

Delaware Health Care Commission

November 2009 Retreat Report
to the Commission

December 3, 2009

MISSION

- Promote accessible, affordable, quality health care for all Delawareans
 - Access: Promote access to health care for all Delawareans
 - Quality: Promote comprehensive system of quality for all Delawareans
 - Cost: Promote regulatory & financial framework to manage affordability

Overview of the Day

- Overview and purpose
- Looking back on our journey over 20 years
- DHCC and its affiliates
 - Reports and discussion
 - Roles, functions and purpose
- DHCC reflection and looking ahead
- Identify path forward
- Final thoughts

Purpose of 2009 DHCC Retreat

- Develop a Strategic Plan to include clearly defined role for DHCC
- Review DHCC evolution 20 years
- Establish a clear connection between goals of DHCC and DHSS
- Enhanced working relationship among new and experienced members
- Consider implications of Federal Health Care Reform and DHCC's role
- Develop understanding of the perspectives of DIMER, DIDER, and DHIN

Looking Back On Our Journey

- May 31, 1990 Indigent Health Care TF
- 3 key phases of DHCC life
- 1990-1995 - "**Coverage/Access**"
 - Pilot Programs
 - Insurance Reforms
 - Medicaid Expansion

Looking Back On Our Journey

- **1996-1999 - "Post Collapse Federal Health Reform"**
 - Quality/Post reform issues
 - DIMER review
 - Data Committee - DHIN
 - Certification of Need Review - HRB CPR process
- **21st Century - "Access & Coverage"**
 - Dental Access - DIDER
 - SLRP
 - Master Settlement Agreement
 - Planning & CAP Grants
 - Federal Health Reform (Round II)

Observations On Our Journey

- DHCC established 1990: mission remains same; statute outdated
- Modify the statute that reflects new reality and vision
- DHCC role: policy, program management, or hybrid?
- DHCC has the right leadership to address health care reform:
 - population issues,
 - health issues,
 - structure on health insurance reform, and
 - workforce development

DHCC

Key Strategic Initiatives

1. Uninsured Action Plan
2. Information & Technology
3. Health Professional Workforce Development
4. Research & Policy Development
5. Specific Health Care Issues

DHCC – ACTION

1. Uninsured Action Plan

- **State Planning – New role vis-à-vis health reform**
 - DHCC lead role to help DE prepare and respond to federal health reform
 - DHCC contribution to policy development; expertise to lead on comprehensive planning for health care reform
 - Examine opportunities to coordinate and support HRB
 - Engage in dialogue with stakeholders on coverage expansions

DHCC – ACTION

1. Uninsured Action Plan

- **Community Healthcare Access Program (CHAP)**
 1. Implement Evaluation Plan of workgroup (consistent with retreat discussion)
 2. Infrastructure and service delivery applicability for coverage expansion in reformed system.
 - Examine ways to expand primary care and prevention by building on the CHAP network.

DHCC – ACTION

1. Uninsured Action Plan

- **Community Healthcare Access Program - Evaluation**
 - Analysis of existing programs targeting similar populations
 - Collaboration with Health Resources Board (Charity Care Policy)
 - Analysis of financial value of services rendered

DHCC – ACTION

1. Uninsured Action Plan

- CHAP
- What will safety net look like in reformed system?
- Scenario planning – impact of reforms on CHAP
- Workforce needs – increased demand
- Role of outreach (if coverage mandated, how is outreach redefined?)

DHCC – ACTION

1. Uninsured Action Plan

- **Community Healthcare Access Program (CHAP)**
- 3. Strengthen Network of Federally Qualified Health Centers:
 - Examine key findings from FQHC studies by JSI
 - Explore feasibility of FQHC network w/State oversight and opportunities for greater efficiencies

DHCC – ACTION

2. Information & Technology

- DHIN began as pilot
- DHCC been good home and incubator
- Change desired, but critical to keep status quo until details developed
- DHIN actively discussing long-term sustainability & governance model

DHCC – ACTION

2. Information & Technology

- Increased focus on DHIN
 - National model – other states asking DE for help
 - Joint Sunset Review
 - State Audit
 - Time-consuming, opportunity

DHCC – ACTION

2. Information & Technology

- **Delaware Health Information Network (DHIN)**
 1. Stay informed; support DHIN development & implementation.
 2. Support continued State funding Fiscal Year 2011.
 3. Provide administrative support; maintain stability in the short-term.
 4. Engage in development of long-term sustainability model; what will the new relationship with DHCC be?

DHCC

2. Information & Technology

UPDATE:

DHIN Progress

DHCC – ACTION

3. Health Workforce Development

- **DIMER**
 - Relationship with JMC and PCOM strong
 - Enhanced opportunities – new Health Sciences Alliance
 - Judge on entire breadth of program (not how many students return)
 - Relationship/administrative with DHCC (DHCC approval of DIMER recommendations)
 - Benefits from residency training in DE

DHCC – ACTION
3. Health Workforce Development

- **DIMER**
 - Demonstrate critical value of DIMER affiliation with JMC and PCOM
 - Explore and support enhanced opportunity through new DE Health Sciences Alliance: UD, JMC, CCHS, Nemours
 - Re-tell DIMER story to show entire breadth of program purpose – educational; broader issue than mandating students return to DE
 - Examine relationship with DHCC; how did DIMER get here?
 - Identify how to streamline administration
 - Revisit SLRP 3-step review and approval process
 - Health Reform and workforce needs – DIMER role in future of “advanced primary care” and MD’s

DHCC – ACTION
3. Health Workforce Development

- **DIDER**
 - Slots at Temple critical for mission
 - Education + attracting dentists
 - SLRP valuable recruitment tool
 - Emerging agreement with UD – 3 years UD → Temple
 - Oral Health Planning activities (DPH) = potential expanded services in Sussex County
 - Medicaid coverage for adults (prevention vs. ED care)

DHCC – ACTION
3. Health Workforce Development

- **DIDER**
 - Keep workforce issues at forefront; target high need areas (i.e. Kent/Sussex)
 - Continue support & aggressively promote SLRP to recruit dentists and hygienists to DE
 - Continue to support dental residency program
 - Continue support of DIDER and relationship with Temple University
 - Follow emerging agreement with UD – Temple

DHCC – ACTION
3. Health Workforce Development
New Addition!

- Workforce Committee laid groundwork for future activities – examined:
 - Aging population
 - Aging workforce
 - Mental Health
 - Diversity of population
 - Barriers to workplace
- Outstanding Issue: continued committee activities

DHCC – ACTION
3. Health Workforce Development

- Engage Workforce Committee - anticipated greater demand post health reform
 - Continue the public/private sector collaboration to develop strategies to predict and prevent workforce shortages.
 - Prioritize and assess the pressing health workforce issues, and propose policy recommendations to improve supply, distribution and diversity of our health professional workforce.
 - Engage in dialogue with other agencies and medical community: identify expectations
- Support Oral Health Workforce planning implementation grant (HRSA) to expand access to dental care in Sussex County.

DHCC – ACTION
4. Research & Policy Development

- **Research Reports & Data**
 - DHCC uniquely qualified and positioned to provide analysis of social climate related to health and key issues pertaining to health reform
 - Outstanding Issue: Publication of research reports
 - *Total Cost of Health Care in DE*
 - *Delawareans Without Health Insurance*

DHCC – ACTION

4. Research & Policy Development

- **Policy Development**
 - Convene stakeholders: ask tough questions; serve as convener
 - Be on cutting edge of policy issues; facilitate discussion to find solutions that make sense for DE
 - DHCC evolution – policy & operations

DHCC – ACTION

4. Research & Policy Development

- **Health Resources Board**
 - Role of DHCC & HRB in state planning
 - Determine response to potential HRB statute changes
- **Health Fund Advisory Committee**
 - Continue the current arrangement: Commission representation on Committee and support from Commission staff.

DHCC – ACTION

5. Specific Health Care Issues

- Mental Health
- Chronic Illness
- Health Promotion and Disease Prevention

DHCC

PATH FORWARD

- Form committee: examine DHCC role; recommend updates for statute. Include DIMER and DIDER
 - Form a DIMER & DIDER sub-committee to examine streamlined administration & relationship to DHCC (SLRP)
 - Form a Workforce sub-committee
- “drill down”, revisit key issues raised at retreat
- Closely follow & analyze federal health reform – DHCC plays a vital role going forward
- DHIN – Identify future relationship with DHCC
- NEW! -Coordination with CHAP evaluation
 - Role of workforce Committee – TBD within DHCC workgroup activities

Questions & Discussion

- **Action:** Recommend approval of Path Forward