

**DELAWARE HEALTH CARE COMMISSION  
JANUARY 8, 2009  
DELAWARE TECHNICAL & COMMUNITY COLLEGE  
CONFERENCE CENTER, ROOM 407 A & B  
DOVER  
MINUTES**

**Action Item**

**Commission Members Present:** Lt. Governor John C. Carney, Jr., Chair; Lisa C. Barkley, MD, Theodore W. Becker, Jr.; Richard Cordrey, Secretary of Finance; A. Richard Heffron; Vincent Meconi, Secretary, Delaware Health and Social Services; Janice Nevin, MD; Dennis Rochford and Karen Weldin Stewart, Insurance Commissioner.

**Members Absent:** Henry Smith, Secretary, Services for Children, Youth and Their Families and Frederick A. Townsend.

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

**CALL TO ORDER**

The meeting was called to order at 9:10 AM by Lt. Governor John Carney, Chairman.

**MEETING MINUTES OF DECEMBER 4, 2008**

Ted Becker made a motion to accept the December 4, 2008 meeting minutes. Dr. Barkley seconded the motion. After a voice vote, the motion carried.

Lt. Governor Carney welcomed new Commission member, Karen Weldin Stewart, who has taken office as Delaware's Insurance Commissioner.

**UNINSURED ACTION PLAN**

Medical Society of Delaware Pediatric (Nemours) Society Presentation on National Recommendations, Karyl Thomas Rattay, MD, MS, FAAP, FACPM, Senior Program and Policy Analyst, Nemours Division of Health and Prevention Services

Dr. Rattay reported that a national Expert Committee, including representatives from fifteen professional organizations, made recommendations on *prevention, assessment and treatment* of childhood obesity. Childhood obesity is one of the most serious public health crises facing the nation. Approximately 37 percent of children have an unhealthy weight. One in three children born in 2000 will develop Type II diabetes. In Hispanic or African American children, the ratio is one in two. There is an approximate 15 year window between the onset of the disease and end stage issues such as blindness, loss of limbs, and kidney failure.

*Prevention Recommendations*

- anticipatory guidance at every well child visit to the doctor
- focus on specific behaviors including: eating increased amounts of fruits and vegetables, limiting screen time (television, video, computer time) to less than two hours a day

***Action***

The December 4, 2008, meeting minutes were approved.

Lt. Governor Carney welcomed new Commission member, Karen Weldin Stewart, who has taken office as Delaware's Insurance Commissioner.

Childhood obesity is one of the most serious public health crises facing the nation. Approximately 37 percent of children have an unhealthy weight.

- adequate amounts of physical activity
- limiting sugar-sweetened beverages and portion sizes

*Assessment Recommendations*

- assess whether the family is ready and willing to make changes
- calculating body mass index (*BMI*) based upon weight, height, age and gender at least yearly on a growth chart to determine if there is an issue
- assessing all pediatric patients' physical activity levels and sedentary behaviors at each well-child visit at a minimum and include self-efficacy and readiness to change, environment and social support and barriers to physical activity
- assessing all patients' dietary patterns at each well-child visit, at a minimum; limiting consumption of sweetened beverages, frequency of eating outside the home at restaurants or fast food establishments and consumption of excessive portion sizes.
- other criteria involve whether the child is meeting the daily recommendation of 60 minutes of at least moderate physical activity; and comparison of the child's screen time of less than two hours a day
- assessment for co-morbid conditions if a child is overweight or obese

One study of obese children between the ages of five to ten showed 60 percent already have risk factors for heart disease, such as elevated cholesterol or abnormal insulin.

One of the issues around the assessment is some of the lab tests recommended are not always reimbursed.

*Treatment Recommendations*

- Treating childhood overweight and obesity can help reduce future risk of chronic disease. Interventions at the early stages of disease and with young children are more sustainable than interventions at more advanced stages.

The Expert Committee recommends a four stage approach, one built upon the other, to address the issues at the lower stages. If the child still does not make improvements, they move to the next stage.

*In a primary care setting:*

- Stage 1 Prevention Plus protocol; and
- Stage 2 Structured Weight Management protocol

*In a hospital based setting:*

- Stage 3 Comprehensive Multidisciplinary protocol; and
- Stage 4 Tertiary Care (*medication, hospitalizations and bariatric surgery*)

Discussion

Medicaid conducted a study of whether physicians in Delaware are implementing the recommendations. The study found that 73 percent of physicians are *not* documenting BMI, but 73 percent *are* documenting counseling in overweight or obese children. Physicians need some training in pediatric weight management to be able to do this work. Some of the gaps identified in the study are: lack of time, lack of skills, lack of capacity

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of trained staff in the office and lack of reimbursement to do this work.

Chairman Carney asked if this was new information. Dr. Rattay answered that it was not. However, it is important that, nationally, groups come together and endorse the recommendations. In Delaware, there is a lot of interest in implementing the recommendations and addressing some of the gaps and barriers.

Dr. Nevin suggested that this is a public health problem and the solutions lie beyond simply the health care approach. A comprehensive approach (environment, schools, culture) to the problem is ultimately needed.

Mr. Carney complimented the new Nemours Health and Prevention Services as an incredible resource for Delaware, citing work done over the last several years with the "5- 2-1 almost none" program, partnering with schools, establishing local coalitions, and helping the Department of Education fund pilot programs for physical education. He suggested that it would be helpful to have assistance with research on what is effective to change behavior.

Dr. Rattay responded that research has indicated a need to find a way to get into the home. Studies demonstrate that progress made during the school year slides backwards in the summer when children are no longer in school. One of the best ways to reach families is through the primary care provider. Even though the recommendations are not new, they are not happening in the majority of office visits.

Dr. Barkley asked if the report included suggestions about the reimbursement issues or the capacity issues, which make a huge difference in the ability to bring patients back for testing and intervention. How will intensive behavioral modification programs be paid for?

Dr. Rattay responded that there have been a number of groups looking into the capacity and reimbursement issues coinciding with the release of these recommendations. There appears to be support for doing this work but translating it into real action at the state and practice level is not happening.

Pennsylvania conducted a study and demonstrated there would be a return of investment for the state. Pennsylvania began to implement a reimbursement program for physicians and allied health professionals but only five practices and two hospitals took advantage of the opportunity.

More education needs to be done and perhaps the Health Care Commission has ideas on how to go about this and support the changes in practices to enable physicians and allied health professionals to implement the recommendations.

Mr. Carney asked what the Medical Society is doing with respect to the implications of these recommendations.

Studies demonstrate that progress made during the school year slides backwards in the summer when children are no longer in school.

Dr. Rattay responded that there have been several groups, the Medical Society of Delaware, Delaware's chapter of the American Academy of Pediatrics, and Nemours, which have come together and officially endorsed these recommendations.

One of the key recommendations of the focus quality study for Medicaid is the continuation of the group of stakeholders (Medical Society of Delaware, Division of Public Health, Delaware Physician Care, Medicaid) coming together to address this issue. Additionally, another important activity in Delaware is that the Division of Public Health is bringing together a state coalition and state plan.

George Meldrum, of Nemours, reported that the "*Kids' Caucus*", which is the largest caucus in the Legislature, had a retreat and recently formed a subcommittee on obesity and nutrition within that caucus to raise awareness.

Nemours Health & Prevention Services hopes that:

- key Delaware stakeholder's organizations endorse the Recommendations;
- Delaware pediatric providers are able to adopt these recommendations;
- more opportunities for training on the recommendations are made available;
- the Commission will consider this issue, share the information with relative constituents and partners to encourage support;
- the Commission invites Nemours to return at some point over the next Year; and
- the Commission considers endorsing the recommendations.

Mr. Carney asked if there has been any evaluation of the physical activity school programs that Nemours helped fund. Mr. Meldrum answered that the report was circulated to Nemours senior staff the previous day and it should be released soon.

Mr. Carney said that report is important and it should inform decision making at the education policy level in terms of the state's interest during the time the children are in school.

Dr. Barkley asked if there is a way to add focus on the gaps; what people can do, and the available resources to educate and promote implementation of the recommendations.

Dr. Rittay said Nemours Health & Prevention Services began working with 19 practice teams about two years ago on how to implement this work. They have been providing training, technical assistance, and tool kits and continue to refine these as lessons are learned from the practice teams.

#### Uninsured Delawareans Report

Paula Roy explained that Ed Ratledge of the University of Delaware, Center for Applied Demography and Survey Research was initially scheduled to present the *Uninsured Delawareans Report* at this meeting.

Ed Ratledge of the University of Delaware, Center

The report is currently being updated with the most recent data and considering that two major presentations were already on the agenda, Mr. Ratledge will present at the February Commission meeting.

## **INFORMATION AND TECHNOLOGY**

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

Prue Albright, of Advances in Management, provided Commissioners with an update on the activities of the Delaware Information Network (DHIN).

As of January 7, 2009 there are 98 physician practices live on DHIN at 195 practice locations, with 2,615 total users (of those, 612 physician users) and 10 additional practices in the pipeline.

DHIN has placed a moratorium on enrolling new practices until after it goes live with the new version of DHIN effective 12/31/08. Practices that complete enrollment applications for DHIN after December 31, 2008, will go live in April. This saves the practice from having to be retrained on DHIN v5.0 so shortly after getting trained on the current version.

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 patient's available history in DHIN
- Enhanced delivery preferences for inbox, printing and EMR connectivity
- More user friendly features, like "hover over" to view demographics, references ranges, etc.

### **Testing:**

Certification testing for these new functions as well as Public Health lab reporting continues.

### **DHIN Staff:**

DHIN's advertisements for the three new positions (financial manager, implementation specialist and secretary) have yielded over 700 resumes. Interviews will be conducted in the next several weeks with a projected hire date of mid-February for all positions.

### **DHIN Regulations:**

The DHIN Regulations, which were approved at the December 2008, Delaware Health Care Commission meeting, were published on January 1, 2009 and will become effective on January 11, 2009.

### **Discussion**

Mr. Carney recalled that his physician was skeptical about DHIN's electronic medical records not capturing the nuances as would a handwritten record. He would like to hear feedback from physicians on this issue.

for Applied Demography and Survey Research will present at the February Commission meeting.

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Dr. Nevin said that this issue is a common concern that physicians have about the actual electronic health record. If a physician has been practicing for a while, he/she develops a routine and changing to electronic records can be a big change. Physicians must change their workflow and adapt to the technology so that it meets their needs. Dr. Nevin added that the feedback she gets about DHIN is usually very positive. Once physicians become accustomed to electronic records, they generally do not want to go back to paper. DHIN is transforming the health care system in the state.

Ms. Albright added that DHIN is not a practice's electronic medical record. DHIN is the electronic post office getting information to sites in a more efficient manner, bringing together several sources of information.

Mr. Carney recalled a conversation with Dr. Robert J. Laskowski, President and Chief Executive Officer of Christiana Care Health System, during the early development stages of the DHIN. Christiana Care is the largest funding stakeholder of DHIN outside of the State, and Dr. Laskowski wanted a record to enable his emergency room staff to know who the incoming patient was by way of the medical record.

Ms. Albright said a group is convening this week that is looking at the whole emergency room function, which is different than the normal physician practice, in terms of how DHIN will work in that environment.

Richard Heffron, also a member of the DHIN Executive Committee, added that DHIN is not designed to cut off communication but, rather, to enhance it.

Mr. Carney asked that the Commission be provided with an update on DHIN funding at the next meeting.

Karen Weldin Stewart recently met with Gina Perez, Executive Director of DHIN. Ms. Stewart campaigned to add a component to DHIN she was familiar with from the Utah Health Information Network (UHIN), which is an administrative payment component. She has been speaking to physicians, medical billing groups and insurance companies. Ms. Stewart is convening an advisory committee to the Department of Insurance beginning in January or February, which will explore adding an electronic payment component to DHIN in the future. She welcomed anyone interested in serving on the committee. Stakeholders, including Blue Cross/Blue Shield and a number of physicians will sit on the Advisory Committee.

## **HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT**

### **Health Workforce Development Committee**

**Presentation: *Allied Health Professionals Report*, Tibor Toth, PhD, University of Delaware, Center for Applied Demography and Survey Research**

Dr. Janice Nevin, Health Workforce Development Committee Chair,

January 1, 2009  
and will become  
effective on January  
11, 2009.

reported that Dr. Tibor Toth presented the *Allied Health Professionals* report at the Committee's September 2008 meeting.

*The Allied Health Professionals Report* is a critical component of understanding workforce needs. A competent workforce is essential to achieve a health care system that provides Delawareans with high quality, cost effective care. It is important to create a system and workforce that will meet the health care needs of Delaware; identify those needs; identify the providers, identify the right mix of providers; and identify the important skill sets providers will need as we move further into the 21<sup>st</sup> century.

Furthermore, it is essential to have a system supported by a workforce that delivers services focused on improved health outcomes and cost effectiveness.

Dr. Toth explained that the study was conducted in cooperation with the Delaware Health Care Commission and the Delaware Health and Social Services' Division of Public Health. The method chosen to gather information was a mailed survey from a list of allied health professionals in the state, obtained from the Delaware Division of Professional Regulation.

Active allied health professionals who fit the criteria were sent a questionnaire, which was a compilation of other survey instruments used around the country and input from the Health Workforce Development Committee.

The data revealed that:

- the overall response rate was 57.8 percent
- 2,732 responses were received
  - 47 responses were removed as unusable or duplicates
  - individual response rates for various professionals varied notably
    - 65 percent of speech/language pathologists
    - 39 percent for dental radiation technicians

Based on the responses and the weighting technique employed, it is estimated that there are 3,554 allied health professionals active in Delaware. The limitations of the study are that the data presented is a snapshot of current capacity and does not make projections of the future. Two groups were contacted: pharmacists (all) and other allied health professionals (see below).

*The Allied Health Professionals Report* is a critical piece with regards to the workforce as we think about a health care system that provides Delawareans with high quality, cost effective care.

	In sample	within 100 miles	Removed dupl	Orig lic file
<b>PHARMACISTS</b>	1,209	1,209	1,415	1,416
<b>OTHER ALLIED HEALTH</b>	3,518	5,211	5,824	5,877
<b>ALLIED HEALTH PROFESSIONALS I</b>	2,618	2,618	2,794	2,794
Physical Therapists	771	771	849	849
Physical Therapists Assistants	242	242	248	248
Physician Assistants	317	317	334	334
Therapeutic Optometrists	125	125	138	138
Paramedics	272	272	282	282
Respiratory Practitioners	511	511	531	531
Speech/Language Pathologists	380	380	412	412
<b>ALLIED HEALTH PROFESSIONALS II</b>	900	2,593	3,030	3,083
Dental Radiologic Technicians	450	1,079	1,087	1,092
Dental Assistants	25	61	65	66
Dental Radiation Technician	425	1,018	1,022	1,026
Radiologic Specialists	450	1,514	1,943	1,991
Cardiovascular Radiologic Technologists	1	5	5	5
Medical Radiation Technicians	20	66	66	67
Medical Radiologic Technologists	351	1,181	1,540	1,566
Nuclear Medicine Technologists	60	201	247	263
Radiation Therapists	18	61	85	90
<b>TOTAL</b>	4,727	6,420	7,239	7,293

	Estimated #	FTE
<b>PHARMACISTS</b>	589	506
<b>OTHER ALLIED HEALTH</b>	2,965	2,375
<b>TOTAL</b>	3,554	2,881

### Allied Health Professionals by County

	Kent	New Castle	Sussex	Delaware
Dental Radiologic Technician	153	529	34	716
Radiologic Specialist	76	278	94	448
Physical Therapist	50	272	65	387
Respiratory Practitioner	17	151	44	212
Speech/Language Pathologist	30	134	32	196
Physical Therapist Assistant	11	89	46	146
Physician Assistant	14	93	23	130
Paramedic	13	47	27	87
Therapeutic Optometrist	12	36	6	54
<b>TOTAL</b>	<b>376</b>	<b>1,629</b>	<b>371</b>	<b>2,376</b>

Dr. Toth presented the policy making process as a backdrop to the data revealed from the study to assist the Committee with the development of policy recommendations.

#### Policy Making Process:

- Idea about a challenge
- Initial data/evidence – problem substantiation
- Agreement to resolve the problem

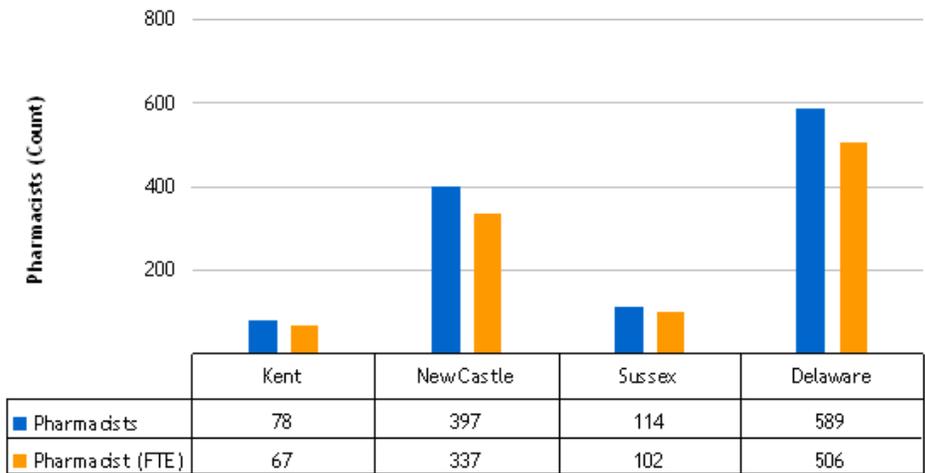
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- Policy options – evidence – what works
- Championing
- Policy implementation
- Impact assessment

Four key themes were identified upon which policy recommendations should be based:

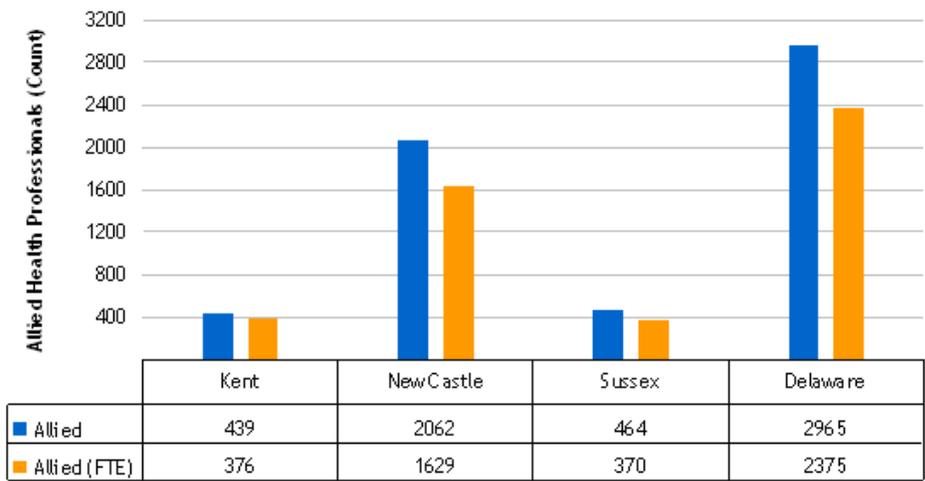
- Population change
- Aging of the workforce
- Diversity
- Barriers at work

**Number of Pharmacists by County**



Source: Center for Applied Demography & Survey Research  
University of Delaware

**Number of Allied Health Professionals by County**



Source: Center for Applied Demography & Survey Research  
University of Delaware

According to the U.S. Census Bureau projections, Delaware can expect a 29 percent growth (229,000+) in population from 2000 to 2030.

The U.S. Census Bureau estimates that between 2000 and 2030 there is going to be a 130 percent increase in the 65+ population in Delaware.

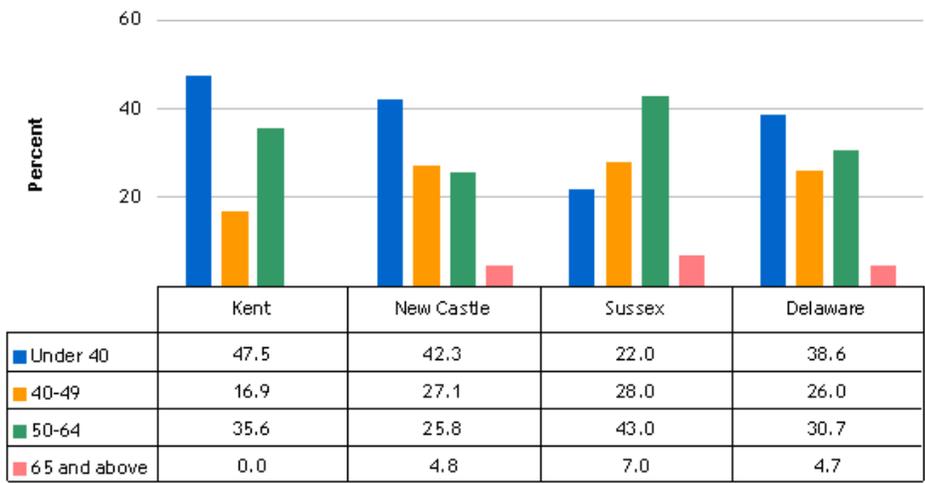
**Is This Enough?**

According to the U.S. Census Bureau projections, Delaware can expect a 29 percent growth (229,000+) in population from 2000 to 2030.

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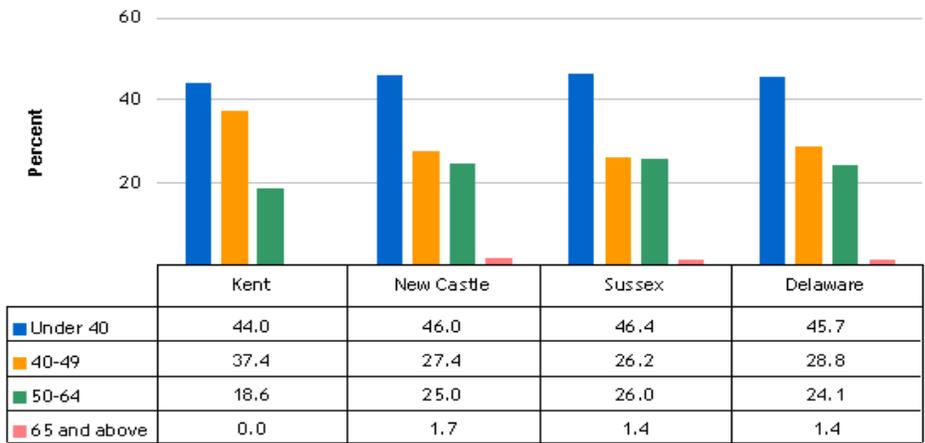
Do we have enough people in the educational pipeline that has the right skill sets and will be able to serve the growing population, which is aging and becoming more diverse? Will the workforce be able to meet the community needs and demand for services?

**Age of Pharmacists by County**



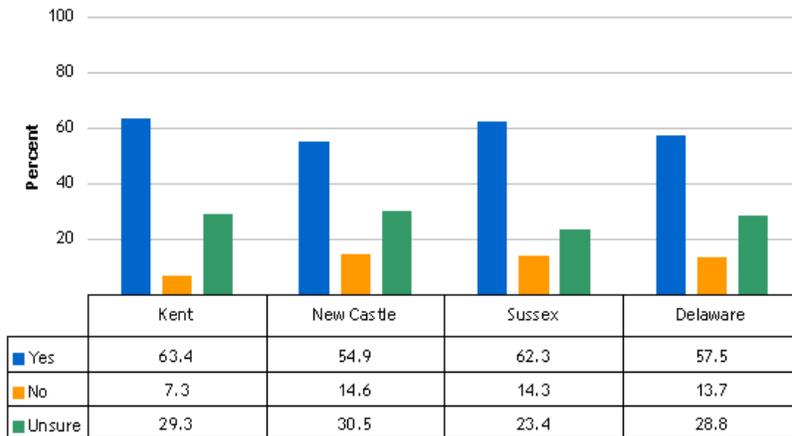
Source: Center for Applied Demography & Survey Research  
University of Delaware

### Age of Allied Health Professionals by County



Source: Center for Applied Demography & Survey Research  
University of Delaware

### Active Ten Years From Now by County (Pharmacists)



Source: Center for Applied Demography & Survey Research  
University of Delaware

About 33 percent of the health professionals in the survey responded they were not going to be active in 10 years.

### Active Ten Years From Now by County

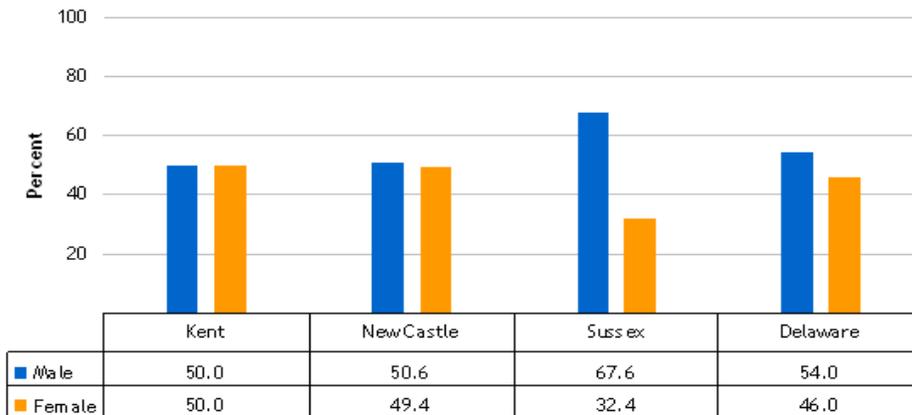


Source: Center for Applied Demography & Survey Research  
University of Delaware

### Will We Have Enough Allied Health Professionals?

About 33 percent of the health professionals in the survey responded they were not going to be active in 10 years. Removing 33 percent of allied health professionals over the next 10 years, with the estimated growth in population and those 65+, raise the question of whether the educational pipeline is adequate in size to replace those allied health professionals leaving the profession.

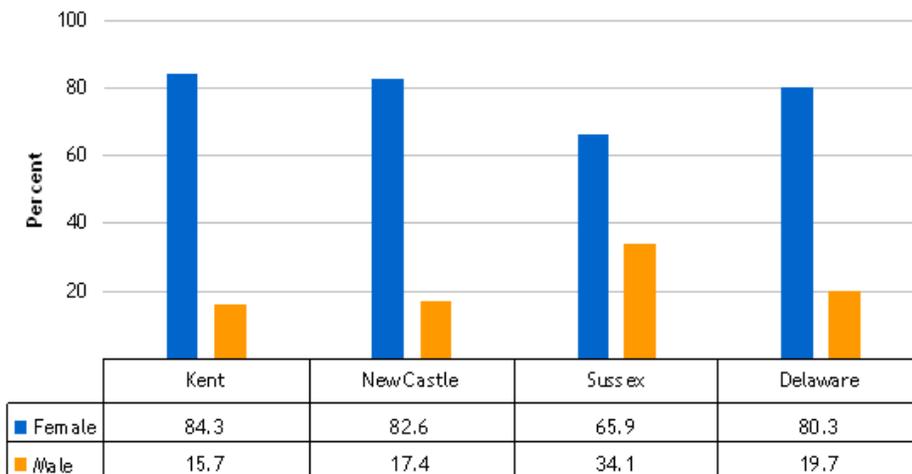
### Gender of Pharmacists by County



Source: Center for Applied Demography & Survey Research  
University of Delaware

The gender ratio of male and female pharmacists is relatively close. However, there is a significant difference in allied health professionals.

### Gender of Allied Health Professionals by County

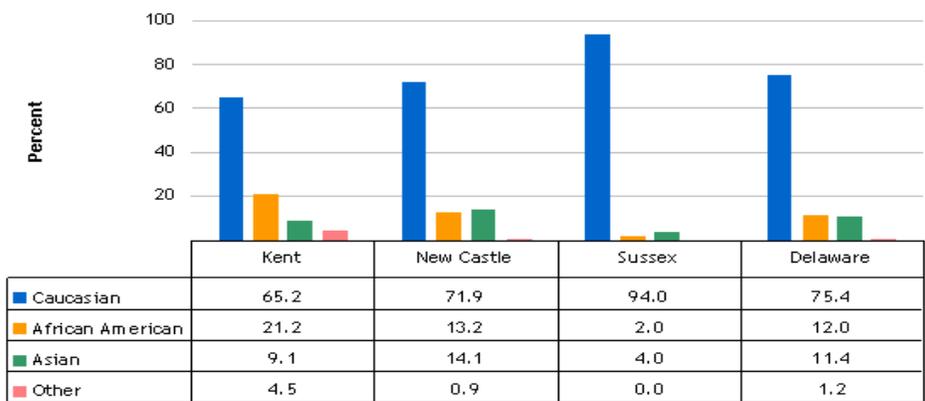


Source: Center for Applied Demography & Survey Research  
University of Delaware

### Do We Have Enough Diversity?

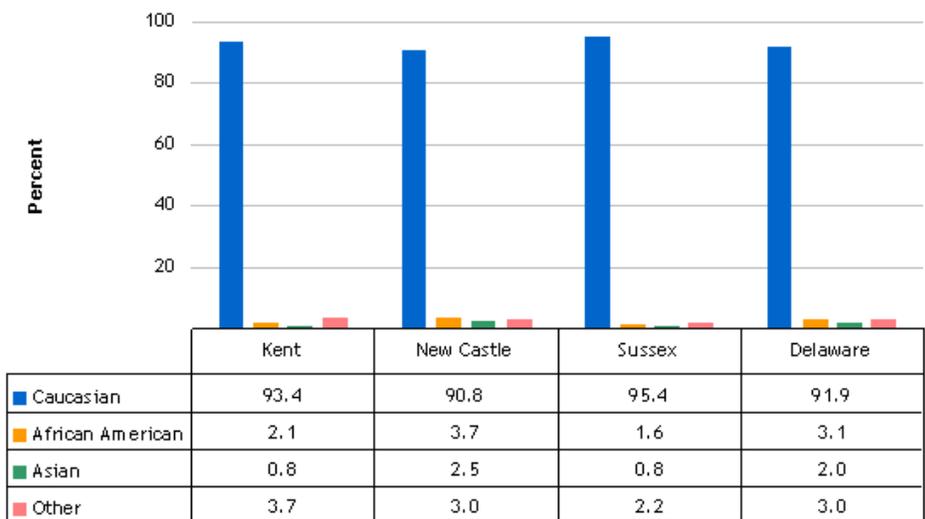
The gender ratio of male and female pharmacists is relatively close. However, there is a significant difference in allied health professionals.

### Race of Pharmacists by County



Source: Center for Applied Demography & Survey Research  
University of Delaware

### Race of Allied Health Professionals by County



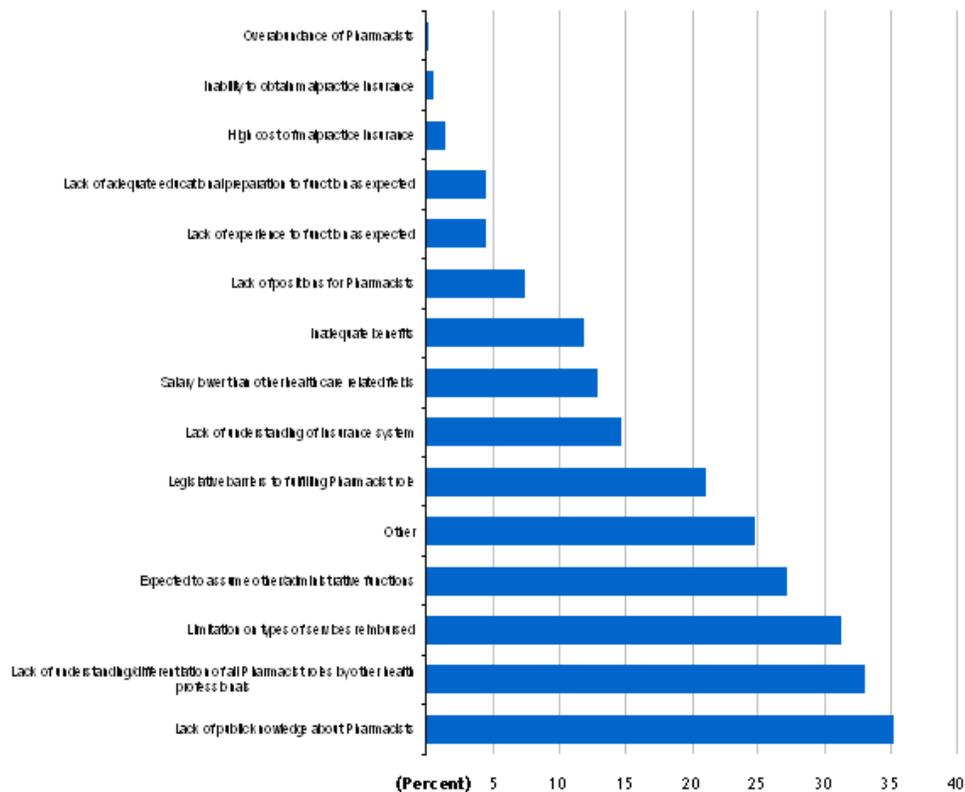
Source: Center for Applied Demography & Survey Research  
University of Delaware

#### Is this where we need to be?

There are numerous studies performed by other states and evidence based studies that are beginning to address the policy question of whether or not the health care workforce should look like the patients that they serve. As Delaware's population becomes more racially and ethnically diverse, the data presented in the Allied Health Professionals study also

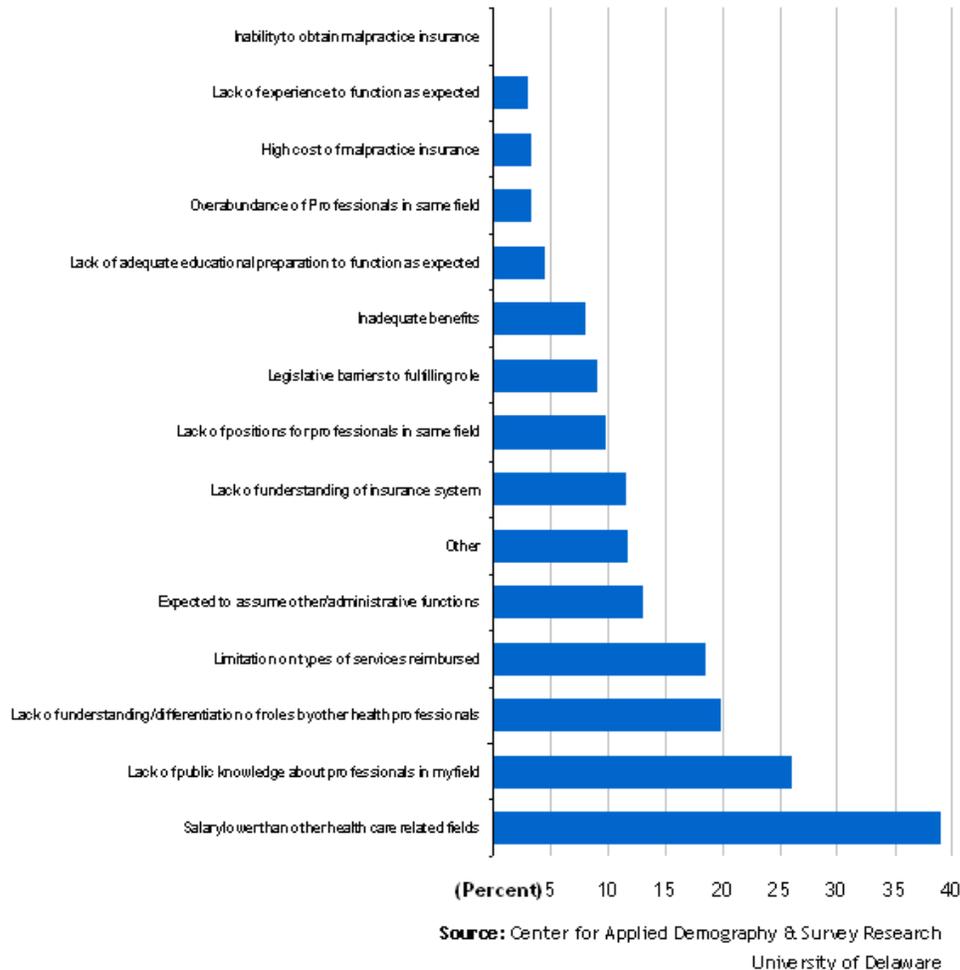
raises the question; should pharmacists and other allied health professionals have the same demographic characteristics of the people that they serve? The Committee is devoted to exploring research and the development of policy recommendations that address minimizing the disparity between the composition of the health workforce and its citizens in the community. Innovative recruitment and retention strategies should aim to reduce health disparities by promoting diversity and building a workforce that reflects the community that it serves.

### Barriers in Work as an Allied Health Professional



Source: Center for Applied Demography & Survey Research  
University of Delaware

## Barriers in Work as an Allied Health Professional



In December 2008, the Commission gave approval for the Health Workforce Development Committee to begin the development of a Request for Proposal to hire a consultant to help the Committee prioritize all the data available and develop action items for policy making and recommendations for implementation.

**Action**  
The *Allied Health Professionals 2007* report was voted upon and accepted.

### Should Something Be Done to Address Barriers in the Workplace?

Pharmacists indicated that the top three barriers at work to be:

- a lack of public knowledge about pharmacists
- a lack of understanding and differentiation between their profession and other health professionals
- Limitation on types of services reimbursed

Allied health professionals indicated the most significant barrier at work to be:

- salary lower than other health care related fields

In December 2008, the Commission approved the Health Workforce Development Committee begin the development of a Request for Proposal to hire a consultant to help the Committee prioritize all the data available and develop action items for policy making and recommendations for implementation.

### **Action**

Dr. Nevin made a motion to accept the *Allied Health Professionals 2007* report. Dennis Rochford seconded the motion. After a voice vote the motion carried.

The snapshot of the allied health professional workforce in Delaware can help the Committee ask the right questions, try to substantiate the problem and decide what can be done.

### **State Loan Repayment Program**

Leah Jones reported to the Commission the Loan Repayment Committee met on Tuesday, December 2, 2008, the DIDER Board of Directors met on Tuesday, December 16, 2008, and the DIMER Board of Directors met on Wednesday, December 17, 2008.

### *Funding Updates*

The Loan Repayment Program has the following funds available for distribution:

- \$108,714 available in State DIMER funds through June 30, 2009
- \$216,979 available in State DIDER funds through June 30, 2009
- \$158,000 available in Federal matching funds through August 30, 2009

### Review of Applications and Recommendations

The Loan Repayment Committee, DIDER Board of Directors and DIMER Board of Directors reviewed the following applications and made the following recommendations.

1. Site: Nemours Pediatrics, Wilmington

This practice, located at 1602 Jessup Street in Wilmington, DE 19802, (302) 576-5050, treats approximately 10,630 patients below 200 percent federal poverty level per year. Of those, about 82 percent are Medicaid or S-CHIP enrollees and about 2 percent are uninsured. The practice is open 50.5 hours per week and the hours of operation are as follows:

Monday	8:30 am – 5:00 pm	Friday	8:30 am – 5:00 pm
Tuesday	8:30 am – 5:00 pm	Saturday (sick visits only)	9:00am – 1:00 pm
Wednesday	8:30 am – 5:00 pm	Sunday (sick visits only)	9:00am – 1:00 pm
Thursday	8:30 am – 5:00 pm		

Funding: Qualifies for State/Federal Match

Health Professional: Gina Amoroso, D.O., Pediatrician

Dr. Amoroso graduated from Philadelphia College of Osteopathic Medicine (PCOM) in 2003. She completed her residency training pediatrics at the A.I. DuPont Hospital for Children/ Thomas Jefferson Hospital in 2007, and prior to that she also completed a rotating internship in Osteopathic Medicine at Christiana Care Family Medicine in 2004. Dr. Amoroso has about \$187,000 in loans (verified) and is requesting a two-year contract.

*Recommendation*

The Loan Repayment Committee and DIMER Board recommended that Dr. Amoroso be awarded loan repayment in the amount of \$35,000 (\$17,500 state plus \$17,500 federal) for a two year commitment to practice at Nemours Pediatrics in Wilmington.

2. Site application only: Mercer Dental Associates

This site, located at 77 Saulsbury Road, Dover, DE 19904, (302) 678-2942, treats approximately 2,547 patients per year (1,834 General, 713 Pediatric). Approximately 458 patients or 18% of their patients fall below 200 percent FPL. Of the total patient population, about 26 percent are uninsured, and 18 percent are Medicaid or S-CHIP enrollees. The practice is open 41 hours per week and the hours of operation are as follows:

Monday	8:00 am – 5:00 pm	Thursday	8:00 am – 5:00 pm
Tuesday	8:00 am – 5:00 pm	Friday	8:00 am - 1:00 pm
Wednesday	8:00 am – 5:00 pm		

Funding: State funds only

Dr. Sean Mercer contacted the Health Care Commission in the summer (August 26, 2008) to inquire about the loan repayment program. He and his cousin, Dr. Andy Mercer, are co-owners of the practice, which is about 7+ years old. Dr. Mercer was initially interested in the capital loan repayment, but declined to pursue this opportunity because the loans are about 6 years old. Dr. Mercer is recruiting his brother in law, who will be completing his dental residency program at CCHS this spring, at which time they will submit a health professional application. In the meantime, Dr. Mercer is requesting that the practice site, Mercer Dental Associates, please be considered as a pre-approved loan repayment site.

*Recommendation*

The Loan Repayment Committee and DIDER Board agreed that Dr. Mercer should move forward with his recruitment plans. The Committee will revisit the application for loan repayment at a later date.

3. Site application only: Westside Health (FQHC), Wilmington & Newark

This facility has already been approved as a loan repayment site and *qualifies for federal matching funds.*

This site, located at 1802 West Fourth Street, Wilmington, DE 19805, treats 10,875 patients per year.

Recruiting one Family Practice physician and one Dentist  
*(waiting for health professional applications)*

This site, located at 27 Marrows Road, Newark, DE 19713, treats 3,476 patients per year.

Recruiting one Family Practice physician  
*(waiting for health professional applications)*

**Recommendation**

The Loan Repayment Committee, DIDER Board and DIMER Board recommended continuing to reserve funds in order to allow this facility to recruit two physicians and a dentist, using loan repayment as an incentive.

4. Site: Central Delaware Family Medicine, Dover

This site, located at 1001 S. Bradford St, Suite 4, Dover, DE 19904, (302) 735-1616, treats 2,500 patients per month. Of those, 35 percent are Medicaid or S-CHIP enrollees, about 10 percent are uninsured, and an estimated 15% fall below 200 percent federal poverty level. The practice site is open 50 hours per week and the hours of operation are as follows:

Monday	8:00 am – 5:00 pm	Thursday	8:00 am – 5:00 pm
Tuesday	8:00 am – 5:00 pm	Friday	8:00 am – 5:00 pm
Wednesday	8:00 am – 5:00 pm	Saturday	8:00am – 12:00 pm

Funding: State funds only

Health Professional: Kimberlie Neal, MD, Family Medicine

Dr. Neal graduated from Jefferson Medical College in Philadelphia, PA in 1996. In 1999, she completed her residency training at Oregon Health & Science University, Department of Family Medicine in Portland, OR. Dr. Neal started working full-time for Central Delaware Family Medicine in Dover, a private for profit practice, in November 2008. She has about \$20,867 in loans (verified) and is interested in a two year service commitment and contract.

**Recommendation**

The Loan Repayment Committee and DIMER Board recommended awarding Dr. Kimberlie Neal \$10,000 for a two year service commitment at Central Delaware Family Medicine in Dover.

5. Site: Dr. Curtis Smith, D.O. in Laurel, DE

This site, located at 314 S. Central Ave. in Laurel, DE is a pre-approved site, and treats approximately 3000 patients per year. Of those, 600 patients fall below 200 percent federal poverty level, 30 percent are Medicaid or SCHIP enrollees, and about 5 percent are uninsured.

Health Professional: Joseph Kim, D.O., Family Practice – (Request for extension - 1 year)

In a letter dated 1/22/08, Dr. Joseph Kim is requesting an extension for one additional year on his 2 year contract, which he was awarded \$35,000 (State-only) and expired on 8/31/08. Dr. Kim is a graduate of Philadelphia College of Osteopathic Medicine and he completed a residency at St. Francis Hospital- Family Practice Center, Wilmington, DE. Dr. Kim currently works with Dr. Curtis Smith, D.O. in Laurel, DE. In addition to his primary full-time employment, he also provides inpatient services to Nanticoke Memorial Hospital to assist and joined their Pediatric and Medical Call rotation groups offering inpatient care to uninsured individuals. He also makes rounds in three rehabilitation and nursing home facilities, including LifeCare at Lofland Park, Seaford Genesis, and Methodist Manor House. Dr. Kim has about \$116, 892.00 in loans (verified) and is requesting a one year extension to his loan repayment contract.

*Update:* This request was approved at the October 2008 DHCC meeting in the amount of \$15,000 in State funds. Dr. Kim recently notified our office that beginning in February 2009 he will be employed by Nanticoke Memorial Hospital under the Mid Sussex Medical Center Incorporated group due to the significant growth of his patient base. He was advised to send the DHCC/Loan Repayment Coordinator a letter (arrived 11/18/08) documenting the site change/employer, effective date, address/contact information of the new practice site, and any other pertinent information. Nanticoke Memorial has offered to financially assist Dr. Kim with opening the office space in Laurel, DE and will be his employer for at least three years. He will be involved in community projects such as the Sussex Child Health Promotion Coalition and will continue to serve as a CHAP provider.

Funding - now qualifies for State/Federal match

*Recommendation*

The Loan Repayment Committee and DIMER Board recommended awarding Dr. Joseph Kim loan repayment in the amount of \$30,000 (\$15,000 state plus \$15,000 federal) to extend his commitment to practice with Dr. Curtis Smith in Laurel for an additional year.

6. Site: Cecil C. Gordon, Jr., MD, PA in Wilmington

This site, located at 611 West 18<sup>th</sup> Street in Wilmington, DE 19802 is a pre-approved site, and treats approximately 1,224 patients. About 15 percent of these patients are Medicaid. The practice is an obstetrics and gynecology practice that provides services to all patients

regardless of their ability to pay and accepts all payers, utilizes a sliding fee schedule for self-pay patients and is a CHAP provider. In 2006, the practice expanded to include a perinatal nurse practitioner and recruited a female OB/GYN to expand service delivery and address risk factors affecting infant mortality. The practice site is open 40 hrs per week and the hours of operation are as follows:

Monday	8:30 am – 5:00 pm	Thursday	8:30 am – 5:00 pm
Tuesday	8:30 am – 5:00 pm	Friday	9:00 am – 3:00 pm
Wednesday	8:30 am – 5:00 pm		

Funding: State funding only

Health Professional: Lydoria Riegel, MSN, CRNP Women's Health - (Recruitment – start date October 2008)

Ms. Riegel graduated from the University of Pennsylvania in Philadelphia, PA with a MSN in Women's Health as a Nurse Practitioner in 2007. She attended the University of Delaware and received a BSN and a BA in Psychology with a double major in Women's Studies in 2002. Delaware's infant mortality rate and high teen pregnancy rates, particularly in northern DE, are two challenges that drew her to practice in DE. Ms. Riegel started working for Cecil C. Gordon, Jr., PA on October 13, 2008 and is interested in a three year service commitment and contract. She has about \$21,554 in loans (not verified). Official verification from the lending institutions is forthcoming.

#### *Recommendation*

Due to limited available funding, the Loan Repayment Committee and DIMER Board recommended that Ms. Lydoria Riegel's application be placed on hold and revisited at the February meeting.

#### 7. Site: Dover Family Physicians Professional Association

This site, located at 1342 S. Governors Avenue, Dover, DE 19904 treats approximately 12,000 patients per year. Of those, about 3,000 patients (or 25 percent) fall below 200 percent of federal poverty level. The practice site is open 49 hours per week and its hours of operation are as follows:

Monday	8:00 am – 6:00 pm	Thursday	8:00 am – 6:00 pm
Tuesday	8:00 am – 6:00 pm	Friday	8:00 am – 5:00 pm
Wednesday	8:00 am – 6:00 pm		

Funding: State funding only

Health Professional: Stephanie F. Behrens, Physicians Assistant, Family Medicine

Ms. Behrens graduated from Seton Hall University School of Graduate Medical Education in South Orange, NJ in 2007 with a Masters of Science in Physician Assistant studies. She is Board Certified. She completed her undergraduate studies at Monmouth University in West Long Branch, NJ in 2003 with a BS in Molecular Cell Physiology. Ms.

#### **Action**

The loan repayment recommendations were accepted.

At the December 2008 Commission meeting, Commission members reviewed the contents of the 2009 Annual Report. For the most part it represents a carry over of the

Ms. Behrens stated in her application that she can speak limited Spanish to convey medical information to patients. Ms. Behrens has about \$143,985 in loans (verified) and is interested in a three year service commitment and contract.

#### *Recommendation*

The Loan Repayment Committee and DIMER Board recommended that Ms. Stephanie Behrens be awarded loan repayment in the amount of \$10,000 for a two year service commitment at Dover Family Physicians Professional Association.

#### **Action**

Dr. Nevin made a motion to accept the recommendations of the Loan Repayment Committee, DIDER Board of Directors and DIMER Board of Directors. Ted Becker seconded the motion. After a voice vote the motion carried.

### **OTHER BUSINESS**

#### Delaware Health Care Commission 2009 Annual Report & Strategic Plan

At the December 2008 Commission meeting, Commission members reviewed the contents of the 2009 Annual Report. For the most part, the report represents a carry over of the initiatives of the 2008 report with the addition of two new items, which fall under specific health care issues and affiliated groups.

The Health Care Commission will be:

- collaborating with the Federally Qualified Health Centers (FQHC), the Division of Public Health and the Mid Atlantic Association of Community Health Centers to develop and implement recommendations from John Snow, Inc. marketing study and analysis for La Red and Delmarva Rural Ministries.
- continuing work on the blending of CHAP with other pertinent programs such as Screening for Life and the Infant Mortality Program.
- supporting activities of the Oral Health Workforce Planning Grant that will hopefully allow us to expand oral health training and education opportunities in Sussex County.
- supporting the Health Workforce Development Committee initiative to assess the health professional workforce: supply and demand, and the development of policy recommendations.
- supporting and participating in the initiative for a statewide plan on nutrition and physical activity to prevent obesity in children.
- supporting planning activities in a partnership with Christiana Care to prevent heart disease in women.

The Delaware Health Care Commission is required by law to submit its annual report to the Governor and General Assembly by January 15<sup>th</sup>.

initiatives of the 2008 report with the addition of two new items, which fall under specific health care issues and affiliated groups.

The Delaware Health Care Commission is required by law to submit its annual report to the Governor and General Assembly by January 15<sup>th</sup>.

#### **Action**

The Commission voted to approve the 2009 Annual Report . Karen Weldin Stewart abstained from the vote because she was unfamiliar with the material contained in the report.

### **Action**

Richard Heffron made a motion to approve the 2009 Annual Report. Ted Becker seconded the motion. After a voice vote the motion carried. Karen Weldin Stewart abstained from the vote because she was unfamiliar with the material contained in the report.

### Outgoing Cabinet Secretaries

Mr. Carney announced that this would be the last meeting for outgoing cabinet secretaries. He thanked them for their service as members of the Commission, as well as in their positions as cabinet secretaries. The Commission will be presenting them with proclamations of appreciation.

### **PUBLIC COMMENT**

Joanne Hasse, of the League of Women Voters, said it came to her attention this week that the vendor who reads the mammograms on the Screening for Life van has notified the Division of Public Health that they will no longer provide this service because the van is not equipped to do digital mammograms. The vendor is under a contract with the Division of Public Health. In spite of fiscal constraints, it is a concern that this service will be disrupted after all the progress that has been made bringing down the cancer rate. Hopefully, funding can be secured to upgrade the van equipment and technology.

The League of Women Voters has an annual Legislative Day in Dover with a statewide meeting, which is open to the public. This year's topic is *Assessing Mental Health Services in Delaware*. The meeting will be held at the Sheraton in Dover on March 18<sup>th</sup>. The Medical Society, Mental Health Association and National Alliance on Mental Illness (NAMI) will co-sponsor the event.

Dr. Robert Frelich said that he was involved in workforce studies in the 1950's and 1960's and he wonders what happened to all the data that was collected. It is unfortunate that we cannot look at the past to help predict future needs. No matter what methodology is used, predicting workforce needs is going to be a calculated estimate. In England primary care physicians were given the technology and equipment in order to standardize forms and data. In the United States, the National Institute of Health decided not to set up such a system. Dr. Frelich believes that forms need to be standardized.

Dr. Nevin said that the Center for Health Information Technology (CHIT) has set standards for forms for electronic data. While products may look different, they have the same information. However, some people are still using products that do not meet standards set by CHIT.

Ms. Weldin Stewart commented that, as DHIN is developed to be compatible with other health information exchange networks, coding information is hopefully, going to evolve. As insurance companies and medical professionals adopt the same coding, information is going to be collected and be more standardized. On the level of the National Association of Insurance Commissioners, model laws and regulations will

Future meetings of the Delaware Health Care Commission will **no longer** be held at Del Tech Terry Campus in 2009.

### *Next Meeting*

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

be developed through each of the states.

Prue Albright is vice president of the Board of Directors of La Red Health Center, a Federally Qualified Health Center (FQHC) in Sussex County. Ms. Albright thanked the Commissioners for their support of the study for La Red to assist in improving services. The Board is hopeful of the opportunity for the western Sussex Expansion. While there are constraints that prevent La Red from offering dental services, the Board fully supports the idea of offering whatever help they can in terms of improving access to dental care in Sussex County.

#### **NEXT MEETING**

Future meetings of the Delaware Health Care Commission will *no longer* be held at Del Tech Terry Campus in 2009.

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

#### **ADJOURN**

The meeting adjourned at 11:00 a.m.

#### **GUESTS**

Prue Albright	Advances in Management/DHIN
Sonya Davis	Nemours Health & Prevention Services
Barbara DeBastiani	Wheeler and Associates/MACHC
Spencer Epps	Apollo Human Rights Foundation
Judi Feinson	Nemours Health & Prevention Services
Robert Frelich, MD	Medical Society of Delaware
Wendy Gainor	Medical Society of Delaware
Joanne Hasse	League of Women Voters
George Meldrum	Nemours Foundation
Linda Nemes	Department of Insurance
Sheila Nutter	Electronic Data Systems/CHAP
Lillian Ronneberg	Electronic Data Systems/CHAP
Lisa Schieffert	Delaware Healthcare Association