

DELAWARE HEALTH CARE COMMISSION
OCTOBER 2, 2008
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400 B
DOVER
MINUTES

Commission Members Present: Lt. Governor John C. Carney, Jr., Chair; Lisa C. Barkley, MD, Theodore W. Becker, Jr.; A. Richard Heffron; Janice Nevin, MD; and Frederick Townsend.

Members Absent: Richard Cordrey, Secretary of Finance; Matthew Denn, Insurance Commissioner; Vincent Meconi, Secretary, Delaware Health and Social Services; and Henry Smith, Secretary, Department of Services for Children, Youth and Their Families.

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 9:08 AM by Lt. Governor John Carney, Chairman.

NEW COMMISSIONERS

Chairman Carney welcomed new Commissioner Fred Townsend, who previously served as Deputy Insurance Commissioner.

New Commissioner Fred Townsend was welcomed.

MEETING MINUTES OF JUNE 5, 2008 AND SEPTEMBER 4, 2008

Ted Becker made a motion to accept the June 5, 2008 meeting minutes. Richard Heffron seconded the motion. There was a voice vote. Motion carried.

Action

The June 5 and September 4 meeting minutes were accepted.

Richard Heffron made a motion to accept the September 4, 2008 meeting minutes. Ted Becker seconded the motion. There was a voice vote. Motion carried.

UNINSURED ACTION PLAN

Health Center Marketing Report ~ Alec McKinney and Natalie Truesdale, John Snow, Inc. (JSI)

The Health Center Marketing Report was presented by Alec McKinney and Natalie Truesdale of JSI.

Paula Roy gave Commissioners background information on the Federally Qualified Health Centers (FQHC) Marketing Project. John Snow, Inc. (JSI) conducted a marketing study in 2006 on Henrietta Johnson Medical Center to gain insight on how and why people use FQHCs. One project deliverable was a tool kit that could be used to replicate the study at other centers. La Red Health Center, Kent Community Health Center of Delmarva Rural Ministries, and the Mid Atlantic Association of Community Health Centers (MACHC) had strong interest in replicating the study. As a result, a study of La Red and Delmarva Rural Ministries was conducted by JSI through a partnership of the Health Care Commission, Division of Public Health and MACHC.

Alec McKinney, of JSI, was involved in the 2006 study and the most recent one. He and Natalie Truesdale presented the findings of the study.

Delaware Federally Qualified Health Center Research Study ~
October 2008

Overview and Purpose

- To better understand perceptions, attitudes, satisfaction/awareness, and behavioral propensities of Delaware residents regarding Federally Qualified Health Centers (FQHC) in order to strengthen the role of FQHCs in Delaware's Health Care Safety Net

Background

- Conducted customer satisfaction and market research project for Henrietta Johnson Medical Center in 2006
- Contracted to replicate the same customer satisfaction and market research project for La Red and Delmarva Rural Ministries/Kent Community Health Center in 2007 / 2008
- Partnered with Mid-Atlantic Association of Community Health Centers (MAACHC)

Methodology

- JSI and MAACHC met with La Red and Delmarva Rural Ministries/Kent Community Health Centers
- JSI refined survey instruments
- MAACHC collected data from current and "never" users
- JSI compiled additional market (census data) and FQHC (operational/utilization) data
- JSI conducted analysis and developed reports

Key Findings

- Delaware FQHC's serve:
 - A very diverse population that is 86% minorities
 - A predominantly low income population
 - A high % of uninsured patients compared to health centers nationally (43.8% vs. 39%)
 - A low % of Medicare patients (4% vs. 8% nationally)

*Delaware Data 2006, National Data 2007

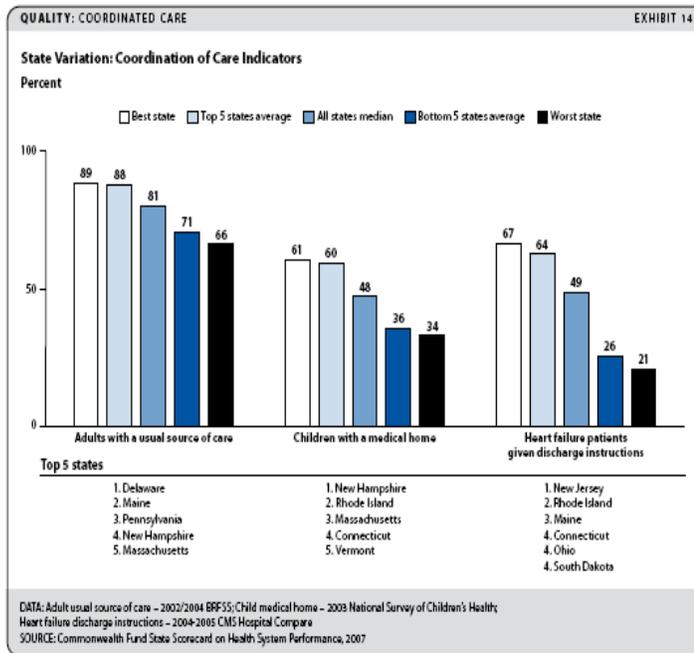
How well do FQHCs reach out to the low income population?

Penetration Rate: % Uninsured CHC serves	Population Below 200% FPL	Population below 100% FPL
Outside Wilmington	6%	10%
Wilmington	61%	36%
New Castle County	18%	14%

Recommendations:

- There is room for increased expansion in serving the low income population at all three FQHC's
- Explore where most vulnerable are seeking care in Wilmington / New Castle County

Delaware ranks number 1 on Usual Source of Care



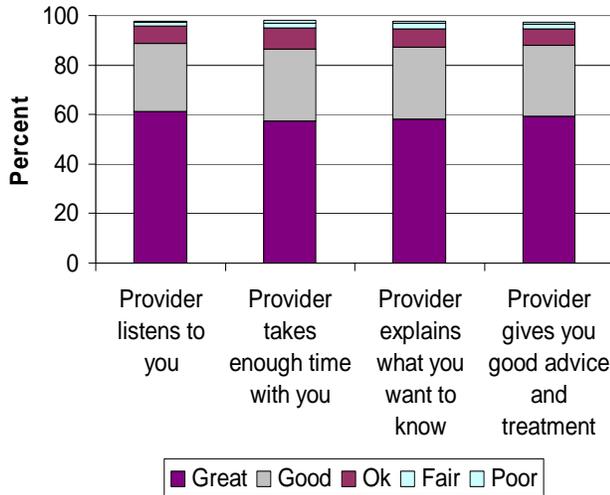
Are there primary care service or capacity gaps?

- 14% of community members surveyed do not have a usual source of care*
- When compared to urban areas rural residents have higher rates of:
 - un-insured
 - lack of usual provider
 - inability to get care when needed

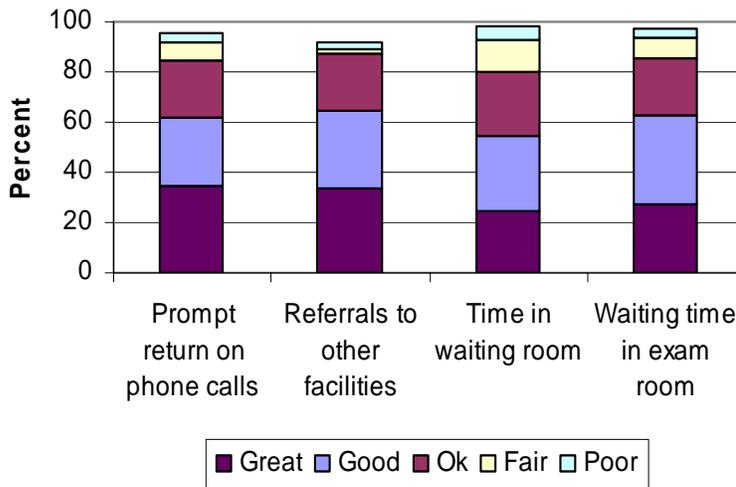
Recommendations:

- Expand outreach to low-income and un-insured populations
- Promote FQHC's as an affordable source of care

How satisfied are current FQHC patients with the care they are receiving?



In what areas are FQHC patients unsatisfied?



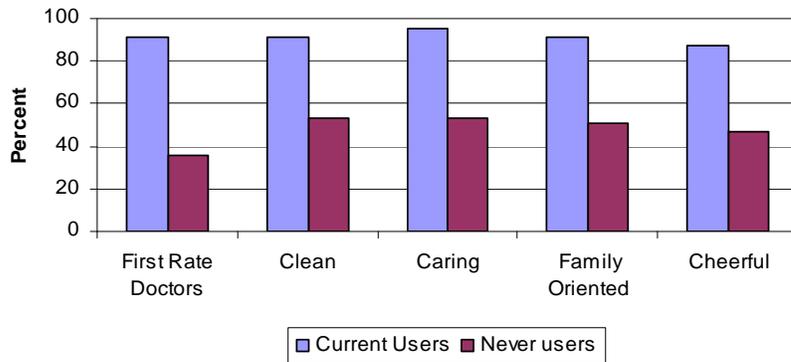
Delaware FQHCs have high levels of patient satisfaction

- Patients are very satisfied with staff and most areas of service

Recommendations:

- Focus on quality improvement in the areas of:
 - Waiting times and “No shows”
 - Referrals to specialists
 - Phone consultation systems
 - Structural improvements to waiting rooms

How aware are communities of FQHC and their services?



- 52% of community members had not heard of/did not know about the health center in their community

What are the perceptions of FQHCs by non-users?

- Health center quality is not recognized by non-FQHC users
 - Less than 50% perceive FQHCs as equal quality to private MD's
 - General public does recognize that FQHCs offer comprehensive services
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- Most people agree that a health center serves everyone in the community (60%)
 - Associate CHCs with serving people by income group more than race
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- Many people do not understand the connection between

Quality **↔** Comprehensive Services
- The general community is less aware that FQHCs are required to provide care regardless of ability to pay

Dichotomy Between "Never" User and Current User Perceptions

- Current CHC user's view health centers as private doctor's offices with high quality care.
 - This is true in all communities, regardless of the health center
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- The general public (Never Users) view health centers as providing comprehensive services, with lower quality

Major Conclusions and Recommendations

Improving Access/Reducing Barriers to Care

- Vast majority of State residents have “usual” source of care
 - Still ~ 72,000 adults* in the state are without a usual source of care
 - Disparities exist between rural and urban locations and among racial and ethnic minority groups
 - FQHC penetration rate is relatively low in Sussex and Kent counties

- Barriers to care do exist (lack of awareness, cost, waiting time issues, referrals, etc.)

Recommendations:

- Raise awareness of FQHCs, particularly in Kent and Sussex
- Reinforce that care is provided regardless of ability to pay.
- Continue to focus efforts on linking patients to needed specialty care
- Better coordinate referrals
- Address operational issues that impact access

* Derived by multiplying the % of adults (18+) who responded to the 2002 BRFSS survey as not have a “usual source of care” (11%) by the total Delaware adult population (18+) in 2007, 659,740 (US Census, 2007).

Need for Marketing

- Many people in target communities have never heard of health centers or understand what services they provide

- Word of mouth referrals, particularly from family and friends, is most effective marketing.
 - Next most important is referrals from other providers/agencies

- Work to dispel the myth that Community Health Centers offer lower quality services than a private doctor’s office

Recommendations:

- General marketing to boost name recognition
- Emphasis should be on involving current patients on referrals
- Collaborate with other providers, and social service agencies to do outreach to others

Operational and Performance Improvement Efforts

- FQHCs have operational issues that impact quality and access

- All FQHCs, including those in DE, could benefit from support in quality / performance improvement

Recommendations:

- Tailor quality / performance improvement efforts with in FQHCs in areas such as:
 - Operational issues: Patient flow, wait times, “No shows.”
 - Referrals systems for specialty care
 - Telephone consultation and follow-up systems
 - Structural improvements to waiting rooms

Discussion

Chairman Carney questioned the percentage of uninsured below 200 percent of poverty in Wilmington served by FQHCs. Sixty one percent appears to be high. Mr. McKinney and Ms. Truesdale will provide clarification on the percentage.

Dr. Nevin asked how the information from this study will be used. Ms. Roy responded that MACHC plans to use the information to develop a marketing campaign for the Community Health Centers. The Commission will also use the information to maximize support of the community health centers to strengthen and support the CHAP program.

Chairman Carney added that this study evolved out of an effort several years ago when one million dollars was secured to facilitate FQHCs in expanding services. Five hundred thousand dollars is reserved to expand care to the uninsured in western Sussex County. The FQHC network can be utilized to provide needed health care services for the uninsured. Providers can only afford to provide care for about 40 percent of non-paying patients.

Duane Taylor, Chief Operating Officer of Mid Atlantic Association of Community Health Centers (MACHC), explained that perceptions of what is ‘poor’ with regard to services by the health centers is a huge issue in the marketing plan. The recommendation for a quality improvement program is being implemented as a result of the study findings.

Barbara DiBastiani, of Wheeler and Associates, commented that, in terms of marketing, a good communication strategy needs to be developed to target the people who are not being reached. There could be opportunities to recruit more physicians and health care providers. The health care centers need to grow and as funds become available more providers will be needed. On an individual basis, the centers have strategies they are going to be putting in place.

Brian Olson, of La Red Health Center, thanked the Commission and MACHC for sponsoring the study. It validates the strategic planning that has taken place over the last year. La Red has been almost exclusively marketing to the non-Latino community. As a result it has seen a major shift in demographics. Currently non-Latinos comprise about 40 percent of the patient base and La Red is expecting to have over 5,000 users at the end of this year. A surprising finding of the study was that many of the current users do not understand the full range of services provided. La Red is looking at how to keep the current users informed about the full range of services by educating patients and reaching out to non-users.

Gail Stevens, of Delmarva Rural Ministries, thanked the Commission and MACHC for the valuable information provided by the study. Delmarva Rural Ministries has developed a plan to expand services within the Kent Community Health Center. Plans include the addition of an obstetrician gynecologist, a pediatrician, and a mobile health van providing outreach and expanded services into areas such as Smyrna and the senior population at some of the senior housing programs. A DVD has also been developed for the waiting room to advise patients of the comprehensive services that are available.

Ms. Stevens added that there are many opportunities to apply for expansion grants and rural health grants are available to health centers.

Dr. Robert Frelich expressed concern with the difficulty recruiting physicians because of the malpractice problem. Retired or part time physicians do not volunteer because they do not feel they can pay the high malpractice insurance premiums. People do not understand that there is a federal law that protects volunteers.

Screening for Life/CHAP Coordination

Ms. Roy said that the Commission heard a report at the September meeting on the results of a meeting between representatives of the Community Healthcare Access Program (CHAP) and Screening for Life (SFL). It was determined that:

- The target populations of both programs are nearly the same, with a significant overlap in the provider network; and
- SFL provides an important prevention service that is part of the larger primary care focus of CHAP.
- CHAP does not have the capacity to reimburse providers for services available, while SFL does.

The recommendation falls into three categories:

- Look proactively at how to blend both programs
- Recruit CHAP and SFL providers to participate in the blended network
- The time to issue a new Request For Proposal (RFP) is approaching and consideration should be given to issue a joint RFP

Requirements and the process to issue a joint RFP for one system to administer both programs have been reviewed. The goal has been set to have the system in place by July 1, 2009, and issuing an RFP in early December 2008, which will give potential vendors ample time for consideration and allow providers transition time.

Action

Dr. Nevin made a motion to accept the request to develop a joint RFP for Screening for Life and CHAP management. Ted Becker seconded the motion. There was a voice vote. Motion carried.

Action

The Commission approved issuing a joint RFP for Screening for Life and CHAP management.

INFORMATION AND TECHNOLOGY

Update: Delaware Health Information Network (DHIN)

Gina Perez, Executive Director of the DHIN, gave a presentation on the DHIN's background, achievements and goals.

What is DHIN?

The Delaware Health Information Network (DHIN) was established by the Delaware General Assembly in 1997 as a public instrumentality of the State to advance the creation of statewide health information and electronic data interchange network for public and private use. The DHIN is a public-private partnership, which provides the organizational infrastructure to support a statewide health information exchange. The Delaware Health Information Network (DHIN) is a service designed to provide for the secure, fast, and reliable exchange of health information between the many providers (hospitals, physicians, laboratories) treating patients in the State of Delaware.

Operational Health Information Exchange Model:

On May 1, 2007 DHIN went live, becoming the first operational statewide health information exchange. Utilizing the Medicity interoperability platform, hosted in the Perot Systems state-of-the art managed data center services, DHIN provides secure results delivery of laboratory and pathology results, radiology reports and admission face sheets from three hospital systems and LabCorp statewide. These participants provide over 80% of laboratory tests and hospital admissions performed in the State. There are currently 875 users in over 100 physician practice locations across Delaware. Physician practices receive clinical results via an electronic inbox, which can be set to auto print or DHIN is directly interfaced to their electronic health record system.

Beginning in 2009, DHIN will implement a patient centric record search function, including clinical results and reports as well as medication history. Further functions to be rolled out in 2009 include electronic order entry from an EHR and a patient portal.

DHIN's Vision:

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

Goals of DHIN:

1. To improve the care received by patients served by Delaware's health care system and to reduce medical errors associated with the inaccurate and incomplete information available to providers of medical care.
2. To reduce the time and financial costs of exchanging health information among health care providers and payers (necessary for patient care), by reducing the complexity of the current distribution methods and drastically increasing use of electronic means.

3. To improve communication among healthcare providers and their patients; facilitating delivery of the right care at the right time based on the best available information.
4. To reduce the number of duplicative tests and to afford specialists a better understanding of the patient upon referral from his/her primary physician.
5. To improve the efficiency and value of electronic health records (EHR) in the physician office and to assist those physicians without an EHR to better organize and retrieve test results.

DHIN Governance:

The Public-Private Board of Directors is comprised of diverse organizations all representing the primary stakeholders of health information exchange. They include representatives from the following constituency groups, organizations and agencies:

- Consumers
- Delaware Healthcare Association (representing hospitals) and the Medical Society of Delaware (representing physicians)
- Payors, including Blue Cross Blue Shield of Delaware, Delaware Physicians Care, Inc., a wholly owned subsidiary of Aetna, and Medicaid.
- Delaware State government agencies: Delaware Health Care Commission, Department of Insurance, Department of Technology and Information, Division of Public Health, Office of Management and Budget
- Delaware State Chamber of Commerce, large employers and the University of Delaware

Christiana Care, Bayhealth, LabCorp, and Beebe Medical Center began sending data through DHIN when it went 'live' on May 1, 2007. DHIN is currently adding St. Francis Hospital, Quest Laboratories and Doctors Pathology Services. Nanticoke Memorial Hospital plans to participate in DHIN next year.

Rob White, Chairman of the DHIN, reiterated that DHIN is balancing five things simultaneously and it is important to keep moving forward simultaneously:

1. DHIN needs to continue to add data senders before putting information into the system
2. Continue to aggressively add physicians to the system ~ the goal is to have 50 percent of the active physicians practicing in the state on board by next summer
3. Continue to build additional functionality while continuing to fine tune the functionality already being provided
4. Keep looking at the administrative infrastructure to support getting the work completed
5. Working on sustainability for the entire program that anticipates what the ongoing needs of DHIN will be once it gets past the initial construction stages to make sure there is a viable organizational model and financial structure for supporting the ongoing operation of DHIN on a long term basis.

Proposed DHIN Regulations

Proposed DHIN regulations were distributed to Commissioners for review and approval. The DHIN Board of Directors unanimously voted to accept the proposed regulations and to move them to the Commission for approval. Gina Perez asked the Commission to approve the proposed regulations to allow them to be filed with the Register of Regulations and be made public for public comment before the system goes live with patient record searches.

Mr. Carney questioned the wording in the draft DHIN Regulations regarding patient access: "Individuals *may* choose to preclude a search of their individual health information in the DHIN Interchange after consultation with their health care provider and in accordance with the rules or procedures promulgated by Board." Mr. Carney suggested that the word "*may*" should be changed to "*shall*". If people have the right to "opt out," they should be provided notice of that right.

Ms. Perez suggested amending the regulation language to read, "Individuals shall be informed of and may choose to preclude a search of their individual health information..." Mr. Niedzielski agreed with the change of wording.

Action

Richard Heffron made a motion to amend the proposed regulation language to read, "Individuals shall be informed of and may choose to preclude a search of their individual health information..." Fred Townsend seconded the motion. There was a voice vote. Motion carried.

Dr. Janice Nevin made a motion that the Commission approve of the DHIN moving forward with the process to promulgate the amended regulations. Ted Becker seconded the motion. There was a voice vote. Motion carried.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Health Workforce Development Committee

Dr. Nevin updated the Commission on the Health Workforce Development Committee's progress towards developing recommendations to aid in resolving Delaware's health workforce shortage through legislation.

At the September 18, 2008 meeting, Dr. Tibor Toth from the University of Delaware's Center for Applied Demography and Survey Research presented the study, *Allied Health Professionals 2007*.

The Committee framed its discussions around Dr. Toth's suggestion that it look at workforce issues through four policy areas:

1. Population change
 - Between 2000 and 2030 Delaware's population is expected to grow 29 percent (an additional 229,000 residents).
 - In that group, a 130 percent growth in the population over 65 is expected between 2000 - 2030 (134,000 more people)
2. Diversity
 - Delaware's population is becoming more ethnically and racially diverse. Health professionals are generally not as diverse as the population they serve.

Action

The proposed regulation language was amended to read, "Individuals shall be informed of and may choose to preclude a search of their individual health information..."

Action

The Commission approved of the DHIN moving forward with the process to promulgate the amended regulations.

3. Aging workforce
 - It is important to look at ways to promote health careers to young people.
4. Barriers to the workplace
 - Identify the most pressing issues/barriers to practicing needed professions

The Committee has discussed the following issues:

- The Committee should not to be a group that simply reviews or generates data without producing any action items.
- An executive summary of the executive summaries of multiple reports that have been completed through the years is needed to better understand the data. This will help identify key information that will allow the Committee to support specific recommendations to influence health policy.
- How do people make the decision to become a health care provider or continue practicing? When is the right time to educate students about what is available to them? Math and science curriculums in middle and high schools should be reviewed. Some professions are changing their educational standards requiring more education before the point of practice. How will that impact the workforce? How do issues of balancing work with life factor in?
- The health professional workforce shortage has been looked at as a “Delaware” issue. In reality it is a regional problem. Delaware’s workforce also comes from Maryland, Pennsylvania and New Jersey.
- There are key competency areas that all health care professionals are going to need in order to be successful: competence in caring for the aging; cultural competence; and mental health competence.

Next steps:

- The Committee will obtain and review a list of all the training programs in the state and how many people are anticipated to graduate.
- The Committee will determine which professions are going to be particularly important.
- Because of the overwhelming amount of information available, the Committee determined that it needs assistance with turning the data into specific recommendations.

Dr. Nevin asked the Commission for approval to develop a Request for Proposals (RFP) for a consultant to assist with this task.

Action

Dr. Nevin made a motion that the Commission approve the development of an RFP for a consultant to assist the Health Workforce Development Committee. Ted Becker seconded the motion. There was a voice vote. Motion carried.

Action

The Commission approved the development of an RFP for a consultant to assist the Health Workforce Development Committee.

State Loan Repayment Program

The Loan Repayment Committee, DIMER, and DIDER Boards reviewed the following applications for loan repayment and made the following recommendations.

1. Jemine Wayman, CNM - (*Retention* – 6 months)

Ms. Wayman graduated from Delaware State University in 1998 with a BSN degree in Nursing. In 2003, she graduated from Wesley College in Dover, DE where she received her M.S.N. degree as a Clinical Nurse Specialist. She also graduated from the University of Medicine and Dentistry of New Jersey, where she received her certificate in midwifery in 2006. She is certified by the American Midwifery Certification Board. Ms. Wayman currently works for Dedicated to Women in Dover, a private for profit practice, and began part-time on September 17, 2007 in anticipation of going out on maternity leave. She returned on a full-time basis, effective February 2008. She has about \$114,000 in loans (verified) and is interested in a two year service commitment and contract.

Funding: State funds only

Recommendation

The Loan Repayment Committee and DIMER Board of Directors recommended that loan repayment be awarded to Jenie Wayman, CNM in the amount of \$10,000 for a two year contract at Dedicated to women, OBGYN Associates of Dover, P.A.

2. Joseph Kim, D.O. (Family Practice) – (Request for *extension* - 1 year)

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

Funding: State funds only

This request was placed on hold at the last Commission meeting because the fiscal year was ending. Very limited funding was available, and several qualified candidates were in the pipeline. A final decision on the request for extension was postponed until the beginning of Fiscal year 2009, July 1, 2008.

Recommendation

The Loan Repayment Committee and the DIMER Board recommended that Dr. Joseph Kim be awarded loan repayment in the amount of \$15,000 to extend his current contract at the practice of Curtis Smith, D.O. in Laurel, Delaware for one year.

3. Site applications only:

Westside Health (FQHC), Wilmington

- This facility has already been approved as a loan repayment site and qualifies for federal matching funds.
- This site, located at 1802 West Fourth Street, Wilmington, DE 19805, treats 10,875 patients per year.

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

Westside Health (FQHC), Newark

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

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

Recommendation

At the June 5th Commission meeting it was agreed that more information is needed on the debt burden of the recruitment candidates in order to designate funds to assist Westside with recruitment efforts. The site was approved for recruitment, pending compliance with a request from the Commission to successfully recruit a candidate during the period of June 1, 2008 through August 15, 2008. Final recruitment information has not yet been obtained. The Loan Repayment Committee and the DIMER Board recommend that the application receive an extension on recruitment efforts and be revisited in the future when the information has been obtained.

Action

Dr. Nevin made a motion that the Commission approve the recommendations of the Loan Repayment Committee and DIMER Board of Directors to award loan repayment to Jemine Wayman, CNM, and Joseph Kim, D.O., and extend the time frame for Westside Health's recruitment efforts. Mr. Becker seconded the motion. There was a voice vote. Motion carried.

4. Site: James R. Forshey, DMD, PA, New Castle

This site, located at 702 E. Basin Road, Suite 1, New Castle, DE 19720, (302) 322-0245, treats approximately 701 patients per year. Of those, about 25% are uninsured. The practice was approved as a Medicaid provider in early August, and to date has 16 new Medicaid patients, 4 more patients are scheduled on the calendar, and about 70 procedures have been performed. The practice is open 46 hours per week and the hours of operation are as follows:

- Monday: 8:15 am- 4:30pm
- Tuesday: 8:15 am- 4:30pm
- Wednesday: 7:00 am- 4:00pm
- Thursday: 8:15 am- 4:30pm

Action:

The Commission accepted the recommendations of the Loan Repayment Committee and DIMER Board of Directors to award loan repayment to Jemine Wayman, CNM, and Joseph Kim, D.O., and extend the time frame for Westside Health's recruitment efforts.

- Friday: 8:00am -12:00pm
- Saturday: 8:15 am- 4:30pm (once per month, with the exception of Summer months)

Funding: State funds only

Capital Loan/Equipment Expenditure

Dr. Forshey obtained an equipment loan in the amount of \$36,445.00 (verified) to update 30+ year old equipment in two operatories in anticipation of the added volume of patients to include Medicaid or S-CHIP enrollees. Dr. Forshey recruited his daughter, Dr. Jennifer Greenley, DDS, in July 2007 to work for his practice in anticipation of the added volume of patients, and the long-term plan is to have her take over the practice. Dr. Forshey is an approved Medicaid provider.

Jennifer Greenley, DDS (Retention - 1 year)

Dr. Greenley graduated from the University of Maryland’s dental school in 2006 and completed her residency training in dentistry at Christiana Care Health Services in 2007. She is bilingual (English/Spanish). Dr. Greenley is an approved Medicaid provider, and is interested in a two year contract agreement in exchange for assistance with the Capital Loan/Equipment expenditure incurred by the practice.

The practice site, James R. Forshey, DMD, P.A, has 2 (two) full time dentists on staff, Dr. Forshey and Dr. Greenley. The borrower that is identified on the capital expenditure loan in the amount of \$36,445 (verified) is in the name of the incorporated practice: James R. Forshey, DMD, P.A. Both Dr. Greenley and Dr. Forshey are approved Medicaid providers on staff and a minimum of 20 percent of their scheduled appointments will be comprised of Medicaid, SCHIP and/or low-income (<200 FPL) dentally uninsured patients, to meet the loan repayment program requirements. The practice site incurred the loan in anticipation of serving the increased volume of Medicaid patients.

Recommendation

The Loan Repayment Committee and the DIDER Board of Directors recommended that the Commission consider this applicant for Capital Expenditure Loan Repayment in the amount of \$35,000 over a two year commitment.

Chairman Carney recommended that Dr. Forshey’s application be approved on the condition that the provision that a minimum of 20 percent of their scheduled appointments be comprised of Medicaid patients first be met before receiving funds.

Action

Richard Heffron made a motion that the Commission award Capital Expenditure Loan Repayment to Dr. Forshey in the amount of \$35,000 for a two year commitment, provided that a minimum of 20 percent of his scheduled appointments are comprised of Medicaid patients. Mr. Becker seconded the motion. There was a voice vote. Motion carried.

Action:

The Commission awarded Capital Expenditure Loan Repayment to Dr. Forshey in the amount of \$35,000 for a two year commitment, provided that a minimum of 20 percent of his scheduled appointments are comprised of Medicaid patients

Policies & Precedures: New Pilot Program for Dental Loan Repayment Program

Leah Jones presented the Commission with a proposal for a new pilot program for the dental Loan Repayment Program.

Goals & Objectives: The Dental Loan Repayment pilot program meets the short and long-term goals and objectives of the 2006 Oral Health Strategic Action Plan:

Goal 1: To develop an oral health care system whereby all Delawareans have timely access to affordable oral health prevention and treatment services in a location that is convenient and meets their cultural and linguistic needs.

Objective 1: To improve the oral health infrastructure so as to support an increase in the availability of the dental workforce, and to improve the oral health status of underserved families in Delaware.

Goal 2: Expand the oral health workforce in underserved areas and populations of Delaware and engage the medical community in oral health screening and prevention activities.

Objective 2: Promote and enhance training and practice opportunities in Delaware, which serve to increase the capacity of dental practitioners in the State, especially in underserved areas.

Funding: State-only Loan Repayment Funds

A current program requirement is limiting the ability to recruit dentists.

Ms. Jones explained that currently the Loan Repayment Program requires that health professionals commit to working full-time (40 hours per week; defined by HRSA) in underserved areas of the state. Given the shortage of dentists in Delaware and the increased difficulty in filling positions at the state dental clinics (our system of dental care for Medicaid children up to age 21), Ms. Jones proposed that the Commission re-evaluate the program hourly requirements for dental professionals so that the state can utilize the Loan Repayment Program (state-only funds) as an incentive/recruitment tool. Dentists employed by the state are hired for 37.5 hours per week. The gap in the hourly requirement precludes the state from applying for loan repayment funds to help them recruit dentists to work at the state dental clinics.

The Division of Public Health currently has the following vacancies:

a) Division of Public Health (DPH) Dental Clinics:

Short-term: DPH has 2 vacant positions for dentists (New Castle County; vacant since January 1, 2008 and September 1, 2008)

Long-term: DPH has 2 Dentists near retirement age (Milford position and Seaford position)

b) Delaware Psychiatric Center:
1 Vacant Dentist

Two alternatives are:

1. Keep the program the same, which prevents the state from utilizing loan repayment as a recruitment tool to hire dentists
2. Adjust the program hourly requirement for state-only funded awards. The DIDER Board of Directors recommended that the proposed pilot program be implemented for a period of two years.

Mr. Carney expressed concern that changing the program requirements from a 40 hour work week to a 37.5 hour work week might take funding away from non-state facilities, such as Westside Health, that are trying to recruit dentists. Ms. Roy responded that applicants to those facilities would qualify for federal matching dollars.

Ms. Jones reiterated that the current program language prevents the state from using the program to assist with recruiting dentists. The current available balance of state loan repayment funds for dentists and dental hygienists is \$351,000. The Loan Repayment Committee and the DIDER Board have determined that increased recruitment is needed. Changing the required hours for dental loan repayment from 40 hours per week to 37.5 hours per week is one option to have the flexibility to use the state funds to meet the needs of the state dental clinics who serve Delaware's Medicaid population.

Action

Ted Becker made a motion to approve a pilot program for dental loan repayment reducing the required hours from 40 hours per week to 37.5 hours per week. Dr Janice Nevin seconded the motion. There was a voice vote. Motion carried.

Health Resources and Services Administration (HRSA) Oral Health Planning Grant

Ms. Jones reported that the Health Care Commission, in May, entered discussions with the Division of Public Health and collaborated to submit a proposal and application for an oral health workforce planning grant. In September, the Health Resources and Services Administration (HRSA) awarded \$200,000 in federal grant money to Delaware for the first year of a potential multi-year grant to implement strategies in developing the workforce in dental professions in Sussex County.

The Health Care Commission is pursuing a Memorandum of Understanding (MOU) with the Division of Public Health for the Commission to receive \$102,000 of the \$200,000 to support a contract with a professional consultant to conduct a feasibility study and environmental analysis, provide cost estimates, and make recommendations for three initiatives. Those initiatives are:

1. Creation of a case management program to develop a dental home for children in the dental Medicaid and State Children's Health Insurance Program (S-CHIP) to improve the oral health status of underserved families in Delaware.
2. Enhancement of dental educational opportunities for dental hygienists and dental residents in southern Delaware to strengthen the dental workforce.
3. Establishment of a multi-purpose dental clinic and training facility in Sussex County to improve access to care and expand training opportunities.

Action

The Commission approved a pilot program for dental loan repayment reducing the required hours from 40 hours per week to 37.5 hours per week.

Using the remainder of the \$200,000 the Division of Public Health will contract with the University of Delaware Center for Applied Demography and Survey Research (CADSR) to produce an analysis that measures the number and spatial distribution of auxiliary dental professionals (licensed dental hygienists and assistants) practicing in Delaware. The objective is to identify underserved areas and understand any existing or developing trends that could impact the supply of dental services provided by dental hygienists and assistants.

OTHER BUSINESS

Fiscal Year 2010 Budget Submission

Paula Roy reported that last year the DIMER Board requested an increase in funding for medical education. The request was included in the Governor's Recommended Budget. However, this was an extremely tight budget year and, at the last minute on June 30, all new requests were removed from the recommended budget.

A request for increased funding for medical education has again been included in the Fiscal Year 2010 Budget Request. However, the state budget continues to be very tight.

November 6, 2008 Commission Meeting Location

Ms. Roy reminded everyone that the November 6, 2008 Commission meeting falls on Return Day. Consequently, the Commission will meet in Georgetown that day.

PUBLIC COMMENT

Dr. Robert Frelich requested that the Health Workforce Development Committee meeting information be made available. He would like to share the information with the Medical Society of Delaware.

Rosa Rivera reported that Henrietta Johnson Medical Center will be celebrating its fortieth anniversary at the Hotel DuPont on Friday, October 10, 2008 and invited everyone to attend the event. She added that the Henrietta Johnson Medical Center is in the process of implementing some of the recommendations from the Health Center Marketing Study.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on Thursday, November 6, 2008 at 9:00 a.m. in the conference room of the Georgetown Comfort Inn and Suites.

ADJOURN

The meeting adjourned at 11:15 AM

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on Thursday, November 6, 2008 at 9:00 a.m. in the conference room of the Georgetown Comfort Inn and Suites.

GUESTS

Prue Albright	Advances in Management
Meaghan Brennan	Office of Management and Budget
Judy Chaconas	DHSS/Division of Public Health
Kathy Collison	DHSS/Division of Public Health
Barbara DeBastiani	Wheeler and Associates
Robert Frelich, MD	Medical Society of Delaware
Gail Hudson	Office of Management and Budget
Lolita Lopez	Westside Family Healthcare
Melissa Macolley	DHIN
Melissa Nayes	Mid Atlantic Association of Community Health Centers
Sheila Nutter	Electronic Data Systems
Brian Olson	La Red Health Center
Casey Oravez	Office of Management and Budget
Gina Perez	Advances in Management/DHIN
Rosa Rivera	Henrietta Johnson Medical
Lillian Ronneberg	Electronic Data Systems
Albert Shields	Office of the Lt. Governor
Wayne Smith	Delaware Healthcare Association
Gail Stevens	Delmarva Rural Ministries
Duane Taylor	Mid Atlantic Association of Community Health Centers
Betsy Wheeler	Wheeler and Associates
Rob White	Delaware Physicians Care Inc.
Jennifer Young	Christiana Care Health System