

DELAWARE HEALTH CARE COMMISSION
MARCH 2, 2006
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400A
DOVER

Action Item

MINUTES

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

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

Staff Attending: Paula K. Roy, Executive Director; Marlyn Marvel, Community Relations Officer; and Jo Ann Baker, Administrative Specialist III.

CALL TO ORDER

Chairman John C. Carney, Jr. called the meeting to order at 9:08 a.m.

APPROVAL OF DECEMBER 1, 2005 JANUARY 5, 2006 AND FEBRUARY 2, 2006 MINUTES

Dennis Rochford made a motion to approve the December 1, 2005 meeting minutes. Robert Miller seconded the motion. There was a voice vote and the motion passed.

Lois Studte made a motion to approve the January 5, 2006 meeting minutes. Robert Miller seconded the motion. There was a voice vote and the motion passed.

Dennis Rochford made a motion to approve the February 2, 2006 meeting minutes. Richard Cordrey seconded the motion. There was a voice vote and the motion passed.

ANNUAL REPORT & STRATEGIC PLAN

Robert Miller made a motion to accept the Annual Report and Strategic Plan. Dr. Joseph A. Lieberman, III seconded the motion. There was a voice vote and the motion passed.

UNISURED ACTION PLAN

Paula Roy updated the Commission on the status of the Community Healthcare Access Program (CHAP) outreach activities.

Action:

Motions were made and seconded to approve the minutes of the December 1, 2005, January 5, 2006 and February 2, 2006 minutes. There were voice votes and the motions passed.

Action:

A motion was made to accept the Annual Report and Strategic Plan. There was a voice vote and the motion passed.

Negotiations were completed and contracts executed to implement the new community outreach component of the program. This new component is designed to increase outreach activities and increase the diversity of the CHAP population.

Bayhealth Medical Center

- Increase the uninsured with primary care health homes and primary/preventive services by:
 - ✓ Coordinate with Bayhealth operated walk-in centers to make referrals
 - ✓ Visit Hope Clinic weekly to identify and enroll uninsured
 - ✓ Attend and make presentations at health fairs, including follow-up
- Decrease number of emergency department visits
 - ✓ Coordinators work with emergency department staff to identify potential CHAP
- Follow up letters to uninsured after discharge if no contact was made while in hospital
- Provide discounted lab and diagnostic radiology services for CHAP enrollees

Beebe Medical Center

- Through Community Health Department complete health fairs, community screenings. Beebe uses intensive community outreach, screening and enrollment activities and has a strong history of participation
- Maintain relationships with local physicians to link CHAP enrollees and encourage participation in VIP
- Cultural Diversity activities to ensure CHAP team members are sensitive to cultural and religious issues with patients
- Provide 100% write-off of any hospital services for CHAP enrollees

Delaware Ecumenical Council

- Engage multi-denominational faith leaders and complete outreach and enabling services.
- Build on parish nursing programs by providing information about the need for primary/preventive care in general and CHAP as a way of accessing services

Paula Roy presented the Commission with updates for the CHAP program outreach activities.

- Train clergy to make appropriate referrals
- Organize health resource fairs, which include information about CHAP
- Coordinate with Council's Interfaith Caregiver program to arrange for volunteer transportation services

Nanticoke Memorial

- Conduct outreach activities to identify uninsured individuals and refer them to appropriate programs and services
- Integrate outreach with school based wellness centers and other programs, such as Screening for Life
- Transportation and translation services
- Discounted lab and x-ray services and integration with Nanticoke Charitable Assistance program

St Francis

- Coordinate outreach using St. Clare van, Center of Hope and Tiny Steps
- Integrate CHAP and hospital charitable assistance program, including lab and x-ray
- Outreach, marketing, translation and transportation services

Slaughter Neck Community Action Agency

- Incorporate CHAP outreach into existing community outreach activities, primarily targeting the African American community.
- Outreach activities include door-to-door, community events
- Enabling services, with strong volunteer component
- Geographic target: Lincoln, Ellendale, Milton and eastern Sussex

A.I. DuPont did not submit a proposal. Christiana Care System continues efforts through the VIP program and supporting CHAP referrals.

Chairman Carney discussed the fact that the new program design will result in more centralized enrollment at EDS, the CHAP enrollment broker. As a result, less importance should be placed on the number of enrollments that occur at the community level.

The total number of active VIP physician volunteers is 464; total number of VIP subspecialty physician volunteers is 234 and the total number of patients referred to VIP physicians is 2653. The Limestone Surgery Center has been added to the VIP network.

Paula Roy updated Commissioners on State Planning Program activities.

1. Small Business Committee

A scope of services for Phase Two of the Small Group Health Insurance project has been drafted and will be reviewed by the Small Business Health Insurance Committee.

2. Universal Coverage

Proposals were received for the Universal Coverage Project. The review committee has completed reviewing those proposals, conducted interviews, and negotiations are ready to begin. A kick-off meeting has been scheduled for March 28, 2006.

Chairman Carney asked for a volunteer to replace Robert Miller on the Single Payer Universal Coverage committee.

3. Delawareans Without Health Insurance report

Secretary Vincent Meconi made a motion to accept the report. Robert Miller seconded the motion. There was a voice vote and the motion passed.

There was much discussion on the federal Census Bureau CPS (Current Population Survey) information used for this report. Secretary Meconi noted that CPS data on the number of Medicaid enrollees is consistently wrong by a wide margin. He noted that the data of the Behavioral Risk Factor Surveillance System (BRFSS) study is more accurate and should be relied on rather than CPS data.

Currently there are 143,000 enrollees in Medicaid, which is far greater than the 75,000 indicated on page 12 of the report. There is a 100 percent error in the Medicaid figures in the report. It was recommended that the Chairman or Executive Director of the Commission hold conversation with Ed Ratledge, author of the report, expressing the concern about the discrepancies between the Census Bureau CPS data and the BRFSS data.

Paula Roy updated Commissioners on State Planning Program activities.

Action:

A motion was made and seconded to accept the *Delawareans Without Health Insurance* report. There was a voice vote and the motion passed.

Conversation will be held with Ed Ratledge to use BRFSS data as opposed to Census Bureau data.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Health Professional Data Gathering

Lois Studte reported on the first meeting of the Health Professional Workforce Data Gathering Committee which was held February 27, 2006. The *Fact Sheet* that had been given to the Commission in January 2006 was distributed. The meeting consisted of representatives of state agencies currently collecting health professional data and focused on determining what activities are currently taking place. Paula Roy presented for the Delaware Health Care Commission.

Judy Chaconas presented for the Division of Public Health (DPH). Since 1995 DPH has been doing studies. Survey research on Mental Health is being conducted and a report will be forthcoming. A CD containing all recent reports from DPH was distributed.

In recent years conducting survey research on health professionals has been stymied because of difficulty accessing licensing data through the State Division of Professional Regulation. Typically licensing lists have been used as a data source for survey research. However upon advice from a deputy attorney general, the Division could no longer make lists available. Legislation was recently passed that will allow the Delaware Health Care Commission and the Division of Public Health to access the list for the purposes of conducting research.

Ed Simon and George Sharpley presented for the Department of Labor (DOL). The DOL has many workforce data reports and statistics, which may be very helpful.

Helen Graft, from the Delaware Economic Development Office (DEDO), reported that DEDP does not conduct primary data collection activities, but relies on existing data from other sources.

James Collins, Division of Professional Regulation, was unable to attend. He did provide a handout to those present. He will be invited to present at the April meeting.

Don Berry, Department of Education, was unable to attend. If he is able to attend the next meeting he will demonstrate a census map.

Lois Studte updated the Commission on recent activities of the Health Professional Workforce Data Gathering Committee

A member from the Higher Education Commission will be invited to the April meeting. Continued dialogue with State agencies will be held as well as identification of gaps in data collection. Sarah McCloskey, DHCC, is creating a grid to indicate what data State agencies are collecting.

Paula Roy clarified that the meeting was not intended to be a meeting of the full data collection committee, but rather a meeting of those state agencies currently involved in workforce data gathering and analyses in order to prepare for a kick-off meeting of the full committee.

Action: Delaware State Loan Repayment Program

The Loan Repayment Committee reviewed several policies at its January 12, 2006 meeting, and has made the following recommendations. The DIDER Board met on January 17, 2006 and the DIMER Board met on January 25, 2006 to take action on these recommendations.

1. Review of the 20% Medicaid patient population requirement for dentists

Existing requirement states-

- Dentists must agree to maintain a dental practice patient population comprised of a minimum of at least 20% Medicaid patients (Delaware reimbursement rate is 85% of usual and customary charges) and/or low income (<200 FPL) dentally uninsured patients who will be provided services at reduced rates or free of charge.

Recommendation

The Committee and DIDER recommend the following amended requirement-

- Dentists must agree that a minimum of 20% of their scheduled appointments (labor vs. patient caseload) will be comprised of Medicaid patients and/or low-income (<200 FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge. Low-income patients may include participants in the Nemours Dental Outreach program and the Vocational Rehabilitation program through the Division of Public Health.

Program administrators will follow-up in depth approximately twice per year to verify that an appropriate amount of Medicaid and low-income patients are being seen.

Robert Miller made a motion to accept the recommendation. Dr. Joseph A. Lieberman III seconded the motion. There was a voice vote and the motion passed.

2. Addition of a similar policy for other loan repayment clinicians
Recommendation

The Committee and DIMER recommend that all participating loan repayment physicians (including medical oncologists and pediatric psychiatrists) and the sponsoring physicians of loan repayment physician-assistants be required to participate in the Voluntary Initiative Program (VIP) sponsored by the Medical Society of Delaware. VIP is a network of private physicians statewide who accept Community Healthcare Access Program (CHAP) patients into their practices and serve as their health home or provide medical subspecialty services. CHAP recipients receive discounted medical services based upon their income.

Lois Studte made a motion to accept the recommendation. Dr. Joseph A. Lieberman III seconded the motion. There was a voice vote and the motion passed.

3. Addition of a requirement that all participants (clinicians and sites) have no prior felony convictions as a condition for participation in SLRP.

Recommendation

The Committee, DIDER, and DIMER recommend the addition of this requirement and Stewart Drowos, DIMER and DIDER Deputy Attorney General, is working on language to insert in the clinician and site applications. This “no felony conviction” provision would apply regardless of whether or not a clinicians’ professional license was reinstated.

Chairman Carney’s hope is that if a participant receives a Governor’s pardon they would be eligible for State Loan Repayment. At this time the language has not been received from Mr. Drowos.

Robert Miller made a motion to accept the recommendation of a requirement that all participants (clinicians and sites) have no prior felony convictions as a condition for participation in SLRP. Lois Studte seconded the motion. There was a voice vote and the motion passed.

Action:

A motion was made and seconded to accept the recommendation to amend the 20% Medicaid patient population requirement for dentists. There was a voice vote and the motion carried.

Action:

A motion was made and seconded for the addition of a similar policy for other loan repayment clinicians. There was a voice vote and the motion carried.

Action:

A motion was made and seconded for the addition of a requirement that all participants (clinicians and sites) have no prior felony convictions as a condition for participation in SLRP.

4. Policy for contract extension limitations

Recommendation

The Committee, DIDER, and DIMER recommend that loan repayment award extensions be limited so that clinicians may receive loan repayment for no more than a maximum of four years.

Initial contract- minimum- 2 years
maximum- 3 years

Possible contract extensions= 1- 2 years depending on the length of the initial contract.

In other words, after completing an initial 2-3year contract, a clinician may apply to receive an extension, up to a maximum of four years participation in the loan repayment program.

Language inserted will make it clear that priority will be given to new applicants. Anyone applying for an extension will be “put back in the pool” and will have to be re-evaluated based on other applications. There is no guarantee the extension application will be granted.

Dr. Joseph A. Lieberman III made a motion to accept the recommendation. Robert Miller made a second. There was a voice vote and the motion passed.

5. Award thresholds for mid-level practitioners

Twelve new specialties were recently added to the list of eligible clinicians for loan repayment. Many of these health professionals are “mid-level” practitioners who would not incur the same amount of educational debt as advanced-degree practitioners.

Recommendation

The Committee, DIDER, and DIMER recommend that loan repayment clinicians be designated as advanced-degree practitioners and mid-level practitioners for the purpose of determining awards. They suggest that awards for mid-level practitioners be limited to \$17,500 per year, or a maximum of \$35,000 for a two-year contract.

Advanced-degree Practitioners

Primary Care Physicians (MD and DO)

- Family Medicine
- Osteopathic Practitioners
- Internal Medicine
- Pediatrics
- Obstetrics & Gynecology
- General Psychiatry

Action:

A motion was made and seconded that loan repayment award extensions be limited so that clinicians may receive loan repayment up to a maximum of four years.

Initial contract- minimum- 2 years
maximum- 3 years

Possible contract extensions= 1- 2 years depending on the length of the initial contract.

Priority will be given to new applicants. Anyone applying for an extension will be “put back in the pool” and will have to be re-evaluated based on other applications.

Medical Oncologists (do not qualify for Federal match)
Pediatric Psychiatrists (do not qualify for Federal match)
Dentists (DDS and DMD)

Mid-level Practitioners

Registered Clinical Dental Hygienists
Certified Nurse Practitioners
Certified Nurse Midwives
Primary Care Physicians Assistants
Clinical or Counseling Psychologists
Psychiatric Nurse Specialists
Licensed Clinical Social Workers
Mental Health Counselors
Licensed Professional Counselors
Marriage & Family Therapists

Dr. Joseph A. Lieberman III made a motion to accept the recommendation. Robert Miller made a second. There was a voice vote and the motion passed.

INFORMATION & TECHNOLOGY

Delaware Health Information Network (DHIN)

Robert Miller updated the Commission on DHIN activities. A Request For Proposal (RFP) has been drafted, reviewed by the Department of Information and Technology, and is under review by the Agency for Healthcare Research and Quality (AHRQ). Work by Health Care Information Consultants (HCIC) has been completed. They have provided DHIN with all the necessary reports which are being reviewed.

The DHIN is at a critical point. There are two issues to focus on at this time. One is management and the other is money. Without those two initiatives there is no DHIN. Discussions have been held with hospital CEOs about how best to manage the project. The issue of money is more difficult. There is a contract in place with AHRQ, which beginning in September, will provide \$1 million per year for the next four years to assist in the development of the DHIN. The majority of that money is identified for operating costs as opposed to one-time capital development costs.

Meetings have been held with hospital administrators. The DHIN is being challenged to “modify the scope” so that objectives can still be achieved but the project managed in a more metered way. DHIN can begin the work by limiting the initial scope and add activities to that scope as funding becomes available.

Action:

A motion was made and seconded to recommend that loan repayment clinicians be designated as advanced-degree practitioners and mid-level practitioners for the purpose of determining awards. They suggest that awards for mid-level practitioners be limited to \$17,500 per year, or a maximum of \$35,000 for a two-year contract.

Robert Miller updated the Commission on DHIN activities

It is critical to get the project moving forward. It is time to make the decision whether or not the DHIN is going to be developed. What will expedite that decision making process is the contract with AHRQ. Certain deliverables must be provided on a pre-determined time frame. Decisions and commitments must be made within the next weeks if deadlines are going to be adhered to. If those deadlines cannot be met, DHIN will need to renegotiate with ARQH.

The volunteer effort to bring the DHIN where it is today (development of the RFP which has all the technical aspects necessary), have gone about as far as they can handle it. It is agreed that to move forward the DHIN is going to need full-time personnel resources to manage it. This is a large project that will need day to day attention.

There is going to be a leadership change in the DHIN. The DHIN Board is meeting at the end of March and it is expected a new Chairperson will be identified at that time.

SPECIFIC HEALTH CARE ISSUES

Paula Roy updated the Commission on Stroke Initiative activities. The newly formed Stroke Initiative Task Force is a subset of the Chronic Illness Task Force. It will embark upon activities that will result in the establishment of a Stroke System of Care. Much work has already been done and will be provided by the American Stroke Association, a division of the American Heart Association. A total stroke system of care involves coordinating stroke care across the entire continuum from primary prevention through rehabilitation. One advantage of establishing a stroke system of care is that if Congress adopts the Stop Stroke Act, states with systems of care in place will be able to apply for and receive funds for implementation.

The first meeting was held February 28, 2006. At this meeting members received an overview of the project. The task force will organize itself around the six components of a stroke system:

- Primordial and primary prevention
- Notification and response – EMS
- Acute treatment
- Sub-acute stroke care and secondary prevention
- Rehabilitation
- Continuous Quality Improvement

It is anticipated more people will be engaged. A template has been developed, and it will serve as the basis of discussion.

Paula Roy updated the Commission on Stroke Initiative activities.

Spiros Mantzavinos, from the American Heart Association, stated stroke is the number three killer in the State. The American Heart Association is fully committed to provide whatever resources it can. Support from the Centers for Disease Control is working with the group in an advisory capacity.

OTHER BUSINESS

Dr. Jacquelyne Gorum attended the Healthy Mother and Infant Consortium, an infant mortality committee, and was elected vice-chair. They will embark upon a strategic planning process. The next meeting will be held March 22, 2006 at the Delaware Technical and Community College – Terry Campus, Dover, 9:30 – 11:30 a.m.

PUBLIC COMMENT

Dr. Robert Frelick did not hear any discussion about Claymont being a part of the CHAP program.

Ms. Roy responded that Claymont continues to be a resource to CHAP. The Commission presentation was in regards to the outreach component of the CHAP program. A contract with Claymont was previously signed and executed.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on **THURSDAY, APRIL 6, 2006** at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

The meeting adjourned at 10:37 a.m.

Dr. Jacquelyne Gorum was elected vice-chair of the Healthy Mother and Infant Consortium.

Next Meeting

The next meeting is 9:00 a.m. on Thursday, March 2, 2006 at the Delaware Tech Terry Campus Conference Center, Room 400B.

GUESTS ATTENDING

Joy Blaiser, EDS

Judy Chaconas, Bureau of Health Planning, Division of Public Health

Jeanne Chiquoine, American Cancer Society

Robert W. Frelick, MD, Medical Society of Delaware

B. Michael Herman, Coventry Health Care of Delaware

Joseph Letnaunchyn, Delaware Healthcare Association

Lolita Lopez, Westside Health Center

Spiros Mantzavinos, American Heart Association

Linda Nemes, Department Of Insurance

Sheila Nutter, EDS

Brian Olson, La Red Health Center

Faith Rentz, Office Of Management and Budget

Diane Treacy, Planned Parenthood of Delaware