, DC.

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Delaware Health Information Network (DHIN) Regulations

Delaware Health Information Network (DHIN) regulations were discussed at the Health Care Commission meeting in October and a public hearing was convened on Tuesday, November 25, 2008, at Delaware Technical and Community College, Room 400 B in Dover, Delaware.

Leah Jones was appointed as the hearing officer. She reported that the proposed DHIN regulations were to streamline and reduce legal documentation necessary to participate in the DHIN; introduce a new regulation to address provisions of dispute resolution, patient access and authorize participating laboratories.

A copy of the proposed regulations with edits as per the written public comments received at the Commission office (all changes shown in bold brackets) is attached to these minutes, along with a Report and Recommendations explaining the changes that were made.

Ms. Jones served as the hearing officer for the public hearing and comments on the proposed regulations for the DHIN. No oral testimony was provided at the hearing.

Two written public comments were received and have been reviewed by the hearing officer in consultation with staff and counsel for the Commission and the DHIN.

The comments were mostly grammatical or word changes to provide clarity. It was agreed that most were good recommendations and should be incorporated into the proposed regulations. They include changes to sections 1.1, 2.1, 2.3, 4.1, 4.1.1, 4.1.4, 6.1 and 8.1

Some stylistic changes that the staff did not feel should be adopted were primarily under section 3.2 Obligations of Business Associate (see page 3), as they reflected federal requirements under the Health Insurance Portability and Accountability Act (HIPAA) guidelines that the state must follow and mirror to maintain careful control of sensitive health care information. One of the fundamental purposes of the proposed regulations was to streamline the application process by including the HIPAA standards for the Business Associate agreements in DHIN participation. Those sections are mainly boilerplate provisions of Business Associate agreements.

The comments also suggested at least two substantive changes to the proposed regulations, which the staff is recommending be rejected.

It was suggested that section 3.2.12 be deleted to “enhance enforcement” (please see page 3 - Obligations of Business Associate). The section refers to third party beneficiaries.

The proposed elimination of this section should be rejected. This section explains how and who controls information under the Business Associate agreement. It is a contractual agreement between two entities. There are no third party beneficiaries to the obligations of the participants of DHIN under this section, just as there are no third party beneficiaries under any contractual agreement entered into by two parties. Patients do have rights

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Ms. Jones served as the hearing officer for the public hearing and comments on the proposed regulations for the Delaware Health Information Network.

under DHIN, especially for privacy breaches, but this should be addressed in a separate section and not the section referring to Business Associate Agreements between two parties. If deleted, it would complicate the duties of the two parties who enter a Business Associate agreement by allowing any third party, including competitors to sue and to affect the provisions of and have control over the terms of the agreement.

It was suggested that section 5.2 may be “ultra vires” or, in excess of its legal power or authority.

Specifically, it was suggested that financial sanctions may exceed the DHIN’s statutory authority. However, the section in question actually is directed to dispute resolution, which is within the DHIN’s authority. Additionally, the issue of financial sanctions is a part of the participation agreement signed when entities become part of the DHIN and is enforceable under contract. It is recommended that no change be made to proposed section 5.2.

The Commission was asked to adopt the proposed regulations with the changes outlined, which are not substantive in nature, and allow them to be promulgated as the final Regulations.

Rich Heffron made a motion to adopt the DHIN Regulations. Ted Becker seconded the motion. After a voice vote the motion carried.

A majority of the Commissioners’ signatures were required on the Report and Recommendations for the DHIN Regulations and were obtained at the meeting. A copy is attached to these minutes.

DHIN Staffing Proposal

There is a contract with Advances in Management (AIM) to support staffing of DHIN. There are two Project Manager positions in that contract; one was hired but is no longer with DHIN.

After evaluating the workload and need, AIM would like to take back the two training positions contracted to Perot Systems (at a savings of nearly \$100,000.00), and create Implementation Specialists and re-structure administrative support. The proposal will have no impact on DHIN funding as the recommendations are within the current budget allocation for the AIM staffing contract.

Richard Cordrey made a motion to approve the DHIN Staffing Proposal. Dennis Rochford seconded the motion. After a voice vote, the motion carried.

DHIN Evaluation

As reported earlier, preliminary planning work is required before development of a DHIN Evaluation Request For Proposals (RFP), a requirement of the Agency for Health Care Research and Quality (AHRQ). A neutral third party will be sought to perform the necessary preliminary work of gathering data and information to help write an Evaluation Plan that will inform the RFP development process. The AHRQ federal grant will fund the cost of this work.

Action

The DHIN Regulations were adopted by the Commission.

A majority of the Commissioners’ signatures were required on the Report and Recommendations for the DHIN Regulations and were obtained at the meeting.

Action

The DHIN Staffing Proposal was approved.

Dr. Janice Nevin made a motion to approve a contract with a neutral party to develop preliminary planning work for the DHIN Evaluation Plan. Ted Becker seconded the motion. After a voice vote, the motion carried.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Presentation of the Allied Health Professionals Report by Tibor Toth, PhD, was re-scheduled for the January 2009 Commission meeting.

Health Workforce Development Committee

Committee Chair, Dr. Janet Nevin, reported that the Committee last met in September and heard Dr. Tibor Toth's report on allied health professionals, which was commissioned in 2007. It was agreed at that meeting to compose an RFP to help the Committee prioritize all the data available and develop action items for policy making and recommendations for implementation. The Committee meets again in January when it will review and discuss what has been put together for the RFP deliverables. The Commission will receive a report in February.

Mr. Carney said he has been approached by people regarding nursing candidates and the backlog for clinical placements. Dr. Nevin said the hospitals have been very creative in developing clinical placements.

Dr. Nevin thinks there is a high interest in the field of nursing but the number of people who can teach nursing students and places they can go and apply what they have learned is a factor in the shortage.

The Committee has interest in looking at regional implications of the health workforce. Many healthcare professionals can 'name' where they want to work. Today's students are the institutions' future workforce and it is in their best interest to develop clinical placement sites.

Oral Health Workforce Activities Request for Proposals

Ms. Jones reported at the October meeting that the Commission submitted an Oral Health Workforce planning grant application in collaboration with the Division of Public Health. The U.S. Health Resources and Services Administration (HRSA), Bureau of Health Professionals has awarded \$200,000 to Delaware to do planning for expanded access to dental health care services and improve oral health outcomes in underserved areas of Delaware, particularly in Sussex County.

The Commission will work with the Division of Public Health on the planning grant activities and will receive a portion of the funds to: convene a steering committee with representatives in the community well versed in building the oral health workforce in the Sussex County area (a focus of the grant); examine training opportunities for dental hygienists and dental residents in southern Delaware; hire a consultant to conduct a feasibility study and prepare an environmental analysis to do cost estimates of creating a case management system to develop a dental home for Medicaid and S-CHIP children; and look at establishment of a multi-purpose dental clinic and training facility in Sussex County.

Action

The Commission approved a contract with a neutral party to develop preliminary planning work for the DHIN Evaluation Plan.

Dr. Tibor Toth will present the Allied Health Professionals Report at the January 2009 Commission meeting.

The U.S. Health Resources and Services Administration (HRSA), Bureau of Health Professionals, has awarded \$200,000 to Delaware to complete planning for expanded access to dental health care services and improve oral health outcomes in underserved areas of Delaware, particularly in Sussex County.

It was requested that the Commission approve the release of an RFP to hire a consultant to conduct the feasibility studies as part of the grant proposal.

Ted Becker made a motion to approve releasing an RFP. Dr. Nevin seconded the motion. After a voice vote the motion carried.

OTHER BUSINESS

Delaware Health Care Commission 2009 Annual Report & Strategic Plan

Paula Roy reported that the Commission is required to submit an annual report and strategic plan to the General Assembly on January 15 of each year. Typically, the strategic planning retreat in September forms the basis of the plan, and ultimately the budget submission and report. It was opted to postpone the 2008 retreat given the fact there will be significant change in Commission membership under the new Administration.

Ms. Roy outlined the highlights of the Annual Report. The actual report will be drafted and distributed in December or early January and presented to the Commission at the next meeting.

Two new initiatives include the work of the Health Professional Workforce Development Committee and the recent Oral Health Workforce planning grant.

The Delaware Health Care Commission's mission is straightforward: to promote accessible, affordable, quality health care for all Delawareans. It recognizes that achieving this mission requires striking a careful balance among cost, access and quality.

Environmental considerations to think about include: a new administration; new Commissioners; transition planning; the budget; a peaked interest in health reform at the state and federal level; DHIN accomplishments are a shining star for the Commission; possibilities to collaborate with Nemours's health prevention and promotion services; the opportunity to coordinate CHAP with other programs; participating in primary care partnership with Christiana Care.

The Commission works toward its mission through five strategic initiatives:

1. Uninsured Action Plan
 - Community Healthcare Access Program
 - State Planning Program
2. Information and Technology
 - Delaware Health Information Network
3. Health Professional Workforce Development
 - Delaware Institute of Medical Education and Research
 - Delaware Institute of Dental Education and Research
 - State Loan Repayment Program
 - Workforce Development

Action

Approval was given to release an RFP to hire a consultant to conduct the feasibility studies as part of the grant proposal.

Ms. Roy outlined the highlights of the 2009 Annual Report. The actual report will be drafted and distributed in December or early January and presented to the Commission at the next meeting.

Two new initiatives are the Health Professional Workforce Development Committee and the Oral Health Workforce planning grant.

4. Research & Policy Development

Research reports
Health Fund Advisory Committee

5. Specific Health Care Issues/Affiliated Organizations and Task Forces

Chronic Illness Issues
Mental Health Issues
Health Resources Board
Health Disparities

Fiscal Year 2010 Budget Request

Ms. Roy reported that the Fiscal Year 2010 budget request has been submitted. She cautioned that this will be an austere year. There will be a 5 percent reduction in the current Fiscal Year 2009 budget and 15 percent in the Fiscal Year 2010 budget request that was submitted.

PUBLIC COMMENT

Dr. Robert Frelich expressed concern with the public observers having difficulty hearing the Commission's discussion.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on Thursday, January 8, 2009, at 9:00 AM in Room 400 B at Del Tech Terry Campus.

Beginning February 2009, the Commission meetings will be held at the DeIDOT Administration Building, Felton/Farmington Room, 800 S. Bay Road, Dover.

ADJOURN

The meeting adjourned at 10:20 a.m.

Next Meeting

The next meeting of the Delaware Health Care Commission will be held on Thursday, January 8, 2009, at 9:00 AM in Room 400 B at Del Tech Terry Campus.

Beginning February 2009, the Commission meetings will be held at the DeIDOT Administration Building, Felton/Farmington Room, 800 S. Bay Road, Dover.

GUESTS

Prue Albright	Advances in Management
Anthony Brazen, D.O.	Division of Medicare and Medical Assistance
Judy Chaconas	DHSS/Division of Public Health
Jeanne Chigori	AZS
Barbara DeBastiani	Wheeler and Associates
Robert Frelich, MD	Medical Society of Delaware
Joanne Hasse	League of Women Voters
Lolita Lopez	Westside Family Healthcare
Sheila Nutter	Electronic Data Systems
Brian Olson	La Red Health Center
Gina Perez	Advances in Management/DHIN
Rosa Rivera	Henrietta Johnson Medical
Lillian Ronneberg	Electronic Data Systems/CHAP
Debra Singletary	Delaware Rural Ministries
Lisa Schieffert	Delaware Healthcare Association
Albert Shields	Office of the Lt. Governor
Betsy Wheeler	Wheeler and Associates