

DELAWARE HEALTH CARE COMMISSION
OCTOBER 4, 2007
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400 B
DOVER

MINUTES

Commission Members Present: Lt. Governor John C. Carney, Jr., Chair; Theodore W. Becker, Jr.; Matthew Denn, Insurance Commissioner; Carol Ann DeSantis, Secretary, Department of Services for Children, Youth and their Families; Janice Nevin, MD

Members Absent: Lisa Barkley, MD; Richard Cordrey, Secretary of Finance; Vincent Meconi, Secretary, Delaware Health and Social Services; and Dennis Rochford, President, Maritime Exchange for the Delaware River and Bay Authority.

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

CALL TO ORDER

The meeting was called to order at 9:05 a.m. by Chairman John Carney.

MEETING MINUTES OF September 6, 2007

A motion was made by Ted Becker that the September 6, 2007 meeting minutes be approved. Cari DeSantis seconded the motion. There was a voice vote. Motion carried.

NEW COMMISSIONER

Chairman Carney introduced new Commissioner, Janice E. Nevin, MD, who has been appointed to fill the vacancy left by Dr. Joseph Lieberman. Dr. Nevin, a family physician, is Vice President of Medical Affairs and Chair of the Department of Family and Community Medicine at Christiana Care Health Services.

PRESENTATION: THE TOTAL COST OF HEALTH CARE IN DELAWARE - Simon Condliffe, Ph.D.

Dr. Simon Condliffe, of the Center for Applied Demography and Survey Research, University of Delaware, gave a presentation on "The Total Cost of Health Care in Delaware 2006". A copy of the full presentation can be viewed on the Commission's website, <http://dhcc.delaware.gov/>.

Key observations include the following:

- In Delaware, approximately \$5.9 billion (approximately \$7,000.00 per person) was spent on personal health care in 2006.
- Medical prices are rising 4% annually.
- Nationally, cost shift is increasing.
- The Delaware health care industry is an engine for job growth in the State. Projections show that employment in the industry will continue. This could place upward pressure on wages, costs and ultimately, charges for services.

Action

The September 6, 2007 meeting minutes were approved.

The Health Care Commission welcomed a new member, Janice E. Nevin, MD.

Dr. Simon Condliffe presented, *The Total Cost of Health Care in Delaware 2006*.

In Delaware, approximately \$5.9 billion (about \$7,000 per person) was spent on personal health care in 2006.

Discussion

Dr. Condliffe was asked to clarify how the number of hospital beds in Delaware was determined. He will advise the Commission when he has that information.

2007 RETREAT REPORT

The Commission’s annual strategic planning retreat was held September 24 - 25, 2007 in Rehoboth Beach. Paula Roy presented the *2007 Retreat Report*.

The following issues will impact Commission activities during the coming year:

- New commissioners
- Less resources (end of Planning Grants within the federal budget)
- Renewed interest in uninsured among many people in Delaware
- Federal S-CHIP debate and implications suggests re-focusing previous recommendation to expand to parents to enrolling eligible children.
- Additional resources in CHAP with Astra-Zeneca contribution through Healthy Delawareans Today & Tomorrow initiative.
- DHIN going “live” creates new opportunities for other Commission initiatives.
- Nemours Health Prevention initiative offers opportunities to collaborate.

Delaware Population highlights include

- Number of uninsured going up
- Increase in the over 65 population and pressures on financing (Medicare) and delivery system;
- Number of non-citizen uninsured going up, especially in Sussex County
- Robust growth in Kent and Sussex Counties (This will create more demands on Delaware’s health care system.)

Chairman Carney called for votes of approval on each plan’s action items.

UNINSURED ACTION PLAN

State Planning

- This is the first year since 2001 without federal grant funds.
- The focus will continue to be on preservation and expansion of coverage.

One means of preserving coverage is through small group insurance reforms. Reforms to Chapter 72, Title 18, to be introduced in January 2008, are intended to make the law easier to understand and enforce.

The following recommendations were made during the retreat for state planning.

Preserve – Target: small employers

- Chapter 72 reforms: introduce in January 2008; circulate draft to Small Business Committee
- Participate, as directed, in Health Insurance Pooling Task Force (HR 38)

Paula Roy provided a synopsis of key points of discussion from the Commission’s 2007 retreat.

This is the first year since 2001 without federal grant funds.

The focus will continue to be on the preservation and expansion of coverage.

- Continue monitoring Creenaght; a downstate small employer targeted health insurance plan based on a disease management model.

Expand

- Re-focus S-CHIP on enrolling eligible children rather than expanding to parents.
- Engage with Public Policy Institute in discussions on uninsured
- Examine findings from primary care expansion analysis
- Complete micro-simulation modeling of “Building Blocks” and Single Payer approaches to universal coverage.
- Invite Small Business Insurance Committee members to participate in Universal Coverage activities.
- Commissioners participate in Universal Coverage activities
- Be prepared to respond to modeling results and offer objective analysis.
- Engage legislators in modeling activity (SB 177)

Action

Ted Becker made a motion to accept the recommendations for state planning and continue to focus on the preservation and expansion of coverage. Cari DeSantis seconded the motion. There was a voice vote. Motion carried.

Community Health Care Access Program (CHAP)

- Intersection of Astra-Zeneca investment in Federally Qualified Health Centers (FQHCs) and CHAP - need better understanding and coordination.
- Difficult to determine the effectiveness of some outreach activities.
- Enrollment system’s value to the program needs review.
- Opportunity to coordinate with the Health Resources Board charity care policy.
- Evaluation
 - CHAP enrolls high percentage of people with high risk conditions.
 - High risk people experience health improvements with some exception in immunizations.
 - Health Risk Assessment data sufficient to be meaningful; chart reviews remain small.
- Geo-mapping results not available yet (to determine CHAP penetration).
- Community Health Center Marketing
 - John Snow, Inc. (JSI) completed marketing study of FQHCs using Henrietta Johnson as a model.
 - Deliverable included tool kit so other FQHCs could replicate.
 - Under the Mid-Atlantic Association of Community Health Centers (MACHC), Delmarva Rural Ministries and LaRed want to replicate; assistance and data analysis from JSI needed.
- Division of Public Health can partially support costs-estimate total: \$13,000 - \$17,000.

CHAP Workgroup Action Plan

It was recommended that the CHAP Workgroup:

- Engage with Astra-Zeneca and recommend strategies for better coordination.
- Examine opportunities with the Health Resources Board.

Action

The Commission accepted the recommendations for state planning and will continue to focus on the preservation and expansion of coverage.

- Determine how to consolidate outreach activities under one contract and improve ability to evaluate effectiveness.
- Examine the enrollment system's contribution.
- Continue evaluation of the program; receive a report in April; and determine next steps.
- Obtain specific cost/deliverable proposal from JSI
- Support one-half cost of data analysis for community health center marketing.

Action

Ted Becker made a motion to accept the recommendations for the CHAP Workgroup action plan. Secretary DeSantis seconded the motion. There was a voice vote and the motion carried.

INFORMATION AND TECHNOLOGY

Delaware Health Information Network (DHIN)

- The DHIN project is proceeding well. There is a high level of collaboration and support from public and private sectors in both time and funding.
- The DHIN is managed through the DHIN Board of Directors, Executive Committee, Consumer Advisory Committee and Project Management Committee.
- DHIN Board vacancies exist.
- Phase 1 data senders=85 percent lab tests and 81 percent hospital admissions.
- Funding for FY 08 has been secured, with \$3 million in state funds, matched by private donations.
- Phase 2 to include:
 - Patient centric record history
 - Public Health reporting
 - Transcribed records
 - Consumer participation via patient portal
 - Electronic order entry
 - New data senders, electronic medical records (EMRs) and users

DHIN Action Plan

It was recommended that the Health Care Commission:

- Stay informed and support DHIN development
- Support continued funding for FY 09
- Continue administrative support
- Fill Board vacancies that are Health Care Commission appointments

Action

Ted Becker made a motion to accept the recommendations for the DHIN action plan. Secretary DeSantis seconded the motion. There was a voice vote and the motion carried.

Action

The Commission accepted the CHAP Workgroup action plan.

Action

The Commission accepted the recommendations for the DHIN action plan.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Delaware Institute of Dental Education and Research (DIDER)

- DIDER functions well.
- An agreement with Temple University to reserve slots for Delawareans is completed.
- A shortage of dental hygienists has been identified
- A need to spend the loan repayment fund balance has been identified by the DIDER Board of Directors.
- Health Care Commission representation is needed on the Board.

DIDER Action Plan

It was recommended that the Health Care Commission:

- Continue support of DIDER
- Appoint a Commission member to the DIDER Board
- Support and encourage the use of loan repayment money.

Action

Ted Becker made a motion that the Commission accept the recommendations for the DIDER action plan. Dr. Janice Nevin seconded the motion. There was a voice vote and the motion carried.

Delaware Institute of Medical Education and Research (DIMER)

- The relationship with Jefferson Medical College and Philadelphia College of Osteopathic Medicine is solid. Delaware derives benefits from the relationship.
- A Delawarean's chances of being accepted into Jefferson Medical College are very good if they meet the entrance requirements.
- Tangential, but related benefits are residency training programs at Christiana Care Health Services and DuPont Hospital for Children (Jefferson Medical College Pediatrics).
- The looming physician shortage and regional needs/implications warrant continued focus from a regional perspective.
- The relationship with Jefferson Medical College is approximately 37 years old. There has been no increases in funding for many years.
- The DIMER Board of Directors has requested a \$2 million increase in The DIMER budget - \$1.6 million for Jefferson Medical College and \$400,000 for Philadelphia College of Osteopathic Medicine.
- The agreement with Philadelphia College of Osteopathic Medicine has been in place since 2000.
- The cost of medical education risen at Jefferson Medical College.
 - 1991 \$76.2 million tuition: \$18,200
 - 2007 \$285 million tuition: \$39,625
 - Funding has remained level at \$1 million/year

Action

Secretary DeSantis made a motion that the Commission research the history and basis of the funding formula for Jefferson Medical College to help determine whether the Commission should support the requested increase in funding, based on the rising cost of medical education and the benefits derived from the relationship, both direct and indirect. Ted Becker seconded the motion. There was a voice vote and the motion carried.

Action

The Commission accepted the recommendations for the DIDER action plan.

Action

The Commission will research the history and basis of the funding formula for Jefferson Medical College to help determine whether the Commission should support the requested increase in funding, based on the rising cost of medical education and the benefits derived from the relationship, both direct and indirect.

DIMER/Area Health Education Center (AHEC)

- The Delaware AHEC is now defunct. There is a possible assumption of the AHEC's role by the Delmarva Rural Health Initiative.
- State funding appropriated through DIMER to AHEC was returned to the DIMER budget.
- There is a desire to use the funds for preceptor and health educator programs.

DIMER-AHEC Action Plan:

- Support use of funds for health educator; some may be used for the preceptor program.

Chairman Carney said that the funds should be used for the preferred purpose of funding a health educator to promote health professions as career choices in the elementary schools. Supplies have already been purchased by AHEC for a health educator to use.

Action

Ted Becker made a motion to approve using the funds to hire a health educator. Secretary DeSantis seconded the motion. There was a voice vote and the motion carried.

State Loan Repayment Program

- There is a recognized disparity between DIMER and DIDER loan repayment expenditures. DIMER added eligible health professionals, so the funds were spent more quickly.
- There is a need to re-visit whether priority should be given to physicians over other eligible professions.

State Loan Repayment Action Plan

It was recommended that the Commission:

- Develop a priority policy on professions funded
- Discuss the issues with the legislature and engage feedback
- Continue the current review process (State Loan Repayment Committee → DIMER/DIDER → Health Care Commission)

Action

Ted Becker made a motion to accept the recommendations for the state loan repayment action plan. Matt Denn seconded the motion. There was a voice vote and the motion carried.

Health Data Committee

- The committee has produced valuable reports
 - Nursing survey
 - Educational pipeline
 - Allied Health (in progress)

The committee was chaired by Lois Studte, who retired in June. A new chairperson is needed. Dr. Lisa Barkley and Dr. Janice Nevin have both expressed interest.

Action

The Commission approved using the funds appropriated for the AHEC to hire a health educator.

Action

The Commission accepted the recommendations for the state loan repayment action plan.

The Health Data Committee will continue its work, and receive upcoming reports.

Research and Policy Development

- The Commission receives two annual reports:
 - Delawareans Without Health Insurance
 - Total Cost of Health Care
- The cost shift report has not been updated since 1999; replication requires additional data.
- Out-patient discharge data is needed.

Research and Policy Development Action Plan

It was recommended that the Commission:

- Continue receiving the two annual reports
- Determine requirements to update the cost shift report
- Determine how cost shift will be addressed in the Gruber contract for the universal coverage microsimulation.
- Re-visit efforts to expand data reporting to include out-patient procedures. Legislation may be required.

Action

Ted Becker made a motion that the Commission accept the recommendations for the Research and Policy Development Action Plan. Dr. Janice Nevin seconded the motion. There was a voice vote and the motion carried.

SPECIFIC HEALTH CARE ISSUES

Health Resources Board

- The Health Resources Board (HRB) now has ability to enforce a charity care requirement (2.75% of gross revenues – free standing surgery centers)
- If they don't meet the requirement, they are required to pay the amount.
- There is an opportunity to collaborate with CHAP and provide money to the system.
- The HRB defines "charity" as 350 percent (or 400 percent) of the federal poverty level; CHAP is 200 percent; there is a possible opportunity to make the two programs more consistent.
- CHAP can refer patients to facilities with charity care requirement.
- The current contract with the University of Delaware Center for Applied Demography and Survey Research (CADSR) will reveal more details about target populations.

Health Resources Board Action Plan

It was agreed that the Commission will:

- Receive the report from CADSR (Ratledge); review with the CHAP Workgroup and determine next steps
- Work with HRB staff to continue coordination
- Appoint representation of the Commission on the Health Resources Board
- Develop method of assuring CHAP referrals are made.

Action

The Commission accepted the recommendations for the Research and Policy Development Action Plan.

Other Specific Issues

It was agreed that the Commission will continue coordination and support of:

- Chronic Illness Task Force
 - Stroke Task Force
- Women's Healthy Heart Task Force
- Mental Health Issues Committee
- Health Disparities Task Force

OTHER BUSINESS

Loan Repayment Program

The Loan Repayment Committee met on September 6, DIDER met on September 18 and DIMER met on September 26. The following recommendations for funding were made:

Funding Updates:

- \$58,920 available in State DIMER funds (through June 30, 2008)
- \$196,000 available in State DIDER funds (through June 30, 2008)
- \$100,000 available in Federal matching funds

Applications to Review:

1. *Health Professional:* Rita Meadows, Certified Nurse Practitioner
Site: Health Care Associates, Millsboro
2. *Health Professional:* Kenny Vu, MD – Family Practice
Site: Family Medical Centre, Dover (previously Dr. Jose Austria's practice)
3. *Health Professional:* Laurie Ann Spraga, D) – Family Medicine
Site: Delaware Hospital for the Chronically Ill, Smyrna
4. *Health Professional:* Mildred Perez, DMD – Dentist
Site: James Williams Service Center – Division of Public Health, Dover

DIMER Funding:

This proposal below recommends funding for all three applicants. Given the limited funds available, the Committee attempted to make the award amounts as equitable as possible. We took into account the tax obligation Dr. Vu and Rita Meadows will have, unlike Dr. Spraga who is eligible to receive federal funds, thus making her award tax exempt.

Dr. Spraga: \$12,000 state + \$12,000 federal = **\$24,000** (tax exempt)

Action

Ted Becker made a motion to approve funding Dr. Spraga in the amount of \$24,000 for a two year contract at the Delaware Hospital for the Chronically Ill in Smyrna. Dr. Janice Nevin seconded the motion. There was a voice vote and the motion carried.

Dr. Vu: **\$36,000** in state funds (taxable)

Action

The Commission approved funding for Dr. Spraga in the amount of \$24,000 for a two year contract at the Delaware Hospital for the Chronically Ill in Smyrna.

Action

The Commission approved funding for Dr. Vu in the amount of \$36,000 for a two year contract at the Family Medical Centre in Dover.

Action

Dr. Janice Nevin made a motion to approve funding for Dr. Vu in the amount of \$36,000 for a two year contract at the Family Medical Centre in Dover. Matt Denn seconded the motion. There was a voice vote and the motion carried.

Rita Meadows: **\$10,920** in state funds (taxable)
(This amount is in line with awards made recently to two other certified nurse practitioners - they each received \$10,000.)

Action

Ted Becker made a motion to approve funding for Rita Meadows in the amount of \$10,920 for a two year contract at Health Care Associates in Millsboro. Secretary DeSantis seconded the motion. There was a voice vote and the motion carried.

DIDER Funding:

Dr. Perez: \$40,000 in state funds (taxable)

Action

Ted Becker made a motion to approve funding for Dr. Perez in the amount of \$40,000 for a two year contract at the James Williams Service Center in Dover. Secretary DeSantis seconded the motion. There was a voice vote and the motion carried.

Action

Ted Becker made a motion that the Commission approve Health Care Associates, Family Medical Centre, Delaware Hospital for the Chronically Ill and James Williams Service Center as loan repayment sites. Dr. Janice Nevin seconded the motion. There was a voice vote and the motion carried.

Other Discussion

Ted Becker brought to the attention of the Commission that November 14 is Diabetes Awareness Day. The Commission should consider supporting any planned activities. Staff will contact Don Post to learn what is planned.

Matt Denn said recommendations need to be made for funds in the state budget for CHIP expansion to be used alternatively since they cannot be used for their original purpose. He suggested that the funds be used to eliminate the co-pay. Chairman Carney and Secretary Meconi have been discussing options. It will be re-visited at a future meeting when Secretary Meconi is present.

PUBLIC COMMENT

Joanne Hasse from the League of Women Voters asked Dr. Simon Condliffe if long term care is included in the Total Cost of Health Care study.

Dr. Condliffe responded that it depends on how the facility reports the numbers.

Action

The Commission approved funding for Rita Meadows in the amount of \$10,920 for a two year contract at Health Care Associates in Millsboro.

Action

The Commission approved funding for Dr. Perez in the amount of \$40,000 for a two year contract at the James Williams Service Center in Dover.

Action

The Commission approved Health Care Associates, Family Medical Centre, Delaware Hospital for the Chronically Ill and James Williams Service Center as loan repayment sites.

Ms. Hasse said, in view of Senate Bill 177, which says care will be provided from the moment of conception until the moment of one's death, it is important to be *very clear* when using the total cost of health care numbers and specify what is being reported. Ms. Hasse doesn't think most "total cost of health care" numbers include custodial care in a nursing home.

Judy Chaconas suggested that the Commission move forward with efforts to re-visit requiring reporting of out-patient procedures. The Health Resources Board is interested in this as well.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on November 1, 2007, at 9:00 a.m. at the Del Tech Terry Campus Conference Center, Room 400 B

ADJOURN

The meeting adjourned at 11:00 a.m.

Next Meeting

The next meeting of the Delaware Health Care Commission will be held on November 1, 2007, at 9:00 a.m. at the Del Tech Terry Campus Conference Center, Room 400 B.

Guests Attending

Judy Chaconas
Simon Condliffe

Barbara DeBastiani
Michael Duva
Joann Hasse
Jonathan Kirch
Lolita Lopez
Rebekah Magdyla
George Meldrum
Linda Nemes
Sheila Nutter
Brian Olson
Albert Shields
Debra Singletary
Diane Treacy
Calvin Young

Division of Public Health
University of Delaware - Center for Applied
Demography & Survey Research
Wheeler and Associates/MACHC
Delaware Healthcare Association
League of Women Voters
American Heart Association
Westside Health
Electronic Data Systems
Nemours Foundation
Department of Insurance
Electronic Data Systems
La Red Health Center
Office of the Lt. Governor
Delmarva Rural Ministries
Planned Parenthood of Delaware
UAW Community Healthcare