

DELAWARE HEALTH CARE COMMISSION
SEPTEMBER 1, 2005
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400B
DOVER

Action Item

MINUTES

Commission Members Present: John C. Carney, Jr., Chair; Matt Denn, Insurance Commissioner; Jacquelyne W. Gorum, DSW; Joseph A. Lieberman, III, MD, MPH; Dennis Rochford; and Lois Studte, RN.

Members Absent: Richard Cordrey, Secretary of Finance, Carol Ann DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families; Vincent Meconi, Secretary of Health and Social Services and Robert Miller.

Staff Attending: Paula K. Roy, Executive Director; Sarah McCloskey, Director of Planning and Policy; Marlyn Marvel, Community Relations Officer; and Jo Ann Baker, Administrative Specialist.

Guest Speakers: Alice Burton, Director, State Health Policy Group at AcademyHealth; and Alisha Raiford-Hall, Training Administrator, and Dr. Thomas Kelly, Division of Developmental Disabilities Services.

CALL TO ORDER

John C. Carney, Jr., Chairman called the meeting to order at 9:10 a.m.

Commissioners held a moment of silence in honor of former Commissioner, A. Herbert Nehrling, Jr. who passed away August 23, 2005.

Sarah McCloskey, the new Director of Planning and Policy, was introduced. She began working in the position on August 8, 2005, filling the vacancy created when Judy Chaconas left.

APPROVAL OF JUNE 2, 2005 and July 20, 2005 MINUTES

Dr. Joseph A. Lieberman III made a motion to accept the minutes of the June 2, 2005. Lois Studte seconded the motion. There was a voice vote. The motion carried. Dr. Jacquelyne Gorum made a motion to accept the minutes of the July 20, 2005 meeting. Dr. Joseph A. Lieberman, III seconded the motion. There was a voice vote. The motion carried.

Action:

The June 2, 2005 and July 20, 2005 meeting minutes were accepted.

UNINSURED ACTION PLAN

- **Small Business Project:** Paula Roy updated commissioners on the status of the small business health insurance project. Elliot K. Wicks, Ph.D., Economic and Social Research Institute, has completed survey and research work and is compiling a report. The report should be completed very soon. It will be presented to the Small

Paula Roy updated commissioners on the status of the small business health insurance project.

Business Health Insurance Committee for review and comment. The report should be available to the Commission at the November 2005 meeting.

- **Fiscal Year 2006 Budget Epilogue Compliance**
As mentioned at the July 2005 Delaware Health Care Commission meeting epilogue language in the FY 2007 Budget Act required the Commission, Department of Health and Social Services, and the Department of Insurance to submit proposals to the Office of Management and Budget on plans to reduce the uninsured and underinsured. A report was submitted on August 9, 2005. The report reflected the Commission's position that a two-pronged strategy is needed to address the uninsured in Delaware: 1) a preservation strategy to preserve existing employer-sponsored insurance and 2) an expansion strategy that expands coverage in a targeted way.

The report it cited the Commission's support in Pooling as a preservation strategy to address the issues facing small businesses. The Commission supported CHIP expansion to the parents of CHIP children as an expansion strategy. The commission will continued its work on both strategies and submit findings to the Office of Management and Budget. The Office of Management and Budget must submit findings to the Governor and Controller General's office by December 1, according to the Budget Act. This timing will allow consideration of these proposals as the Governor's recommended budget is being prepared.

- **Children's Health Insurance Program (CHIP) Expansion – Next Steps** Alice Burton updated Commissioners on next steps to determine cost estimates and implementation strategies for expanding the SCHIP program to parents of enrolled children.
 - Meetings with Kay Holmes, Chief Administrator, Division of Medicaid and Medical Assistance (DMMA)
 - Confirmation that there is sufficient unspent federal allotment money to Delaware to implement an expansion
 - Kay will obtain estimates of a per member per month cost and number of eligibles and projected take-up rates. The estimate will also include capitation rates for a managed care plan. An actuary will develop a recommendation of the penetration rate.

Under the federal SCHIP program, unlike Medicaid, states were given an expenditure allotment each year. Some states have spent their allotment but Delaware has not, in any year, drawn the full allotment. The SCHIP funds are in reserve. These

The DHCC submitted a report on August 9, 2005 indicating its position of support in Pooling and CHIP expansion to parents of CHIP children.

Alice Burton updated Commissioners on next steps to determine cost estimates and implementation strategies of SCHIP expansion.

funds can only be maintained up to two years or they are allotted to other states. The reserve funds should be ample enough to cover the SCHIP expansion to parents for as long as SCHIP monies are available from the federal government. The “bank account” will be a moving target in the future, but retrospectively the money has not been spent for a full year. Delaware’s Medicaid eligibility is structured such that some children are actually covered by Medicaid rather than CHIP. CHIP covers children up to 200 percent of poverty level. Children between the ages of birth and one year are covered up to 185 percent of poverty by Medicaid. That child is actually a Medicaid child not a CHIP child. Medicaid covers children between the ages of one and nine up to 135 percent of poverty; and children above nine years of age are covered at 100 percent of poverty.

Some parents of children that are over 100 percent of poverty level that are not covered under the current Medicaid expansion. It is assumed the recommendation of coverage for SCHIP parents was to say that parents should be covered up to 200 percent of poverty regardless of whether the children are in Medicaid or SCHIP. Medicaid covers people up to 100 percent of poverty level.

Dr. Joseph A. Lieberman III stated that the congressional decision on the percentage of poverty coverage under Medicaid was based immunization services. The intent was to capture children in the first year of life when they need all their immunizations. After the age nine children are very infrequent users of the health care system unless there is a catastrophic illness.

There are about 14,000 adults between 100 and 200 percent poverty level. This figure was reported in a study prepared by Ed Ratlege. Not all those adults are parents, but many of them are parents of children in the SCHIP program.

INFORMATION AND TECHNOLOGY

Delaware Health Information Network (DHIN)

Dr. Joseph A. Lieberman III gave a progress report on the DHIN Clinical Information Sharing Utility. The DHIN has empanelled an Executive Committee, as provided for in its governing regulations. Robert Miller, as chairman-designate, is overseeing DHIN activities at present. The current contractor, Health Care Information Consultants (HCIC), is proceeding well with its contract deliverables. In brief, the DHIN is moving forward, considering the magnitude of the project, with very focused steps.

DHIN continues to be in conversation with the federal Agency for Healthcare Research and Quality (AHRQ) to secure federal funding. Since the funds will be secured through a sole-source contract with the agency, the discussions are very detailed.

The DHIN has empanelled an Executive Committee and is moving forward.

**HEALTH PROFESSIONAL WORKFORCE
DEVELOPMENT**

State Loan Repayment Program

Dr. Margaret Chou, who is currently practicing at OB/GYN Associates, in Dover, has requested a contract extension for an additional year, from three years to four. The Loan Repayment committee and the DIMER Board have agreed and recommended that Dr. Chou be awarded \$14,000, plus the 39 percent tax stipend. Awarding the extension is in compliance with the change in the program which allowed funds to be used for retention as well as recruitment. OB-GYN services are badly needed in Kent County.

Lois Studte made a motion that the recommendation be approved for Dr. Chou. Dr. Joseph A. Lieberman III seconded the motion. Motion carried.

Nursing Survey

Lois Studte updated Commissioners on activities of the Nursing Implementation Committee. A nursing survey is being conducted. The survey instrument consists of a Minimum Data Set that is used throughout the country. The Nursing Implementation Committee is working with the Board of Professional Regulation to complete the survey. The Board will send the survey with licensing renewals to be mailed in September. License renewals are mailed in three batches. The September renewals are the last of the three. Surveys for the first two batches will also be mailed in September. AHEC (Area Health Education Center) has allocated money to the Commission to help defer costs for these two additional surveys.

There will be two meetings this month; one on September 13 with the Health Professional Workforce Center Task Force and the other on September 19 with the Nursing Implementation Committee. A draft of a “White Paper for the Health Professional Workforce Center” will be discussed at these meetings.

The Delaware AHEC has wanted to collaborate with the DHCC since its inception. Funds which needed to be spent by the end of August will help support the nursing survey and also support updating data found in the original Nursing Shortage report issued in 2002. The Delaware AHEC’s money will also support activities that take an in-depth look at nursing education in the state and document what opportunities are available, how long it takes to complete various courses of education, and pipeline issues. The AHEC study will also examine the issue of the availability of nursing professors, which is a big concern in the State.

Action:

A motion was made and seconded to extend Dr. Margaret Chou’s loan repayment to one more year. There was a voice vote and the motion carried.

Lois Studte updated the commission on the status of the nursing survey.

DIMER

Commissioners reviewed preliminary information for the 2005 entering class. Jefferson Medical College offered acceptance to 27 of the 34 applicants who were interviewed. Of those, 13 withdrew, and 1 deferred acceptance to the entering class of 2006. It is anticipated that the remaining 13 applicants will matriculate in 2005. This is a significant decline from previous years. Dr. Lieberman reported that some DIMER Board members believe a contributing factor may be financial. The DIMER program provides access to a medical school for Delawareans. Jefferson is a private medical school so tuition is in the range of \$35,000 - \$40,000 a year. It is not competitive with UMDNJ, in New Jersey, where the tuition is about one-third of that amount. For it to be financially competitive for Delawareans to attend medical school, the DIMER program may need to consider subsidizing a portion of that tuition so that what the student pays is comparable to what would be paid as a state resident in other states that have access to a state medical school.

It is anticipated that 7 Delawareans will matriculate in the 2005 entering class at Philadelphia College of Osteopathic Medicine.

DIDER

Discussion has been held with Temple University to explore feasibility of becoming Delaware's dental school much in the way Jefferson and PCOM are Delaware's medical schools. Discussions will be held with other dental schools as well. This will be a topic of discussion at the DHCC annual retreat.

HEALTHY DELAWAREANS WITH DISABILITIES: 2010

Alisha Raiford-Hall and Dr. Thomas Kelly, Division of Developmental Disabilities Services gave a presentation on Health Delawareans with Disabilities: 2010. That presentation is available on the DHCC at www.state.de.us/dhcc.

Healthy Delawareans With Disabilities is funded by the Centers for Disease Control (CDC) under their Disability and Health Program. Every 10 years the federal government issues a report which provides a snapshot of the health for the nation as a whole, The Healthy People Report. Out of that report there are 10 major public health concerns of the U.S, which includes:

- promote regular physical activity
- promote healthier weight and nutrition
- prevent/reduce tobacco use
- prevent infectious disease through immunization
- increase access to quality healthcare
- promote healthier environments
- promote safety and reduce violence
- promote mental and well-being
- promote responsible sexual behavior

There are 28 Focus areas including oral health, tobacco use,

Preliminary information for the 2005 entering class of both Jefferson Medical College and PCOM was shared.

Discussions have begun with dental schools to become Delaware's dental school.

Alisha Raiford-Hall and Dr. Thomas Kelly, Division of Developmental Disabilities Services gave a presentation on Health Delawareans with Disabilities: 2010.

diabetes, access to quality health services, physical activity and fitness, and disability and secondary conditions (referred to as Chapter 6 in the Healthy People Report). It has been found that among all states while addressing the public health in these areas, discussions around disability and how disability may impact secondary health conditions are not discussed. Many health initiatives are structured without considering unique needs for people with disabilities.

The Healthy Delawareans With Disabilities project began when CDC discovered that many states did not have plans to address health issues for people with disabilities. While there are health disparities among the general population, that number can sometimes double or triple among people with disabilities. The project began in 1988. CDC currently funds 16 states but the number has been as high as 35.

- There are three levels of funding
 - Level I – mentor states (been with the project since 1988)
 - Level II – implementation grantees (states implementing programs to address health disparities for people with disabilities). These grants can be as much as \$250,000 - \$1,000,000 to implement health programming, with no state match required.
 - Level III – new states beginning to develop infrastructure that will support moving into a level which it can apply for an implementation grant (\$125,000 a year for two years with no matching funds required)

The goal of funding is to assist states in building their capacity for implementing programs that help persons with disabilities through state surveillance activities, health promotion interventions, developing and monitoring policies affecting people with disabilities, and fostering partnerships between state, research or service based agencies.

Topics other States are working on include:

- Analysis and dissemination of BRFSS (Behavioral Risk Factor Surveillance Survey) data. Data is collected through telephone surveys which can be a hindrance to people with disabilities (i.e. the deaf) who have no way to complete the survey
- Community collaborations
- Dental/oral hygiene
- Emergency preparedness
- Health promotion
- Strategic plans to assure optimum health
- Training of health professionals
- Improving access to health and fitness facilities and to needed services

Delaware received a grant in January 2005, one of four states

selected out of a total of 20. Several documents produced by the DHCC were used in the writing the grant application. The Level III infrastructure has two goals: increase epidemiologic scanning for secondary conditions for persons with disabilities and to establish a sector of expertise in the state by creating an advisory panel for health and disability.

The project's target population includes individuals with developmental disabilities, individuals with visual impairment, adults with physical disabilities, and children with special healthcare needs. Interwoven are the issues of mental health, and chronic illness and aging.

Delaware is the only state developing its own disability focused modified BRFSS survey for persons with disabilities in Delaware. Questions used on the BRFSS survey are tailored so that they make sense to people with disabilities. Telephone surveys will not be done exclusively, but also face-to-face surveys.

Specifically, the Healthy Delawareans With Disabilities: 2010 would like: (1) to have the Commission participate as a project partner for the advisory panel: The Advisory Group on Health Education and Access for Delawareans with Disabilities (AHEAD). The group meets every other month and the next meeting will be in October. It will be scheduled for either October 19th or 20th; (2) to have the Commission express support for this project and its goals in the form of a letter of support and (3) Commission members to consider advising the committee about any other important opportunities for community outreach to health care professional organizations.

OTHER BUSINESS

A newspaper article was published in the News Journal on the US Census Bureau's data on the uninsured and number of people in poverty. Data published was from the Current Population Survey (CPS) data and only evened over a 2-year average. The DHCC report uses a three-year moving average. Although CPS data is used to produce the DHCC annual report on the uninsured, the Commission report uses other data sources and larger sample sizes. The News Journal article used only CPS data. DHCC will be producing a report that contains numbers believed to be more accurate. The sample size for the survey was very small and Ed Ratledge blends multiple data sources and evens it out over a 3-year average.

Commissioners were asked to read an outline of CHAP KEY ISSUES & DISCUSSION Agenda prior to the retreat so discussions can be held at that time.

PUBLIC COMMENT

Kay Holmes, Chief Administrator, Division of Medicaid and Medical Assistance (DMMA), wanted to clarify that expanding CHIP involves interaction with the federal government; i.e. obtaining waivers. The outcome is not guaranteed.

Joann Hasse, of the League of Women Voters, asked if the CHIP expansion to parents refers to custodial parents, biological or all parents.

Chairman Carney responded that the normal definition and certainly the federal definition as related to parents will be adopted.

Ms. Hasse asked the presenters of the Healthy Delawareans With Disabilities the definition of disability in Delaware.

Dr. Kelly responded that the program has accomplished a review government and non-government data bases and reports on health information on different target populations presented. A 20-page document is used by the program's management team. It was found that other than the BRFSS data (18-19 percent of Delawareans have a disability) is measured by anyone who might be talking about an emotional, physical or illness-related decrease in their level of functioning. The program hopes to determine some range for secondary conditions, chronic illnesses (i.e. diabetes), obesity, lack of healthy nutrition, and quality of life. The data would be compared with what is known with the general population to see if there are health disparities.

Ms. Hasse asked whether they would actually define disability.

Dr. Kelly responded that CDC has been trying to define "disability" for 20 years. For the purpose of the Healthy Delawareans With Disabilities: 2010 grant, it defined four target populations: Children with Special Healthcare Needs; Adults with Visual Impairment; Adults with Physical Disabilities; and Individuals with Developmental Intellectual Disabilities. Interwoven with that it is dealing with issues related with mental health, chronic illness, and aging.

Pat Maichle stated there are many definitions for disability. The Developmental Disabilities Council hopes the Commission would support the grant in any way it can. The Council has funded a project this past year to educate physicians on autism, and has received a tremendous response from physicians and other professionals in the field. Ms. Maichle hopes, once they develop the curriculum for training physicians and other clinicians, that the Commission would get on board and back them in words but if there were any funds that would be considered as well.

Dr. Robert Frelick congratulated the Commission on better audio use. He commented on the need to integrate health services within the Department of Health and Social Services, specifically mental health and physical health. He expressed support for separating health from social services, and concern that it appears as though mental health, Division of Public Health and Medicaid are not collaborating as much as they could, and that they are not as visible within the Health Care Commission as they should be.

Dr. Joseph A. Lieberman III stated that the artificial separation of mind and body is not appropriate. Through bureaucracy the two have been siloed and changes are needed to bring the mind and the body back together. These issues need to be addressed as a unified force not a separating force. Dr. Lieberman believes the Commission has spent a reasonable amount of effort on health manpower issues on the health side in trying to get more clinicians in underserved areas in Delaware but the Commission could address specific health issues perhaps a little more vigorously as other issues get resolved. Considerable effort was made in the areas of diabetes and cancer but that's not sufficient. It is a work in progress.

Jim Lafferty, Mental Health Association of Delaware, stated that for a long time they have been trying to encourage the Division of Public Health to treat mental illness in the same way other major illnesses are treated as public health problems. Four of the leading causes of disability in the US and in other developed countries are mental illnesses.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on **THURSDAY, OCTOBER 6, 2005** at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

The meeting adjourned at 10:37 a.m.

Next Meeting

The next meeting is 9:00 a.m. on Thursday, October 6, 2005 at the Delaware Tech Terry Campus Conference Center, Room 400B.

GUESTS ATTENDING

Joy Blaiser, EDS Health Care Services
Anthony Brazen, III, MD, Division of Medicaid and Medical Assistance
Judy Chaconas, Director of Health Planning, Division of Public Health
Jo Ann Fields, League of Women Voters
Robert W. Frelick, MD, Medical Society of Delaware
Joann Hasse, League of Women Voters
Kay Holmes, Division of Medicaid and Medical Assistance
Pat Hawkins, Delaware Chamber Of Commerce Healthcare Committee
Thomas Kelly, Division of Developmental Disabilities Services/Health Delawareans
with Disabilities 2010 Project
James Lafferty, Mental Health Association
Lolita Lopez, Westside Health Center
Pat Maichle, Developmental Disabilities Council
Spiros Mantzavinos, American Heart Association
Linda Nemes, Department of Insurance
Brian Olson, La Red Health Center
Suzanne Raab-Long, Delaware Healthcare Association
Alisha Raiford-Hall, Division of Developmental Disabilities Services/Health
Delawareans with Disabilities 2010 Project
Faith Rentz, Office of Management and Budget
Rosa Rivera, Henrietta Johnson Medical Center
Jose Tieso, EDS Health Care Services
Kay Wasno, EDS Health Care Services
Betsy Wheeler, Wheeler and Associates Management Services