

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

*Action Item*

**Commission Members Present:** John C. Carney, Jr., Chair; Lisa C. Barkley, MD, Theodore W. Becker, Jr.; A. Richard Heffron; Gary Pfeiffer, Secretary of Finance; Dennis Rochford, and Fred Townsend.

**Members Absent:** Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice E. Nevin, MD, MPH; and Karen Weldin Stewart, Insurance Commissioner.

**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 John C. Carney, Jr., Chairman.

**MEETING MINUTES OF FEBRUARY 5, 2009**

Ted Becker made a motion to accept the February 5, meeting minutes. Dr. Lisa Barkley seconded the motion. After a voice vote, the motion carried.

**UNINSURED ACTION PLAN**

Update: Community Health Care Access Program (CHAP)

Ted Becker, Chair of the CHAP Oversight Workgroup, reported that the Workgroup is moving forward with developing Requests for Proposals (RFPs) for the components of the CHAP program scheduled to go out to bid this year. They will be reviewed at the workgroup meeting scheduled for March 11. The workgroup will also meet with Dr. James Gill to review evaluation activities, and should have some additional information for the Commission in April or May.

The Workgroup is seeking guidance about issuing the RFPs to make sure it is appropriate to proceed. When this was discussed at the February Commission meeting there was concern about the availability of funding.

***Action***

The February 5, 2009 meeting minutes were approved.

The RFPs need to be released as soon as possible to allow ample time for review, which is usually in the latter part of May, and to be awarded by the beginning of the Fiscal Year 2010.

The components going out to bid for Fiscal Year 2010 are:

- Eligibility and Enrollment (with an additional deliverable requiring assistance in coordinating and gearing up for blending CHAP and Screening for Life systems during FY 2010)
- Hospital Based Outreach
- Community Based Outreach

#### CHAP Geographic Request for Proposals (RFP)

Paula Roy explained that funds were awarded to the Commission in Fiscal Year 2005, specifically for geographic expansion (new access points) within the CHAP program. In June 2006 a Request for Proposals (RFP) was issued and two contracts awarded, one of which was never signed.

Mr. Carney added that the second contract was not signed because it envisioned a partnership between Nanticoke Hospital and La Red Health Center. Nanticoke was undergoing administrative changes and chose not to sign the contract.

The one-time appropriation of funds for expansion costs within CHAP was carried forward and is still available, only for this specific purpose. The first contract was awarded to New Castle County and, with the Commission's authorization, it was determined that the next contract should be limited to Kent or Sussex County.

The initial proposal was to expand services into western Sussex County. The dire need in Sussex County still exists and issuing the new RFP was determined a high priority by the Commission in December 2008. As a result, the Commission authorized the release of a new RFP to meet this need.

La Red put together an excellent proposal in response to the re-issued RFP and secured space in Seaford. La Red expected approval at the February Commission meeting to execute and implement the expansion plan, including signing a lease to secure space for the expansion. This lease is now in jeopardy due to the decision to postpone the approval.

The national and state economy and resulting decrease in state revenues and expected budget shortfall led the Commission to decide to postpone approval of the La Red expenditure, but there was no discussion about the impact of that decision.

After consultation with some members of the Commission, it was determined that this should be placed back on the agenda to discuss the impact of the decision not to proceed with awarding the contract.

Mr. Becker said western Sussex County is grossly underserved and there is a high priority to open a facility there.

To reiterate what Ms. Roy said, La Red put together an excellent proposal and identified a site that is basically "turn-key" - one which is fully equipped and can begin service delivery within a narrow timeline.

The lease on this turn-key operation is contingent upon securing funding from the Health Care Commission to begin operations. The lease was to begin February 1, 2009 and now is in jeopardy due to failure to sign; first right of refusal is now being offered as a prospective tenant has already been identified.

A delay in funding compromises La Red Health Center's ability to implement services as outlined in its proposal. If an additional facility needs to be identified, the cost of renovations and equipment purchase would preclude La Red from having available funding to recruit requisite clinical and support staff.

Mr. Carney explained that the issue is that the Office of Management and Budget is looking for unspent monies to revert due to the current deficit. It is necessary to communicate with the Governor's office that this is among the Commission's highest priorities, and that an answer about moving forward is needed by March 16.

**Action**

Ted Becker made a motion to approve entering into a contract with La Red Health Center pending funding approval by the Governor's office. Dennis Rochford seconded the motion. After a voice vote, the motion carried.

**INFORMATION AND TECHNOLOGY**

Update: Delaware Health Information Network

Gina Perez presented an update on the activities of the Delaware Health Information Network (DHIN).

- Three Delaware hospitals: Christiana Care, Bayhealth and Beebe, and LabCorp are connected to DHIN.
- St. Francis Hospital is on board and expected to "go live" later in the year.

The lease on this turn-key operation is contingent upon securing funding from the Health Care Commission to begin operations.

**Action**

The Commission approved entering into a contract with La Red Health Center pending funding approval by the Governor's office.

- Discussions are taking place with Nanticoke Memorial Hospital - the stimulus package may provide resources for Nanticoke to move forward.
- Quest Diagnostics will be coming live with the new version of the system in the next 30 days or so.
- Results delivery has been taking place for the last two years - labs, radiology, pathology and admission face sheets.
- The new version coming out next month will include a patient "query" feature.

Eighty five percent of the laboratory testing and 81 percent of the hospital admissions of people in Delaware is coming through the DHIN to their doctors in real-time.

DHIN currently has ninety eight practices at 196 locations, with 613 providers and 2,013 users (staff in offices supporting providers).

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. Twelve practices have been on the waiting list during the moratorium and approximately 300 doctors who are part of Christiana Care Health Services will be coming on board in the next few months.

There are 13 million unique encounters per year. A unique encounter is 1 visit regardless of the number of tests. The total transaction volume is 40 million per year.

DHIN has four connected electronic medical record vendors (Allscripts, MediNotes, STI Computer Services and Varian). Certified vendors are those that have connected and have live connectivity with at least one practice in the state. Beta sites (eClinicalWorks and Misys) are those DHIN has signed contracts with and are currently testing and soon will be going live.

DHIN is working with GE/Centricity, McKesson, MicroMD and Heath Systems Connect but does not have signed contracts yet.

A "soft" go live of the new version of the system is expected in April. The new version of the system includes an upgrade of how the software looks and feels plus it includes new functionality: patient record search, medication history pilot and enhanced reporting capabilities.

Eighty five percent of the laboratory testing and 81 percent of the hospital admissions of people in Delaware is coming through the DHIN to their doctors in real-time.

Medication history is critical to the users to prevent medical errors and provide better care. The challenge is that it costs \$3.00 every time a user “clicks” on medication history to view that data because it comes from a third party aggregator contracted with Medicity, DHIN’s technology vendor. DHIN needs to evaluate the value to the user and the budget needed to support that function on an ongoing basis. Those who benefit should pay. It is necessary to determine who is benefiting and whether the doctors should have some cost sharing in that benefit.

Mr. Carney asked about DHIN’s progress in terms of implementing a fee based system to become self-sustaining. Ms. Perez introduced Mike Sims, DHIN’s new finance manager, who will be reviewing finances and determining the answer to that question. DHIN is also in the process of organizing a finance committee.

It is anticipated that in June or July the DHIN will include the full scope of medication history. Electronic orders from electronic medical record systems (EMRs) will also be a feature. It will enable doctors who use EMRs and use DHIN to select a provider from a drop down box of all of the DHIN data providers, submit an order for the patient to have a test done, and the result would link back to the order in the system. This will close the loop in their electronic flow of information.

#### American Reinvestment and Recovery Act of 2009 Health Information Technology Provisions

Ms. Perez highlighted possible funding opportunities for DHIN through the American Recovery and Reinvestment Act of 2009 (Federal Stimulus Package).

#### *Health Information Technology (HIT) Funding Provisions*

- \$2 billion in discretionary funding for grants and loans
- \$20 billion in net Medicare and Medicaid spending
  - encourage health care provider adoption of electronic health records (EHRs) and health information exchange (HIE)
  - governance framework for the federal government’s health IT adoption efforts

#### *Federal Policy and Standards Framework*

##### Office of the National Coordinator

- Develop an annual strategic plan that reports on specific objectives, milestones and metrics, including the utilization of an electronic health record for each person in the US by 2014
- Provide oversight and coordination of the HIT Policy and Standards Committees
- Report to Congress within 12 months on any additional funding or authority needed to ensure full participation of stakeholders in the national health IT infrastructure

- Establish a governance mechanism for the Nationwide Health Information Network (NHIN).

#### *Health Information Exchange (HIE) Planning and Development*

- States and state-designated entities
- Planning grants to jump-start HIE planning
  - Implementation grants to HIEs with:
    - Well-defined structure, functions, technical architecture, and policies designed to protect the privacy and security of patient information as it flows through an HIE.
    - "Shovel ready"
    - Matching funds:
      - Undefined match in 2009 and 2010
      - \$1 for every \$10 in federal funds received in 2011
      - \$1 for every \$7 in federal funds received in 2012
      - \$1 for every \$3 in federal funds received in 2013

#### *Use of Funds*

- Enhancing broad and varied participation in nationwide HIE
- Identifying state or local resources to promote health IT
- Complementing other federal grants, programs, and efforts towards the promotion of health IT
- Providing TA and solutions to barriers of the exchange of electronic health information
- Promoting adoption of health IT in medically underserved communities
- Assisting patients in utilizing health IT
- Encouraging physician use of Health Information Technology Regional Extension Centers
- Supporting public health agencies' access to electronic health information
- Promoting the use of electronic health records (EHRs) for quality improvement

#### *Funding for Electronic Health Records (EHRs) Adoption Assistance*

- State EHR Adoption Loan Program
  - Support State loan programs for health care providers who:
    - Agree to submit federally-specified quality measurement reports to CMS
    - Use the EHR to exchange health information
    - Submit a plan for maintaining the EHR over time
  - States cash match
    - \$1 in state funds for every \$5 in federal funds
      - States may couple their grants with private sector contributions in an attempt to increase the amount of loan funding they can offer providers

### *Health Information Technology Regional Extension Centers*

- Provide technical assistance and disseminate best practices:
  - Change management assistance to health care providers' implementation, adoption and maintenance of EHR technology
  - Adherence to evolving standards
  - Curricula for health care education
- Prioritize assistance to:
  - Public or not-for-profit
  - FQHCs
  - Rural or other providers that serve uninsured, underinsured or medically underserved patients,
  - Individual or small group practices
- Funding:
  - Up to 50 percent of the capital and annual operating budgets for two years

### *Incentive Payments Beginning in 2011*

- Medicare
  - Payments to Hospitals
    - Market-Basket Adjustments beginning in 2016 for non-adoption of HIT
  - Payments to Private Practice Physicians
    - Greater incentives for early adopters
    - No incentives for adoption after 2014
    - Decreased reimbursement beginning in 2016 for non-adoption of HIT
- Medicaid
  - Payments to Private Practice Physicians
  - Greater payments for heavy Medicaid case load
  - = 85% of "net average" allowable costs (up to \$25K implementation & \$10K maintenance)
  - 90/10 State matching funds
  - Requires HIE connectivity – great emphasis on role of HIE
- Decreased reimbursement in Medicare and Medicaid components beginning in 2016 for non-adoption of HIT

Ms. Perez reminded the Commission that last June, the Center for Medicare and Medicaid Services (CMS) offered DHIN the opportunity to take part in a demonstration project. DHIN will help CMS find 100 physician practices in Delaware to participate in a pilot project where the practices would be incentivized to adopt EMR systems and be reimbursed for reporting on health outcomes. It would appear that the requirements from this program were to define the provisions in the stimulus package.

Dr. Barkley asked how incentive payments would help a large Medicaid or underserved practice get an electronic medical records system. Ms. Perez said there is both a lump sum payment and a reimbursement component. If Delaware decides to take advantage of the loan program in the stimulus package, then one might assume a practice could also take advantage of that.

The cost of a fully capable EMR system is probably a quarter of a million dollars for the average practice. DHIN is neutral in terms of recommending EMR vendors, but it does have an effect on vendors because doctors may like a product but will not buy it if it cannot interface with DHIN.

Mr. Carney asked if the Medical Society of Delaware is acting as an intermediary providing EMR services to their members. Ms. Perez did not have that information.

DHIN is looking at a product for small practices on a fee basis called Electronic Health Record (HER) Lite, which would give a small practice additional functionality, such as e-prescribing and electronic lab ordering through DHIN. DHIN is going to try to offer something that is an interim step for small practices.

Gary Pfeiffer asked why an EMR system would cost a practice a quarter million dollars. Ms. Perez said it was because of costs for software licenses, hardware, data center storage, connectivity, support, training and time configuring the EMR for the practice workflow. Taking a paper chart and making it electronic is expensive. Lolita Lopez, president of Westside Family Health Care, experienced the implementation process and said conversion is an added expense that people may not anticipate. EMRs initially decrease productivity, because a physician spends more time with a patient entering electronic information. In the long run, however, EMRs are better than paper.

## **HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT**

### Update: Delaware Institute of Dental Education & Research (DIDER)

Ms. Roy reported that the DIDER Board met February 17, 2009, and reviewed loan repayment applications and made recommendations for awards. The Board also reviewed an update on the Oral Health Infrastructure Planning Grant activities and there was strong interest in participating in the planning activities. Since these are federal funds, DIDER will be moving forward with awarding the contract.

The Board is interested in optimizing the use of loan repayment funds. Federal guidelines require loan repayment recipients to work 40 hours per week. The Board discussed possible options for greater flexibility in the state-only portion of the program.

Many residency graduates find it necessary to work two part time jobs. Staff is researching: 1. whether two part time jobs could qualify or if loan repayment could be awarded at a reduced rate for someone working part time in an underserved setting; and 2. whether any other states have provisions for part time work.

Options will be reviewed at upcoming meetings.

Update and Action: Delaware Institute of Medical Education and Research (DIMER)

Dr. Barkley reported that the DIMER Board met on February 18, 2009.

***Stronger Health-Based Partnerships***

The University of Delaware, Jefferson Medical College, AI DuPont and Christiana Care are forming stronger partnerships to build on the relationships that exist already. Some of these relationships arise from those already formed through DIMER. For example, the University of Delaware Medical Scholars Program allows "fast track" admission to Jefferson Medical College after completing undergraduate work, and both Christiana Care and AI DuPont hospitals serve as key residency training centers for Jefferson students. The Chief Executive Officers of these four organizations believe greater benefits will accrue to each institution and Delaware by forging closer relationships and building upon them.

A conference focusing on these possibilities entitled, *Stronger Health-Based Partnerships*, will be held on March 24 at Clayton Hall at the University of Delaware. The conference will cover the following topics:

- Delaware Health Sciences Alliance
- Implementing first class health research and service
- Providing high-quality, affordable and accessible services
- Future of health policy
- National and State innovations on quality, cost and accessibility

Newt Gingrich will be the luncheon speaker and Governor Markell is expected to deliver the keynote address.

The new partnership will produce, among other things:

- Coordinated education programs for health professions
- Research, including research which could lead to clinical trials
- Development of a School of Health Policy at Jefferson, similar to a Master's in Public Health

A conference entitled, *Stronger Health-Based Partnerships*, will be held March 24 at Clayton Hall at the University of Delaware.

### ***DIMER/ Delaware State University Coordination***

The Board discussed re-establishing connections between DIMER and the Delaware State University to develop better coordination in educational programs among the Delaware State University, Jefferson Medical College and the Philadelphia College of Osteopathic Medicine. Follow-up meetings will be scheduled with DIMER Board members and Delaware State University representatives.

### ***Action: John Simpkins***

Ms. Roy provided background information on John Simpkins, who participated in a now-defunct DIMER grant/loan program, beginning in the mid-1990s."

Under this program students at Jefferson received approximately \$20,000 per year for tuition assistance in exchange for agreeing to return to Delaware to practice primary care medicine for each year for which they received the grant/loan. In the event they did not return at all or failed to complete the service repayment option for the required number of years, the grant/loan was to be repaid in cash with a 12% interest rate (compounded) effective retroactively to the date of disbursement. For many reasons, this program was ultimately phased out in favor of other tuition assistance programs.

Mr. Simpkins was to graduate from Jefferson in 1998 and complete residency training in 2001. He left Jefferson after a year and a half because he failed to achieve the necessary grades to continue in the program, an action which automatically placed him in default and triggered the cash repayment option. He apparently notified the State of his termination of studies and he subsequently received a payment schedule. He began making payments; however, after February, 1998 DIMER received no additional payments and his whereabouts became unknown.

After leaving Jefferson, Mr. Simpkins worked at Union Hospital in Elkton, MD and later became employed at the Children's Hospital of Philadelphia (CHOP). In addition to the DIMER debt, he incurred other medical school debt as well as debt for his earlier undergraduate studies. He incurred still further debts for outstanding Federal taxes and subsequently sought (unsuccessfully) to discharge these various obligations by declaring and filing for bankruptcy.

In August, 2008 Mr. Simpkins' attorney contacted DIMER to request some type of abatement or compromise of the DIMER debt. Stuart Drowos, DIMER's Deputy Attorney General and legal adviser, undertook a review of the case and researched the issues in an effort to develop possible options for the consideration of and

approval by the DIMER Board and Health Care Commission. He has been in constant contact with Mr. Simpkins' attorney and received a considerable amount of documentation supporting Mr. Simpkins' statements and request for some form of debt relief.

Mr. Simpkins' debt burden is nearly insurmountable considering his modest salary and slim prospects for any sizeable salary increase. The high interest rate which is compounded has made the total amount due significantly higher than the original loan amount. Given his other current obligations, it is unlikely that the full amount can ever be repaid, absent a windfall or sizeable increase in income.

The principle is \$28,000 and interest amounts to \$33,021.81, for a total owed the state of \$61,021.81.

He currently is able to only pay \$100 per month on the DIMER obligation. This will not even make a significant dent in the interest portion of his obligation at its current rate and given the fact that it is compounded.

The terms of the promissory note which Mr. Simpkins signed for the DIMER grant/loan appear to permit the adjustment of interest.

Mr. Simpkins has offered to do volunteer work to "work off" some portion of the debt.

#### *DIMER Board Recommendation*

After discussion, the Board agreed on the following recommendations:

- Require Mr. Simpkins to pay the entire principal amount owed and establish a payment schedule to accomplish this, with incremental increases as each of the other financial obligations are retired or eliminated
- Freeze interest retroactive to receipt of his initial letter to DIMER (August 7, 2008)
- Accept his offer to do volunteer work to be applied to the discharge of the interest portion of his obligation
- Officially note that this action is being taken SOLELY due to the extreme financial hardship brought on by an overwhelming debt burden, insufficient income to eliminate same in a timely fashion and considerable federal tax obligations. The recommendation is solely fact-driven and is not to be considered of any precedential value for other possible cases.

*Regarding volunteer work:*

- Mr. Simpkins is to secure volunteer work to be approved by the DIMER Board; the DIMER Board assumes no responsibility to locate volunteer opportunities. One possible method of measuring how much debt would be “worked off” is to use his current salary to determine an hourly rate applicable to volunteer services which he performs in Delaware
- DIMER Board will determine a minimum number of hours per week/month of volunteer services to be performed in Delaware
- DIMER Board will undertake a periodic evaluation of the volunteer work performed to assure value added as a result.

*Uniqueness of Action*

The DIMER Board historically turns down requests for loans to be abated or forgiven, and strongly notes that the bankruptcy and federal tax obligations, in combination with a modest salary, make this option the most practical. Otherwise it is highly unlikely that the State will recover any of the debt owed.

*Discussion*

Mr. Carney asked for clarification on “freezing the interest”. Ms. Roy explained that the interest would no longer accrue after August 2008, when contact was first made with DIMER. Gary Pfeiffer said there is no collateral and agreed with Mr. Carney that 12 percent interest rate was steep. Dennis Rochford expressed concern about setting a precedent. Mr. Becker was concerned that there may be other former students in a similar situation that may come back to DIMER with the same request. There should be a quick review of other recipients.

Fred Townsend asked if the Commission is being asked to sign anything or modify the original note. Mr. Carney responded that the Commission is being asked to approve or disapprove the DIMER Board’s recommendations. Mr. Townsend believes the Commission should accept the recommendations, making it clear that it is not waiving any rights to enforce the original agreement.

Mr. Becker asked if the recommendation should include something about requiring the debt to be paid in full, should Mr. Simpkins have an income windfall. Mr. Townsend said it should be understood that if Mr. Simpkins’ circumstances change, someone should make the decision to go ahead and initiate proceedings to attach his assets. The Commission should not commit to only accepting \$100 per month. Ms. Roy said that the \$100 per month figure is only what he is able to pay now and was not part of the DIMER Board recommendation.

**Action**

Mr. Rochford made a motion that the recommendations of the DIMER Board be accepted with an amendment to include Mr. Townsend's comment to "make it clear that the state is not waiving any rights." No part of the recommendation should specify that the state accepts \$100.00 a month. Mr. Townsend seconded the motion. After a voice vote the motion carried.

**Action: Workforce Summit Proposal**

Dr. Barkely reported that the Commission postponed approving the release of an RFP to move forward on the critical topic of health workforce development at the February meeting, but it is clear that the issue itself is quickly rising to the top in terms of importance, and the Commission needs to maintain a leadership role in this discussion.

Dr. Barkley and Ms. Roy discussed convening a one-day summit of DIMER and DIDER board members and other stakeholders in health professional workforce development initiatives, such as educational institutions, to share information, identify current and future activities, discuss current thinking about best practices and identify ways to coordinate and collaborate to meet the future health professional workforce needs of Delaware.

A summit will:

- Allow the Commission, DIMER and DIDER, among others, to share thoughts and concerns about the future workforce.
- Identify common concerns and challenges and potential paths Forward.
- Share general research on the subject and share Commission specific research completed to date thereby raising overall knowledge about the topic.
- Foster discussion on common challenges and potential solutions.

Discussions at Commission, DIMER and DIDER meetings have revealed that many institutions have recognized the need for strategies to address health professional workforce issues for the future. Absent a strategy such as a summit, it is likely that each will try to work on them independently, rather than in a comprehensive and coordinated fashion.

A summit will allow the Commission, DIMER, DIDER and others to share thoughts and concerns and can provide a cost effective means of keeping the issue alive, building relationships among the three organizations and establishing common ground on a topic that cannot be ignored when thinking about health reform. The cost of a day-long meeting is far less than hiring a consultant, but will maintain the Commission's leadership in this area.

**Action**

The recommendations of the DIMER Board were accepted with an amendment to "make it clear the state is not waiving any rights." No part of the recommendation should specify that the state accepts \$100.00 a month.

The Commission also has the option of recruiting partners to assist with the cost of a summit.

**Action**

Dr. Barkley made a motion to approve going forward with planning a workforce summit. Mr. Becker seconded the motion. After a voice vote the motion carried.

Update: Nurse Education Capacity Technical Assistance Application

Leah Jones reported that to help combat the nursing workforce shortages, an issue that has been supported by the Commission, Delaware was selected through a competitive process to assemble and send a state team to an All Country Nurse Education Capacity Summit in Baltimore, Maryland in early February.

This summit was a collaborative effort of the Center to Champion Nursing in America, a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, along with the U.S. Department of Health and Human Services' Health Resources and Services Administration and the U.S. Department of Labor. The summit brought together multi-stakeholder teams from across the United States.

The Summit clearly and accurately reflected staffing, education, and training challenges that are facing America.

The Delaware Team included representation from the following:

- Delaware Health Care Commission (Leah Jones, lead convener and team leader)
- Delaware's nursing education community (Wesley College, Delaware Tech and the University of Delaware)
- Delaware's health care providers (Delaware Healthcare Association)
- Professional nursing organizations (Delaware Nursing Association)
- Regulatory body (Board of Nursing)
- AARP (consumer advocate)

All travel expenses and lodging accommodations were covered and funded by the Robert Wood Johnson Foundation for the entire Delaware Team.

As a result of the state's participation in the Nursing Education Capacity Summit, Delaware was invited to submit an application for ongoing technical assistance in the form of webinars, teleconferences, team to team mentoring with other states, site visits, and on-site training as requested. This would be an invaluable resource to the Delaware partners as we develop strategies and best practices to mitigate Delaware's shortages.

**Action**

The Commission approved going forward with planning a workforce summit.

Mr. Carney suggested that the Commission receive a status update from the Workforce Committee on the nursing shortage numbers in Delaware.

Update and Action: State Loan Repayment Program

Leah Jones reported that the Loan Repayment Committee met on Friday, February 13, 2009, the DIDER Board of Directors met on Tuesday, February 17, 2009, and the DIMER Board of Directors met on Wednesday, February 18, 2009.

*Funding Updates*

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

- \$56,214 available in State DIMER funds (through June 30, 2009)
- \$217,000 available in State DIDER funds (through June 30, 2009)
- \$125,000 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.

Site application only: Westside Health (FQHC), Wilmington and Newark

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

Site: 1802 West Fourth Street, Wilmington, Delaware 19805, treats 10,875 patients per year.

Recruiting one Family Practice Physician and one Dentist  
*(Waiting for health professional applications)*

Site: 27 Marrows Road, Newark, DE 19713, treats 3,476 patients per year.

Recruiting one Family Practice Physician  
*(Waiting for health professional applications)*

It was suggested that the Commission receive a status update from the Workforce Committee on the nursing shortage numbers in Delaware.

*Recommendation*

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

**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 % 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 OBGYN to expand service delivery and address risk factors affecting infant mortality. As a result of the findings and recommendations put forth by Governor Minner's *Infant Mortality Task Force*, the recruitment of a nurse practitioner who specializes in women's health was initiated to focus on reduction efforts in infant mortality rates. The practice site, located in a high risk zip code area in New Castle County for infant mortality rates, is currently the only private group who applied for and was awarded funding through the Division of Public Health to aid in this effort.

The practice site is open 40 hrs per week and the hours of operation are as follows:

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

Funding: State funding only

Lydoria Riegel, MSN, CRNP Women's Health - (recruitment ~ start date October 2008)

Ms. Riegel graduated from the University of Pennsylvania in Philadelphia, Pennsylvania with a Master Science in Nursing degree 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 Delaware, are two challenges that drew her to practice in Delaware.

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*

Ms. Lydoria Riegel's application was placed on *hold* during the last review of applications in December because of a large number of qualified candidates. In the review process, physicians place higher in the review process over mid-level practitioners. The Loan Repayment Committee and DIMER Board of Directors recommended that Lydoria Riegel be awarded loan repayment in the amount of \$15,000 for a two year commitment to practice at Cecil C. Gordon, Jr., MD, PA in Wilmington.

Site: Mid-Atlantic Family Practice, MD, Lewes

This pre-approved site, located at 20251 John J. Williams Highway, Lewes, Delaware 19958, treats 7,101 patients per year. Of those, 12 percent are Medicaid or S-CHIP enrollees, about 31 percent are Medicare, and 3 percent are uninsured. The practice site is open about 50 hours per week and the hours of operation are as follows:

- Monday: 8:30am – 7:00 pm
- Tuesday: 8:30am – 7:00 pm
- Wednesday: 8:30am – 7:00 pm
- Thursday: 8:30am – 5:00 pm
- Friday: 9:00am – 3:00 pm
- Saturday: 9:00am – 1:00 pm

Funding: State funding only

Catherine DeLuca, MD (Family Practice) (recruitment)

Dr. DeLuca graduated from the University of Pennsylvania School of Medicine in 1998. She completed her residency training at Thomas Jefferson University, Department of Family Medicine in 2001. Dr. DeLuca has about \$28,606 in loans (verified) and is requesting a two-year contract.

Background information: Dr. DeLuca was an award recipient through the Delaware Loan Repayment Program in June 2005. Dr. DeLuca entered a contract agreement effective for the period of January 2, 2006 to January 1, 2009 in consideration of the receipt of \$55,600 (\$40,000 plus a tax stipend of \$15,600) for a three year commitment to practice at Mid-Atlantic Family Practice in Lewes. She notified the DHCC in writing that she was no longer practicing medicine in the State of Delaware effective August 10,

2007, leaving the state largely for family financial reasons. Before defaulting on her contract obligation, it was confirmed that

Dr. DeLuca received a tax stipend in the total amount of \$4,680 and \$12,000 was paid directly to her lender (American Education Services) for completing 1 year of service.

Dr. DeLuca is currently practicing in Marshalltown, Iowa, where her income is higher in comparison to Delaware; however, she is working long hours at the expense of time with her husband and children, ages 7 and 3. The long hours prevent her husband from getting back into the workforce. In addition, they have been unable to sell their home in Lewes, Delaware, and are tied to paying two mortgages. In addition, her parents are aging and live in Lewes, and can assist her with childcare, if she moves back to Delaware. When Dr. DeLuca left in 2007, she left on good terms with Mid-Atlantic Family Practice (MAFP). The MAFP is interested in having her return to practice with them.

#### *Recommendation*

The Loan Repayment Committee and DIMER Board of Directors recommended awarding Dr. DeLuca loan repayment in the amount of \$10,000 for a two year service commitment to return to Delaware and rejoin the Mid-Atlantic Family Practice in Lewes.

#### *Site: Smyrna Dental Clinic*

This site, located at 200 S DuPont Blvd., Suite 103, Smyrna, Delaware 19977, treats approximately 70 percent general dental care and 30 percent pediatric dental care. About 30 percent are Medicaid or SCHIP enrollees and about 20 percent are self-pay or uninsured (negotiated/reduced fee or free service). The practice is open 24 hours per week and the hours of operation are as follows:

- Monday: 9:30am – 5:30 pm
- Tuesday: 9:30am – 5:30 pm
- Wednesday: no hours
- Thursday: 9:30am – 5:30 pm
- Friday: no hours

As of now, the limited practice hours are due to the recent opening, with the intention to increase the hours in the future.

Dr. Yerneni provides direct patient care at her Smyrna practice 3 days per week and also contracts with the Delaware Division of Public Health to provide dental care at the DeLaWarr State Service Center dental clinic located on 500 Rogers Road in New Castle, DE 19720, 2 days a week, serving Medicaid eligible children.

The contract with the Division of Public Health ends in June 2009. Dr. Yerneni will be able to expand the Smyrna practice site hours once the contract ends with the Division of Public Health to meet the full-time (40 hour per week, with no more than 8 hours of administrative responsibilities) Loan Repayment Program requirement.

Funding: State funds only

Rama Yerneni, DMD (private practice opened in September 2008) Dr. Yerneni graduated from the Goldman School of Dental Medicine in Boston, Massachusetts with a Doctor of Dental Medicine in May 2002. She also graduated from Dr MGR Medical University, in India with a Bachelor of Dental Surgery in October 1995. Dr. Yerneni completed her residency training in 1995 at Dr MGR Medical University, India. She has three years of experience as an Associate in Chester and Delaware counties, Pennsylvania and completed a research assistanceship at the School of Dental Medicine at University of Connecticut in 1998. Dr. Yerneni speaks English, Telugu, Tamil, and Hindi fluently. Prior work experience has included providing dental care at the Delawarr State Dental Clinic. She has been in private practice since March 2006, and recently opened a private practice in Smyrna in September 2008. Dr. Yerneni is a participating provider for Medicaid, and continues to work with Donate Dental Services. Dr. Yerneni has about \$27,903 in loans (verified) and is interested in a two year loan repayment commitment.

#### *Recommendation*

The Loan Repayment Committee and DIDER Board of Directors recommended that Dr. Yama Yerneni be awarded \$25,000 for a two year commitment to practice full-time, as required by the program, providing direct patient care at the practice site located in Smyrna. The contract will begin in June 2009, once Dr. Yerneni's obligation to serve patients at the Division of Public Health Clinic ends.

#### *Discussion*

Mr. Carney asked if the DIMER Board agreed that Dr. DeLuca met her DIMER obligation. Dr. Barkley said the DIMER Board agreed that she did. Mr. Rochford clarified, although she was awarded \$65,600.00, only \$16,680.00 was disbursed for the time she worked in Lewes.

Mr. Carney expressed concern about extending Loan Repayment funds to allied health professionals.

Mr. Rochford inquired about the remaining funds in the Loan Repayment Program and if there was any possibility of the funds being cut.

Ms. Roy responded that the fund balances Ms. Jones reported were after the budget cuts had already been made. Mr. Becker added that DIDER funds in the amount of \$100,000.00 reverted because there was a large unobligated balance of carry over funds.

Mr. Carney expressed concern with entering contracts for loan repayment when it is unknown whether additional funds may revert. Ms. Jones said in the past, the cover letter and contract have included language about the availability of funds.

Ms. Jones also reported that there are two dental residents finishing at Christiana Care who are interested in the Loan Repayment Program. Ms. Jones has asked them to apply as soon as possible before the end of the fiscal year.

**Action**

Richard Heffron made a motion to approve the loan repayment recommendations, pending the availability of funds. Mr. Townsend seconded the motion. There was a voice vote. Motion carried.

Update: Oral Health Planning Grant (Feasibility Analysis)

Ms. Roy reported that a \$200,000 grant was awarded to Delaware by the U.S. Health Resources and Services Administration (HRSA) 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.

On February 18 there was an interview with the vendor, who had worked with the Commission previously. The vendor has just completed a revised work plan and it is anticipated that a contract will be finalized and executed in the near future.

**OTHER BUSINESS**

Rural Health Summit

Betsy Wheeler reported that the Delaware Rural Health Initiative is sponsoring the *2009 Rural Health Summit* on Wednesday, April 8, from 9:00 a.m. till 3:00 p.m., at the Delaware Technical and Community College Owens Campus in Georgetown.

**Action**  
The loan repayment recommendations were approved, pending the availability of funds.

The Delaware Rural Health Initiative includes representatives from the Division of Public Health and the three southern hospital systems: Bayhealth Medical Center, Beebe Medical Center and Nanticoke Memorial Health System.

Attendees of the 2009 Rural Health Summit will:

- gain an understanding of issues affecting rural communities throughout the nation,
- learn the specific facts about health access and provider supply in rural Delaware,
- explore local level/community-based methods to address some of these issues,
- and form shared support for broader and ongoing strategies to improve the availability and outcomes of health services in rural Delaware.

#### Stronger Health-Based Partnerships Conference

A letter and draft agenda was distributed to Commissioners with their meeting materials about the Stronger Health-Based Partnerships Conference on March 24 at the University of Delaware. Registration may be completed on line for anyone interested in attending.

#### **PUBLIC COMMENT**

Lolita Lopez of Westside Health just learned Westside was awarded funding from the stimulus package for an access point in the Bear community, which is from a project conceived about 18 months ago. This is a rapid funding project that must be up and running in 120 days, expected to create 40 jobs (the original project was 15 jobs in the first year) and the one time funding will cover 2 years. Westside received the Governor's special designation awarding it underserved status. Had the underserved status not been awarded, Westside would not have gotten the funding. Ms. Lopez thanked Mr. Carney and the State for their help.

Joann Hasse, the Consumer Representative on the DHIN Board Executive Committee, said suggested that the liability insurers be pressured to reduce their liability premiums to health care providers who connect to DHIN. DHIN will improve patient safety and patient care just on the medications alone.

Mr. Carney said the insurers look at the numbers and the numbers drive the premiums. If DHIN is effective in improving safety, it will drive the rates down.

Ms. Hasse announced that the League of Women Voters, Medical Society of Delaware, American Association of University Women, National Alliance on Mental Illness (NAMI), and Mental Health Association in Delaware, are co-sponsoring a free morning

program, *Accessing Mental Health Service in Delaware: Lessons for Learning*, on March 18 at the Sheraton in Dover and invited everyone to attend. Registration will begin at 9:30 a.m.

Butch Briggs, board president of La Red Health Center, commended the Commission for voting on the geographic expansion into western Sussex County. The funding is much needed; the timing and the need is now. The first Friday in April will end the careers of 463 former DuPont Invista Koch employees who will lose their health insurance. Western Sussex is in dire need of health care services. The local mayors, Nanticoke Hospital and the Rotary Club are behind this expansion 110 percent. Mr. Briggs thanked everyone.

Brian Posey, of AARP, commended Leah Jones and the Health Care Commission for the Nursing Summit. The Summit was subsidized by several groups without any funds from the State. One of the things that struck him at the Summit is that there does not seem to be a tremendous lack of interest in the nursing profession. However, there is a tremendous lack of space and opportunity for people to be accepted into nursing education programs. Mr. Posey said that about 300 potential nursing students were turned away as a result of the programs' limited capacity. He suggested that the Commission explore ways to promote finding space and qualified nursing instructors to expand opportunities to obtain a nursing education.

Mr. Posey commended the Commission for awarding Loan Repayment to the nurse practitioner. Most physician offices recognize the value of the nurse practitioner and their ability to have direct interaction with the patient.

#### **NEXT MEETING**

The next meeting of the Delaware Health Care Commission will be held on Thursday, April 2, 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 11:05 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 (DelDOT) 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
Kathy Collison	DHSS/Division of Public Health
Barbara DeBastiani	Wheeler and Associates Management
Joann Hasse	League of Women Voters
Bernadette Johnson	Mid-Atlantic Association of Community Health Centers
Jonathan Kirch	American Health Association/ASA
Lolita Lopez	Westside Family Healthcare
George Meldrum	Nemours Foundation
Linda Nemes	Department of Insurance
Sheila Nutter	Electronic Data Systems/CHAP
Brian Olson	La Red Health Center
Gina Perez	Advances in Management
Brian Posey	American Association of Retired Persons
Rosa Rivera	Henrietta Johnson Medical Center
Lillian Ronneberg	Electronic Data Systems/CHAP
Lisa Schieffert	Delaware Healthcare Association
A. Butch Sims	La Red Health Center
Michael Sims	Advances in Management/DHIN
James Spruill	Electronic Data Systems
Betsy Wheeler	Wheeler and Associates Management