

DELAWARE HEALTH CARE COMMISSION  
FEBRUARY 5, 2009  
DELDOT ADMINISTRATION BUILDING  
FARMINGTON-FELTON CONFERENCE ROOM  
DOVER  
MINUTES

**Commission Members Present:** John C. Carney, Jr., Chair; Lisa C. Barkley, MD, Theodore W. Becker, Jr.; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice Nevin, MD; Gary Pfeiffer, Secretary of Finance; and Fred Townsend.

**Members Absent:** Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families; Dennis Rochford; and Karen Weldin Stewart, Insurance Commissioner.

**Staff Attending:** Paula Roy, Executive Director; Marlyn Marvel, Community Relations Officer; and Linda G. Johnson, Administrative Specialist.

**CALL TO ORDER**

The meeting was called to order at 9:00 AM by John C. Carney, Jr., Chairman.

**MEETING MINUTES OF JANUARY 8, 2009**

Ted Becker made a motion to accept the January 8, 2009, meeting minutes. Dr. Janice Nevin seconded the motion. After a voice vote, the motion carried.

Introductions were made around the table. Chairman Carney welcomed new Commission members in attendance: Rita Landgraf, Secretary, Delaware Health and Social Services and Gary Pfeiffer, Secretary of Finance.

**PRESENTATION: OVERVIEW OF THE DELAWARE HEALTH CARE COMMISSION**

Paula Roy provided an overview of the Commission to provide background information for the benefit of the new Commission members in attendance.

Ms. Roy explained that the Health Care Commission is an independent public body reporting to the Governor and the General Assembly working to promote accessible, affordable, quality health care for all Delawareans. Created in 1990 by General Assembly, it is the successor of the Indigent Health Care Task Force.

**Action**

The January 8, 2009 meeting minutes were approved.

New Commissioners were introduced and welcomed.

Paula Roy gave an overview of the Delaware Health Care Commission for the new Commissioners.

Mr. Carney added that the Indigent Health Care Task Force was established because of considerable concern at the time about the impact of hospitals' practice of shifting the cost of caring for the uninsured onto those who were insured. Studies of the cost shift over the years indicated businesses were paying 130 percent (30 percent over what they should have).

***The Commission has five targeted strategies to achieve its mission:***

1. Uninsured Action Plan
2. Information and Technology
3. Health Professional Workforce Development
4. Research and Policy Development
5. Specific Health Care Issues and Affiliated Groups

The Commission's Uninsured Action Plan has two main components:

1. Community Healthcare Access Program (CHAP) to link uninsured citizens with affordable care
2. State Planning Program to explore strategies to preserve and expand health insurance coverage

*CHAP Program Goals*

- Link uninsured individuals to a volunteer or low-cost medical health home (a regular source of primary medical care)
- Link eligible uninsured individuals with public insurance products
- Improve access to and appropriate utilization of health resources across the continuum of care, and;
- Improve individual health status.
- *CHAP eligibility requirements are:*
  - *Income not to exceed 200% of the federal poverty level,*
  - *Ineligibility for public health insurance coverage, and*
  - *Delaware Residency*

*The Program Infrastructure and Core Functions:*

- Eligibility, Enrollment, & Customer Service
- Medical Health Homes & Other Provider Network Services
- Physician Recruitment & Education
- Community Outreach
- Clinical Outcome Evaluation
- Program Management

### *State Planning*

Part of a federal grant, the focus is on insurance reforms and expansion.

- Small Group Health Insurance Reforms
  1. Legislation to implement recommendations of reforms for sale of insurance in small group market.
  
- Universal Coverage
  1. Complete micro-simulation modeling and determine next steps
    1. Massachusetts-style reform based on individual mandates and insurance exchange
    2. Traditional single-payer financing system

### Information & Technology

Three Boards of Directors are housed under the Health Care Commission, one of which oversees the Delaware Health Information Network (DHIN), the nation's first statewide health information exchange.

The DHIN is working to develop a network to exchange real-time clinical information among all health care providers (office practices, hospitals, labs and diagnostic facilities, etc.) across the state to improve patient outcomes and patient-provider relationships, while reducing service duplication and the rate of increase in health care spending.

### *DHIN Management Structure*

- Statutorily Created in 1997
- Public-Private Board of Directors under the Delaware Health Care Commission
- Active Executive Committee
- Multi-Stakeholder Project Management Team
- Consumer Advisory Committee
- Clinical User Group

### Health Professional Workforce Development

Two other Boards under the Commission provide opportunities for Delawareans to attend medical or dental school by overseeing the:

- Delaware Institute of Medical Education and Research (DIMER); and
- Delaware Institute for Dental Education and Research (DIDER)

Dr. Nevin, a former member of the DIMER Board of Directors and a former DIMER student, explained that Jefferson Medical College's annual class size is 250 students, with about 10,000 applicants each year. Through the DIMER program, 20 seats are reserved annually for Delawareans. As a result, the odds of a Delaware resident being accepted into Jefferson are about 1 in 4. The odds of someone from another state being accepted, without a cooperative agreement such as DIMER, are about 1 in 50.

The Commission's State Loan Repayment Program is designed to recruit health professionals to underserved areas of the state by repaying a portion of their educational debt in exchange for their commitment to practice in an underserved area in Delaware for a minimum of two years.

The Commission's Health Professional Workforce Development Committee is a public/private sector collaborative partnership to develop strategies to predict and prevent health workforce shortages.

#### Research and Policy Development

Two research reports are sponsored every year through the University of Delaware, Center for Applied Demography and Survey Research:

- Delawareans Without Health Insurance
- Total Cost of Health Care

In addition, ad hoc research is conducted as needed.

The Commission is also represented on the Health Fund Advisory Committee, which makes recommendations to the Governor on how to spend tobacco settlement funds.

#### Specific Health Care Issues

The Commission's work includes the following specific health care issues and affiliated groups:

- Health Resources Board
- Nutrition, Physical Activity, and Obesity Prevention Coalition/Network
- Mental Health Issues
- Chronic Illness Issues

## **UNINSURED ACTION PLAN**

Presentation: *Delawareans Without Health Insurance 2008*, Ed Ratledge, University of Delaware, Center for Applied Demography & Survey Research.

Ed Ratledge, University of Delaware, Center for Applied Demography & Survey Research, presented the Report: *Delawareans Without Health Insurance 2008*.

A copy of the presentation is available on the Health Care Commission's website by visiting <http://dhcc.delaware.gov>.

Delaware's current population is 873,000. It is anticipated that it will grow to 1,050,000 by 2030.

Much of the growth has occurred downstate, while growth in New Castle County has slowed considerably. Population growth in Delaware has been averaging around 12,000 annually since 1990. More than 60 percent of the population has been coming into Delaware from outside the state. The characteristics of that population are quite important, particularly downstate where there is an older population, tending to average around 55 years of age. Employment is largely in the service industry.

Since 1998, the number of people without health insurance in Delaware has been below the regional (Maryland, Pennsylvania, New Jersey and New York) average.

The current three year moving average of uninsured Delawareans is 101,000.

### **Who Are the 101,000 Uninsured?**

- 23% are under the age of 19
- 54% are male
- 69% are white
- 22% are Hispanic
- 59% own or are buying their home
- 21% live alone
- 80% are above the poverty line
- 34% with household income over \$50,000
- 56% are working adults
- 9% are self-employed
- 21% are non-citizens

Ed Ratledge, University of Delaware, Center for Applied Demography & Survey Research, presented the Report: *Delawareans Without Health Insurance 2008*.

Population growth in Delaware has been averaging around 12,000 annually since 1990. More than 60 percent of the population has been coming into Delaware from outside the state.

Since 1998, the number of people without health insurance in Delaware has been below the regional average.

The amount of health care needed in the community is probably going to double by 2030.

The uninsured pay more out of pocket than any other group. When the uninsured enter the hospital it is because they are sicker due to lack of proper care.

Presentation: Christiana Care Community Healthcare Access (CHAP) Activities – Jennifer Young, Christiana Care CHAP Health Coach and Kathy Cannatelli, Christiana Care Center for Community Health.

Paula Roy explained that Christiana Care is one of the partners for the CHAP network and has a unique way of dealing with CHAP patients that come through Christiana Care, as well as unique structures that enable Christiana to deliver services differently from other CHAP hospital partners.

Kathy Cannatelli explained that the Community Outcomes Department is responsible for over 21 grant funded programs, serving the medically underserved and high risk areas. Christiana Care began serving CHAP patients in 2001. A few years ago it was decided to propose a different model, which is the health coach model.

Jennifer Young explained that she helps patients navigate the health care system and find free and low cost government community programs. The goal is to educate and empower people to advocate for themselves. People put off care if they cannot afford it or they are not aware of available resources.

Dr. Nevin said, when reviewing the CHAP evaluation, the Commission is typically looking at the number of people served. She asked if Ms. Cannatelli or Ms. Young could talk about the number of people the health coach model serves. The volume of patients Ms. Young serves is lower than other hospitals in the CHAP network because working with each individual is very time consuming and includes many follow up calls. Last year she worked with about 304 patients, with 1,027 referrals to different programs. She added that she is the only person funded to do this at this time.

The current overall CHAP enrollment is 6,500 people.

Dr. Barkley asked if Jennifer has determined if she is more successful getting people to stay in the system and getting connected to services, even though her numbers are lower. Ms. Young answered that she was.

The amount of health care needed in the community is probably going to double by 2030.

A presentation on Christiana Care CHAP activities was given by Jennifer Young, CHAP Health Coach and Kathy Cannatelli, Center for Community Health.

Christiana Care began serving CHAP patients in 2001.

Jennifer Young helps patients navigate the health care system and find free and low cost government community programs. The goal is to educate and empower people to advocate for themselves.

The current overall CHAP enrollment is 6,500 people.

Mr. Carney added that the care coordinator program is funded with state tobacco settlement funds in the amount of \$1,250,000 per year. It includes funding for the Federally Qualified Health Centers and the Voluntary Initiative II Program.

Update and Action: Community Health Care Access Program (CHAP)

Ted Becker, Chair of the CHAP Oversight Workgroup, reported on CHAP Oversight Workgroup activities. The Workgroup met on January 29.

*Request for Proposals - Geographic Expansion*

At the Health Care Commission's December meeting, approval was given to release a Request for Proposals (RFP) for geographic expansion of Federally Qualified Health Center services into western Sussex County. An RFP was released and one proposal was received in the Commission office on January 5, 2009.

The proposal was reviewed by the Workgroup, and it met the necessary parameters to expand access to a medical home in Western Sussex County (Seaford), thereby increasing the capacity of the CHAP network to provide care.

The Workgroup was satisfied with the proposal and would like the Commission's authorization to negotiate and execute a contract.

The Commission postponed a decision on negotiating and executing a contract for geographic expansion, until it could be determined whether the funds would be available after future Delaware Economic and Financial Advisory Council (DEFAC) meetings.

CHAP/Screening for Life Coordination and Action

Work continues toward blending the eligibility and enrollment functions of the CHAP and Screening for Life programs.

The Workgroup has been working with staff in the Division of Public Health who oversee the Screening for Life program to find ways to blend that program and CHAP. The target audience is nearly identical and it does not make sense for each program to have an enrollment system, provider network and outreach activities if they can combine their efforts and achieve administrative efficiencies, while making the programs transparent to patients and more patient centered, rather than program centered. A joint eligibility and enrollment system was identified as a first step in blending the programs.

At the Health Care Commission's December meeting, approval was given to release a Request for Proposals (RFP) for geographic expansion of Federally Qualified Health Center services into western Sussex County. An RFP was released and one proposal was received in the Commission office on January 5, 2009.

The Commission postponed a decision on negotiating and executing a contract for geographic expansion, until it could be determined whether the funds would be available after future Delaware Economic and Financial Advisory Council (DEFAC) meetings.

Requirements for a combined system have been developed and are under review with the Workgroup's liaison at the Department of Technology and Information (DTI).

Despite all the planning, the current time frame does not allow the release of a Request for Proposals that anticipates a July 1, 2009 implementation of a combined system.

The CHAP Oversight Workgroup would like to issue an RFP with deliverables that anticipate additional necessary planning and staged implementation over the life of the contract period. This will allow the planning for blending the systems to occur, which the DTI liaison believes is essential, but make it clear that the Workgroup wants to move forward as soon as is practical. It will also allow time to access vendor expertise during the planning phase. A key systems person in the Division of Public Health who had been involved in the planning has left that position and is now employed at DTI. This loss will impact planning abilities.

In the long run there are considerations of this system and its interface with the Medicaid Management Information System (MMIS). This is particularly relevant for CHAP because part of the process for determining CHAP eligibility is determining Medicaid eligibility. The MMIS system is due to be re-bid for a Fiscal Year 2012 implementation. The Workgroup does not want to wait for all this detailed planning before moving forward, but recognizes that it must be mindful of the long term impact of the combined CHAP/Screening for Life system and the Medicaid system.

Mr. Carney said there is a significant budget issue, and recommended accepting the recommendation to release an RFP contingent upon pending discussions on budget issues.

#### Fiscal Year 2010 Program Structure

The current components of CHAP are scheduled to go out to bid for FY 2010, beginning July 1, 2009:

- Outreach
- Eligibility and Enrollment

Total components of the program are:

- Eligibility and Enrollment
- CHAP Health Home and Provider Network
- Community Outreach
- Program and Health Outcomes Evaluation
- Program Management

The CHAP Oversight Workgroup would like to issue an RFP with deliverables that anticipate additional necessary planning and staged implementation over the life of the contract period. This will allow the planning for blending the systems to occur, which the DTI liaison believes is essential, but make it clear that the Workgroup wants to move forward as soon as is practical. It will also allow time to access vendor expertise during the planning phase.

The following is proposed for Fiscal Year 2010:

- Eligibility and Enrollment - issue an RFP with the outlined program components.
- Outreach

Currently two distinct types of activities occur under the heading "community outreach" - hospital based activities, which includes delivering hospital based services to CHAP patients, and a grassroots outreach which is currently defined with the contract with the Ecumenical Council.

During this two year contract period it was noticed that the complete difference in the types of activities and services provided by these two different organizations makes it difficult and unfair to evaluate them on a comparable basis. True grassroots outreach activities are simply that - community outreach and education about the importance of a medical home and the availability of CHAP. While they are important and valuable, they are different from hospital based outreach activities. Hospitals combine their community outreach activities with the provision of appropriate services (lab, diagnostic, etc.) in the hospital setting. The recognition of the CHAP card is an important component of these services.

The Workgroup proposes separating the two activities and issuing two distinct types of outreach RFPs – one which includes hospital services and one which is more grass roots in nature.

#### Existing Contracts

- Health Homes and Provider Network
- Program and Health Outcomes Evaluation
- Program Administration

#### **Action**

Dr. Janice Nevin made a motion to accept the Workgroup's proposals:

1. to separate the hospital based activities and grass roots outreach into two separate RFPs
2. issue an RFP for eligibility and enrollment that will include planning for implementation of a combined eligibility and enrollment system for CHAP and Screening for Life
3. authorize the Workgroup to move forward with releasing the RFPs

Rita Landgraf seconded the motion. There was a voice vote and the motion carried.

#### **Action**

Dr. Janice Nevin made a motion to accept the Workgroup's proposals:  
1. to separate the hospital based activities and grass roots outreach into two separate RFPs

2. issue an RFP for eligibility and enrollment that will include planning for implementation of a combined eligibility and enrollment system for CHAP and Screening for Life

3. authorize the Workgroup to move forward with releasing the RFPs

## **INFORMATION AND TECHNOLOGY**

### Update: Delaware Health Information Network (DHIN)

Rob White, Chair of the DHIN Board, said an orientation program for the new Commissioners will be scheduled to ensure they receive details about what is going on with DHIN.

For the new Commissioners, Mr. White explained the basic concept of DHIN: everyone wants to be connected to everyone else - doctors, hospitals, labs, radiology providers - but no one wants to maintain multiple interfaces. The DHIN is the central hub. Everyone connects to one interface, the DHIN, which then moves the information among doctors and hospitals.

Five of the eight acute care hospitals in the state have connected to the DHIN, 612 physicians, 98 different practices, 2,615 users at 196 different locations are receiving information.

DHIN is currently operating under software version 3.92, which is nearly 2 years old. DHIN placed a moratorium on enrolling new practices on December 31, 2008, until after version 5.0 is implemented. Practices that have completed enrollment applications for DHIN after December 31, 2008 will go live in April. This saves the practice from having to be retrained on DHIN version 5.0 so shortly after getting trained on the current version. There are about 10 new practices in the queue for enrollment and training in April.

DHIN is implementing a transition plan for current practices to be trained on the new version and functions, which include:

- Search capabilities to view a patients available history in DHIN
- Enhanced delivery preferences for inbox, printing and electronic medical record (EMR) connectivity
- More user friendly features, like "hover over" to view demographics, reference ranges, and more.

Medicity, the vendor chosen for DHIN two years ago, has taken a major step to becoming a national leader by recently acquiring another firm, Novo Innovations. Novo Innovations has been one of the leaders in the technology for connecting specifically to electronic medical records systems.

The economic stimulus bill contains a substantial amount of money for electronic health information technology. Senators Thomas Carper and Edward Kaufman have already reached out to DHIN, asking for updates and offering their help in order to gain some of that money.

Rob White, Chair of the DHIN Board, said an orientation program for the new Commissioners will be scheduled to ensure they receive details about what is going on with DHIN.

Mr. Carney said that the Commission might need to plan for *not* having state funding resources for DHIN in Fiscal Year 2010. It should be looking at federal and private dollars to take the DHIN to the next step.

Rita Landgraf said that the federal stimulus plan spans a 27 month period. It is important to make sure the DHIN can continue to function at the end of that period.

Mr. White said the 27 months would encompass the fourth quarter of 2008, all of 2009 through the fourth quarter of 2010. Delaware could conceivably receive 314 million dollars in that 27 month period and would have access to the national pool of money for health information technology.

## **HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT**

### Health Workforce Development Request for Proposals and Action

Dr. Nevin distributed copies of three articles of interest for the Commission. Copies of the articles are attached to these minutes.

1. *Universal Health Insurance Coverage or Economic Relief – A False Choice*, by Jonathan Gruber who is modeling two approaches to universal coverage for the Commission;
2. *Joint Principles of the Patient Centered Medical Home*, a concept developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians (representing internal medicine) and the American Osteopathic Association; *and*
3. *Community Care of North Carolina: Improving Care Through Community Health Networks*, an example of what that state has done to reduce its Medicaid costs in 2005 by \$160 million by implementing both the patient centered medical home model and a chronic disease management model. It is expected they will double that amount.

The Health Workforce Development Committee developed a draft scope of services for a potential RFP to help identify policy recommendations to strengthen Delaware's primary care workforce. With input from the Committee at its January 16<sup>th</sup> meeting, the document was reviewed and a final product is ready to release.

The Health Workforce Development Committee developed a draft scope of services for a potential RFP to help identify policy recommendations to strengthen Delaware's primary care workforce. With input from the Committee at its January 16<sup>th</sup> meeting, the document was reviewed and a final product is ready to release.

Following the recommendation of Secretary of Finance Gary Pfeiffer, the Commission postponed issuing the Health Workforce Development RFP contingent upon future Delaware Economic and Financial Advisory Council (DEFAC) revenue forecasts.

## **OTHER BUSINESS**

### Update and Action: Oral Health Infrastructure Enhancement Feasibility Analysis Proposal (federal funds)

Ms. Roy reported that a \$200,000 grant was awarded to Delaware for one year of planning activities to expand access to dental health care services and improve oral health outcomes, with a particular focus on Sussex County. The Commission is collaborating with the Division of Public Health on this planning grant.

In December, with the Commission's authorization, a Request for Proposals was released as a part of the Oral Health Workforce Planning Grant awarded to Delaware by the U. S. Health Resources and Services Administration (HRSA).

Proposals were due on January 22, 2009. One response was received to conduct a feasibility study of three target initiatives:

- Creation of a case management program to develop a dental home for children in Medicaid and SCHIP, to improve oral health status of underserved.
- Enhancement of dental education opportunities for dental hygienists and dental residents in southern Delaware, to strengthen the dental workforce
- Establishment of a multi-purpose dental clinic and training facility in Sussex County, to improve access to care and expand training opportunities.

August 31, 2009, is the deadline for work completion. The month of September will be devoted to tying up loose ends and everything must be completed by the end of September since the federal fiscal year begins October 1<sup>st</sup>.

### **Action**

Ted Becker made a motion to give the Commission staff authority to negotiate a contract for an oral health infrastructure enhancement feasibility analysis. Rita Landgraf seconded the motion. There was a voice vote. Motion carried.

The Commission postponed issuing the Health Workforce Development RFP contingent upon future Delaware Economic and Financial Advisory Council (DEFAC) revenue forecasts.

A Request for Proposals was released as a part of the Oral Health Workforce Planning Grant awarded to Delaware by the U. S. Health Resources and Services Administration (HRSA).

**Action**  
Commission staff was given authority to negotiate a contract for an oral health infrastructure enhancement feasibility analysis.

### Fiscal Year 2010 Budget Hearing with Joint Finance Committee

Ms. Roy explained that it was anticipated there would be questions at the Commission's budget hearing about DIMER and the success of the program.

Dr. Nevin attended the hearing and, as a former DIMER student, addressed the Joint Finance Committee (JFC) with positive aspects of the program. She offered information about the numbers of physicians in the Christiana Care Health System as a result of the relationships with Jefferson and Philadelphia College of Osteopathic Medicine. JFC members were pleased.

Dr. Nevin reviewed medical and dental staff credentials at Christiana Care with the Commission. About 25 percent of all the physicians in Delaware trained at Jefferson Medical College and 40 percent (6 of the 15 doctors) in urology at Christiana trained at Jefferson. Furthermore, in Family Medicine, two thirds of the doctors in Delaware have a connection with Jefferson, Philadelphia College of Osteopathic Medicine (PCOM) and/or Christiana Care and St. Francis hospitals.

The positive feedback indicated that the JFC understands the health workforce issues. It encouraged the Commission to continue its work and appreciated knowing that the Commission is focusing on all of the issues, including universal coverage.

### **PUBLIC COMMENT**

Wayne Smith, of the Delaware Healthcare Association, thanked Mr. Pfeiffer for making the nexus argument between the Delaware Economic Development Office (DEDO) and the healthcare industry. There are over 40,000 healthcare related employees in the state and 22,000 in the general and acute care hospitals.

Heretofore, the rules for DEDO have prohibited health care expansion from being eligible for some of the programs in the Delaware Economic Development Office. The Healthcare Association strongly encourages and urges that nexus be explored because these are good jobs that generally do not go away, and provide more than a living wage for the employees.

Brian Olson, of La Red Health Center, announced that his organization was the applicant who responded to the RFP for expansion into western Sussex County and thanked the Commission for supporting that effort. He wanted to make the Commission aware that this one time state investment positions La Red to seek additional ongoing federal funding.

Dr. Frelich said when trying to get base data on patients, much information is collected but not completely. For example, the Cancer Registry does not register the severity of cancer. The four stages of cancer are not used to provide another element of consideration. There has been much difficulty getting data on cancer incidence in the Indian River Power Plant area because most of the residents have post office boxes. There should be an agreed upon standard way of gathering data, while there is no such thing as a standard patient.

#### **NEXT MEETING**

The next meeting of the Delaware Health Care Commission will be held on Thursday, March 5, 2009, at 9:00 a.m. in the **Farmington/Felton Conference Room on the first floor of the Department of Transportation (DeIDOT) Administration Building, 800 S. Bay Road, Dover.**

#### **ADJOURN**

The meeting adjourned at 11:05 a.m.

#### ***Next Meeting***

The next meeting will be held on Thursday, March 5, 2009, at 9:00 a.m. in the **Farmington/Felton Conference Room on the first floor of the Department of Transportation DeIDOT) Administration Building, 800 S. Bay Road, Dover.**

## GUESTS

Anthony Brazen, D.O.	Division of Medicaid and Medical Assistance
Judy Chaconas	DHSS/Division of Public Health
Barbara DeBastiani	Wheeler and Associates Management
Robert Frelich	Medical Society of Delaware
Michael Gould	Department of Insurance
Lolita Lopez	Westside Family Healthcare
Sarah Matthews	Advances in Management
Linda Nemes	Department of Insurance
Sheila Nutter	Electronic Data Systems/CHAP
Brian Olson	La Red Health Center
Lillian Ronneberg	Electronic Data Systems/CHAP
Debra Singletary	Delmarva Rural Ministries
Wayne Smith	Delaware Healthcare Association
Betsy Wheeler	Wheeler and Associates Management
Rob White	Delaware Physicians Care, Inc./DHIN
Jennifer Young	Christiana Care Health System