

DELAWARE HEALTH CARE COMMISSION  
JUNE 3, 2010  
DELDOT ADMINISTRATION BUILDING  
FARMINGTON/FELTON CONFERENCE ROOM  
DOVER

Action Item

MINUTES

**Commission Members Present:** John C. Carney, Jr., Chairman; Lisa C. Barkley, MD; Theodore W. Becker, Jr.; Thomas J. Cook, Secretary of Finance; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice E. Nevin, MD; and Karen Weldin Stewart, Insurance Commissioner

**Members Absent:** Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families; Dennis Rochford; and Fred Townsend

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

**CALL TO ORDER**

The meeting was called to order at 9:00 a.m. by John Carney, Chairman.

**MEETING MINUTES OF MAY 6, 2010**

Dr. Janice Nevin made a motion to accept the May 6, 2010 meeting minutes. Rich Heffron seconded the motion. There was a voice vote. Motion carried.

**INFORMATION AND TECHNOLOGY**

Update: Delaware Health Information Network (DHIN)

Robert White updated the Commission on the status of the Delaware Health Information Network (DHIN).

Four key items to report: 1) DHIN audit; 2) the status of the Joint Sunset Committee process; 3) governance; and 4) the status of bond bill funding.

Audit

The Office of Auditor of Accounts received the following allegations concerning DHIN:

1. Governmental oversight of the DHIN spending has not been adequate.
2. The DHIN project spending is not consistent with Delaware Law.

***Action***

The minutes of the May 6, 2010 Commission meeting were approved.

The Commission received an update on four key items:

- 1) DHIN audit;
- 2) the status of the Joint Sunset Committee process;
- 3) governance;
- and 4) the status of bond bill funding.

The audit resulted in the finding that the allegation that the DHIN project spending is not consistent with Delaware law was unsubstantiated. In fact, during the course of the conversations, it was made very clear that there was no misappropriation of funds or impropriety of any kind found in any DHIN activities.

With regard to governmental oversight of the DHIN spending the finding was that was a substantiated allegation and there were three specific recommendations made.

***Finding #1***

Inadequate and potentially inaccurate financial reporting to the DHIN Board of Directors and the DHIN Executive Committee resulting in inadequate governmental oversight.

***Recommendation***

“Management should immediately implement control procedures to ensure that all DHIN financial information reported to stakeholders is reconciled to both the Delaware Financial Management System (DFMS), the state’s financial accounting system, and the project management system.”

“Management should provide complete and timely reporting of the DHIN financials. Reporting should include budget to actual reports of revenue and expenditures and include progress reports that detail projected timelines.”

***Comments***

Mr. White noted that the audit period is the period immediately preceding the administrative move of the Delaware Health Care Commission to the Department of Health and Social Services. During that two year period there had been a substantial number of discussions by the DHIN Board of Directors about the need for additional financial oversight. Midway through the two year period the DHIN Board of Directors reached an agreement that more financial oversight was needed, modified the budget, hired a financial manager in early 2009 and started to create books in a very different way.

The Auditor’s finding arises from the difference between accrual accounting and cash accounting. DHIN reports financial information to its Board based on an accrual accounting basis. The state DFMS system is on a cash accounting basis. For this reason, DHIN reports are more complete than DFMS reports. Furthermore, they, by definition, will never match.

The audit resulted in the finding that the allegation that the DHIN project spending is not consistent with Delaware law was unsubstantiated.

With regard to governmental oversight of the DHIN spending the finding was that was a substantiated allegation and there were three specific recommendations made.

A committee is being formed, and Steven Groff, Deputy Director of the Division of Medicaid and Medical Assistance and DHIN Board member, will work with staff from Secretary Rita Landgraf's office to make sure that the DHIN accrual accounting, which has been a real management tool for the DHIN, is reconciled with the cash accounting for the purposes of meeting this recommendation.

***Finding #2***

Non-compliance with Bond Bill reporting requirements.

***Recommendation***

"Compliance with reporting requirements is important to ensure all stakeholders are informed of the DHIN program. Match funding revenue, budget status, and staffing plans are critical information that is necessary for stakeholders. Management should comply with state law and enforce the reporting requirements of the Delaware Bond Bill."

***Comments***

Mr. White explained that the first year the Bond Bill provided funding to the DHIN it included a requirement for a project plan to be created, including a budget to show how the dollars were going to be spent. The report submitted the first year included a five year budget.

The DHIN Board and staff have appeared in front of the Bond Bill Committee each year with a report on DHIN activities. DHIN was told that the annual update to the original project plan was adequate and met the committee's needs. DHIN clearly complied with the Epilogue language to the satisfaction of the Bond Bill Committee. However, the Auditor believed that the absence of a paper report each subsequent year represented non-compliance with the Epilogue, hence the finding. DHIN will submit paper reports, should future Bond Bills carry similar Epilogue requirements.

***Finding #3***

Potentially insufficient DHIN project funding.

***Recommendation***

"Management should implement a sustainability plan and corresponding business plan that will ensure financial viability into the future."

## ***Comments***

Mr. White said this finding is not news for DHIN or any other health information exchange. A sustainability plan has been on the DHIN Board's radar screen for quite some time. Ed Ratledge presided over the Financial Sustainability Task Force last year with all of the major stakeholders involved.

The DHIN recently applied for a Beacon Community Grant, authorized under the federal American Recovery and Reinvestment Act (ARRA), but did not receive any funding in the first round.

The audit finding regarding sustainability is ironic because the comments from the federal government noted all of the DHIN's strengths and weaknesses from the application. There were about twenty four strengths, one of which was that the DHIN is way ahead of other organizations with regard to plans for financial sustainability in the future. There were three weaknesses.

The Board officially acknowledged receipt of the audit report at its June 1<sup>st</sup> meeting and noted that it would be distributed for review and response. The Board will reconcile its response with Delaware Health and Social Services and ensure the full intent of complying with all of the audit recommendations.

## Discussion

The Commission had a discussion and the following points were raised.

Finding #1. The DHIN's financial review process has developed since the audit period. However, the audit report is confined to the three year audit period of Fiscal Year 07, 08 and 09. Currently at each Finance Committee meeting there is a very detailed review of budget and financial reports, and at each Board meeting there is a quarterly review of the reports. The new processes have been institutionalized and documented since the audit period ended at the end of June.

The DHIN staff is working with Secretary Landgraf's staff to put a process in place to reconcile DHIN's accrual accounting to DFMS.

Commissioners did not believe that the findings were significant. In the case of Finding # 1, as noted above, significant processes had already been put in place, prior to the audit, to improve financial reporting. During the audit period the Commission was administratively housed in the Office of Management and Budget and did not have access to the DFMS system. Therefore it could not have performed the reconciliation cited in the audit finding.

With regard to Finding #2, it was duly noted that DHIN took all necessary steps to provide annual reporting to the Bond Bill Committee in a way that met the Committee and the Controller General's needs.

Finding #3 represents a point that both the Commission and the DHIN Board have been discussing for many years, and should not come as a surprise to anyone familiar with health information exchange projects.

It was noted that the auditor's office did not interview DHIN Board members throughout the process, and information about the DHIN Board was limited to what could be gleaned from minutes. The only exception to this is that Ed Ratledge was included in an exit interview. Neither OMB nor the Department of Finance was included in the audit report distribution list. Both should have been involved – OMB as the Commission's administrative home during the audit period, and Department of Finance, because the Division of Accounting should have been contacted had any serious accounting errors been detected.

In a lively discussion, Commissioners expressed great concern about the Auditee response. The response is not adequate and is incomplete. The Audit report is negative, and could be used politically in a way that could damage, or significantly slow the pace of progress for the DHIN. Several important points are missing from the audit response. It does not appear that the concerns of the Commission were considered when the response was prepared by DHSS.

Commissioners agreed that they had a duty to respond to the report to fully lay out concerns and include important information that was missing from the response provided to the Auditor's office. The Commission needs to be proactive with a strong response to this report. DHIN representatives at the meeting agreed. Commission staff will prepare a second response and circulate it to Commissioners for review and comment. It will then be distributed to all the agencies that received the original report.

Commissioners agreed that they had a duty to respond to the report to fully lay out concerns and include important information that was missing from the response provided to the Auditor's office.

Commission staff will prepare a second response and circulate it to Commissioners for review and comment.

### Joint Sunset Committee Review

Mr. White said that the Joint Sunset Committee met about four business days after the audit report was released two weeks ago. Sunset staff had prepared a "Topics for Discussion" document that had twenty eight specific items listed. The first eight items were designated as being statutory and the remaining items were called "action for the DHIN".

In addition to those twenty eight items there were three proposals on a structure and governance for DHIN. Proposal A purported to represent the DHIN organizational structure as it is now. Proposal B purported to be the recommendations of the DHIN Board as a result of the governance committee's work and the creation of Senate Bill 201 by Senator Bushweller. Proposal C came from staff working with a member of the Joint Sunset Committee who developed a proposal.

There was a letter of support from the Delaware Healthcare Association for proposal B which is for Senate Bill 201. There was a letter of support from the Medical Society for Proposal C. Only three state officials were included in Proposal C.

The Joint Sunset Committee had a series of votes. All of the votes were seven to one.

The first vote basically took the governance issues off the table. It was a seven to one vote that the Joint Sunset Committee should not be dealing with this issue. There are proposals by the DHIN Board captured in Senate Bill 201, and a contrary proposal in Senate Bill 80. The Committee concluded that the legislature should deal with the governance issues, rather than the Joint Sunset committee.

Regarding the twenty eight recommendations, no action was taken on the eight statutory items. The Committee took no action on an additional five they found that were already accomplished.

Most of the recommendations and actions on DHIN came from the staff based on interviews with the DHIN and Commission staff. There were fifteen recommendations that were actionable. Of the fifteen, four were very specific to the audit and tied back to the three specific auditor's recommendations. One addressed the sustainability issue by recommending that DHIN should implement a sustainability plan and corresponding business plan.

The Joint Sunset Committee discussed twenty eight topics with regard to the DHIN, and three proposals.

The remaining eleven recommendations were almost exclusively recommendations that DHIN had made to the Joint Sunset Committee.

There was a sense that the Joint Sunset Committee would not have discharged all of its duties with regard to the DHIN unless it was certain that the governance issue was in fact addressed by the legislature. So, while they had the option of releasing a report with the recommendations and discharging the DHIN from further review, they chose not to do that. They chose to hold the DHIN over for further review with the premise that if Senate Bill 201 passes they may meet again and discharge the DHIN from being held over.

The Sunset Review process is in place for two purposes:

1. Is there a legitimate need for this organization that was created by the legislature? Does that need still exist?
2. Is this group fulfilling that need?

The Committee did not discuss these items. The DHIN Board believes it is crucial that Senate Bill 201 be enacted this legislative session. This will result in releasing DHIN from Sunset review and allow it to evolve into its own organization separate from the Health Care Commission.

#### Action: DHIN Contract Review

Paula Roy said the two contracts that the Commission currently holds through DHIN, one with Medicity and one with Advances in Management, need to be renewed for Fiscal Year 2011.

#### Medicity

Mr. White said that a Project Management Committee has been working on a three year plan for DHIN over the next three years. A meeting was held with all the stakeholders to review the details of the scope planning and agree on what Medicity needs to do over the course of the next year and Advances in Management's duties. The DHIN Board recommends that the Commission approve the extension of these two contracts.

Mr. Carney asked what the contracts contain with respect to financial commitments.

The Joint Sunset Committee chose to hold the DHIN over for further review with the premise that if Senate Bill 201 passes they may meet again and discharge the DHIN from being held over.

Gina Perez responded that the Health Information Exchange Cooperative Agreement will add many functions to the system which drives up the implementation costs. It will also add four employees to DHIN. The increase in cost from year to year is based on the cooperative agreement and, in most cases, the Medicity costs are the one time implementation costs and ongoing maintenance and operations.

The stakeholders and Finance Committee defined these contracts by considering what implementing these activities will do to the long range budget and the sustainability plan.

**Action**

Dr. Janice Nevin made a motion that the Commission approve the Medicity contract. Ted Becker seconded the motion. There was a voice vote. Motion carried.

Advances in Management Staffing Contract

Mr. Carney asked if the Advances in Management contract includes new positions and what pay policy is reflected in the contract.

Ms. Roy responded that there are new positions, largely as the result of the federal money. There are four new staff people under the state Health Information Exchange Cooperative Agreement: an executive assistant, a program manager, an implementation specialist and an administrative assistant.

Mr. Carney asked if any of these positions impact Advances in Management's financial management capability. Ms. Perez responded that the financial manager has been on board and the administrative assistant will be supporting his activities, as well as that of the implementation specialist. Mr. Carney asked Ms. Perez if she is confident that the staffing will be adequate to address the financial issues that have been raised. She responded that she is.

Mr. Carney asked about the pay policy reflected in the contract. Ms. Perez said that the salaries are based on industry rates and negotiated with each individual. The contract includes a three percent increase per year.

**Action**

Ted Becker made a motion to approve the contract with Advances in Management. Dr. Janice Nevin seconded the motion. There was a voice vote. Motion carried.

**Action**

The Commission approved the Medicity contract for Fiscal Year 2011.

**Action**

The Commission approved the Advances in Management contract for Fiscal Year 2011.

Ms. Perez added that the state plan must be approved in order to release the Health Information Exchange Cooperative Agreement dollars. Delaware's state plan has been approved and that is a huge accomplishment. It is the third state plan in the country to be approved.

The DHIN staff has been notified by the Office of the National Coordinator that if a replacement to the state Health Information Technology (HIT) Coordinator is not made they will not release the funds. The HIT Coordinator that had been noted in the grant retired from the state and it is necessary to replace that person with another state employee. The actual requirement from the federal government was that it be a cabinet level person. DHIN successfully argued that for Delaware it would be better to use the person who holds this role in state government and is already doing the job. The DHIN cannot kick off the public health or Medicaid activities until the position is filled.

There are currently 204 active practices exchanging information through the DHIN.

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## **HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT**

### **State Loan Repayment Program**

The Loan Repayment Committee met on Tuesday, May 11, 2010, the DIDER Board of Directors met on Tuesday, May 18, 2010, and the DIMER Board of Directors met on Wednesday, May 19, 2010 to review the current applications for loan repayment and made the following recommendations.

### **Funding Updates**

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

- \$66,000 available in State DIMER funds through June 30, 2010
- \$72,214 available in State DIDER funds through June 30, 2010
- \$143,000 available in federal matching funds through August 30, 2010
- \$87,500 available in ARRA federal matching funds through September 29, 2010

### **Review of DIDER Application**

The Loan Repayment Committee and DIDER Board of Directors reviewed the following application and made the following recommendation.

**1. Site: Peninsula Dental, 26670 Centerview Drive, Unit 19, Millsboro**

- applying for capital loan expenditure reimbursement
  - current debt burden is \$491,625.00 (verified)
  - new practice in Sussex County, a federally designated dental shortage area, which opened October 2009 and recruited SLRP recipient Dr. Judy (Yuri) Majul.
  - focus on patients with special needs
  - English and Spanish communication at all times and American Sign Language upon request
  - since opening, have seen over 1,000 patients – 22 percent Medicaid and 37 percent with no insurance – and arranged extended no-interest payment plan to 52 patients to help make treatments affordable.
  - hosted *Give Kids a Smile* in February 2010 where volunteers donated over \$25,000 in dental services to local children in need.
- Funding: State Funds Only

### **Recommendation**

The Loan Repayment Committee and DIDER Board of Directors recommended that Peninsula Dental be awarded \$70,000 for a two year commitment.

### **Review of DIMER Applications**

The Loan Repayment Committee and DIMER Board of Directors reviewed the following applications and made the following recommendations.

**1. Site: Peninsula Regional – Laurel Family Medicine, Sussex Highway, Laurel**

- provided care for 7,390 patients during the previous calendar year – 38 percent were Medicaid or S-CHIP, 28 percent were Medicare and 3 percent were negotiated/reduced fee or free service.
- Laurel Family Medicine is sponsored by Peninsula Regional Medical Center, a non-profit hospital in Salisbury, MD and is eligible for federal funds

### **Nicole Alu, DO (Family Practice) – new applicant**

Nicole Alu graduated from Philadelphia College of Osteopathic Medicine in Philadelphia in 1996 and completed her residency program at Wilson Memorial Regional Medical Center in Johnson City, New York, in 1999 and holds a Delaware license to practice medicine. Dr. Alu works 44 hours a week and her current debt burden is \$181,303.26 (verified).

- Funding: State/Federal matching funds

***Recommendation***

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Nicole Alu be awarded \$51,000 (\$25,500 state funds plus \$25,500 federal funds) for a two year contract to practice at Peninsula Regional Laurel Family Medicine in Laurel.

**2. Site: *Westside Family Healthcare Center, 1802 W. Fourth Street  
Wilmington, DE 19805***

- Practice site hours of operation are:

Monday	8:00 am–9:00 pm	Thursday	8:00 am–9:00 pm
Tuesday	8:00 am–9:00 pm	Friday	8:00 am–5:00 pm
Wednesday	8:00 am–9:00 pm	Saturday	9:00 am–1:00 pm

***Carmen Rivera, Licensed Clinical Social Worker***

Carmen Rivera completed her Masters degree in Social Work at West Chester (PA) University. Carmen previously worked with the Rockford Center in Newark and SOAR, a non-profit agency that provides mental health services to victims of sexual abuse of all Ms. Rivera is one of a few Spanish- English bilingual Licensed Clinical Social Workers in Delaware. She initially applied to SLRP

2007 but was not eligible because she was not fully licensed. Ms. Rivera is now licensed in Delaware. Her debt burden is approximately \$55,859.00 (verified).

- Funding: State/Federal Matching Funds

***Recommendation***

Due to limited available funds, it was recommended that priority be given to advanced level practitioners and that mid-level practitioners not be funded at this time.

**3. Site: *Internal Medicine at Millville, 609 Atlantic Avenue, Millville***

- this is a new community practice sponsored by Beebe Physician Network, in an underserved area (Sussex County)
- will be treating Medicaid or S-CHIP, Medicare, CHAP and privately insured patients.
- Dr. Matthews will be seeing patients at least 40 hours per week.

Andrea Matthews, MD

Andrea Matthews grew up on the Eastern Shore of Maryland and Anticipates graduating in June 2010 from the Medical University of South Carolina (Charleston) where she is completing her residency at Trident Medical Center. Dr. Matthews has applied for a license to practice medicine in Delaware and is looking forward to working near home and in an underserved, rural area. Dr. Matthews' debt burden is \$192,984.00 and loan verification has been requested from the lender and will be verified before she enters in a SLRP contract.

- Funding: State/Federal matching funds

***Recommendation***

The Loan Repayment Committee and DIMER Board of Directors recommended placing Dr. Andrea Matthews' application on hold until she completes her education and receives a license to practice medicine.

***4. Site: Western Sussex Family Medicine, 116 East Front***

***Suite C, Laurel***

- Nanticoke Memorial Hospital is sponsoring Dr. Kim's endeavor to establish his own practice at this site for at least 3 years, beginning February 2009.
- CHAP provider
- State/Federal matching funds

Joseph Kim, DO

Joseph Kim was originally granted a two year Loan Repayment award in 2006 in the amount of \$35,000 (state funds). In 2008, Dr. Kim was awarded a one year extension in the amount of \$30,000 (state/federal) to practice at Nanticoke Memorial Hospital under the Mid-Sussex Medical Center, Inc. He is requesting an additional one year extension.

Dr. Kim is a 2003 graduate of Philadelphia College of Osteopathic Medicine and he completed a residency at St. Francis Hospital-Family Practice Center, Wilmington, DE. In addition to his primary full-time employment, he also provides inpatient services to Nanticoke Memorial Hospital in addition to three nursing home and rehabilitation facilities. Dr. Kim was elected chairperson for the Family Practice Department and serves on the Peer Review Committee and the Utilization Review Committee for Nanticoke. He has been nominated to be vice president for the Delaware Academy of Family Physicians for 2010-2011 and serves as vice president of the Sussex County Medical Society. Dr. Kim has approximately \$53,000.00 in outstanding loans (verified).

- Funding: State/Federal matching funds

## ***Recommendation***

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Joseph Kim be awarded loan repayment in the amount of \$10,000 (\$5,000 state funds plus \$5,000 federal funds) for an additional one year extension of his contract to practice at Western Sussex Family Medicine in Laurel. According to program guidelines, Dr. Kim will not be eligible for additional extensions.

### ***5. Site: The Birth Center: Holistic Women's Health Care,***

#### ***Wilmington***

- provides care to approximately 2000 patients per year
- dedicated to improving prenatal outcomes in Wilmington.
- one-third of their patients are Medicaid enrollees (others are covered under private insurance)
- provides free pregnancy confirmation to all patients, prenatal care, labor/delivery, child birth education classes, post partum home visits, extensive newborn care, breast feeding support, and routine well-woman care
- their nurse midwives can trade call days and office days as needed to accommodate for personal scheduling conflicts or events. Each midwife is allotted four hours of administration time per week.
- Funding: State Funds Only

According to the federal SLRP Regulations, for OB-GYN physicians and certified nurse midwives, the majority of the 40 hours per week (not less than 21 hours) is expected to be spent providing direct patient care. Also, time spent in "on-call" status will not count toward the 40-hour work week.

#### ***Nicole Black, Certified Nurse Midwife – (1 Yr. EXTENSION Request)***

Ms. Black graduated from the University of Pennsylvania with a Master's in Nursing in 2006. She is licensed in Delaware as an RN. She works a total of 24 hours per week and spends an additional 60 hours on call: Monday and Thursday 9 AM – 5 PM and Wednesday Noon – 8 PM. She also spends significant time responding to labor/delivery. (The site will provide a full account of hours spent in this capacity.) Ms. Black recently completed a loan repayment service obligation contract effective for the period of August 1, 2007 through July 31, 2009 and was awarded \$10,000. At the time of her award she had \$56,000 in loans (verified). Today, her current total student debt burden is \$28,101.93. She is requesting a one year loan repayment extension.

Katie J. Mansur, CNM (1 yr. EXTENSION)

Ms. Mansur graduated from Columbia University with an MS in Nurse Midwifery in 2003. She is a licensed nurse mid-wife in Delaware and works a total of 24 hours per week and spends an additional 60 hours on call: Wednesday Noon – 8 PM; Thursday and Friday 9 AM – 5 PM. She also spends significant time responding to labor/delivery. (The site will provide a full account of hours spent in this capacity.) She speaks basic medical Spanish. Ms. Mansur recently completed a loan repayment service obligation contract effective for the period of August 1, 2007 through July 31, 2009 and was awarded \$10,000. At the time of her award she had about \$59,000 in loans. Today, her current total student debt burden is \$32,368. She is requesting a one year loan repayment extension.

**Recommendation**

Due to limited available funds, it was recommended that priority be given to advanced level practitioners and that mid-level practitioners not be funded at this time.

**6. Site application: La Red Health Center (FQHC), Georgetown**

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

- 505 West Market Street, Georgetown, DE 19947  
(302) 855-1233
- treats 4,839 patients per year. Of the total patient population, 3,387 patients fall below 200% of federal poverty level (FPL).

Recruiting one Family Practice physician and one Family Practice Nurse Practitioner (*waiting for health professional applications*). Projected hiring timeline is about 4-6 months to recruit.

**Recommendation**

Funds have already been set aside in the amount of \$25,000 (\$12,500 state funds plus \$12,500 federal funds) for La Red to recruit one Family Practice physician and one Family Practice Nurse Practitioner. The Loan Repayment Committee and DIMER Board of Directors recommended that the funds continue to be reserved and that La Red inform the committee of progress with recruitment.

**7. Site: Bayhealth Medical Center at Milford Memorial and Kent General**

- Practice sites are located at 21 W. Clarke St. Milford, DE 19963 and 640 South State Street, Dover, DE 19901
- Treats approximately \_\_\_\_\_
- Funding: State/Federal matching funds

Bayhealth Medical Center, located in central Delaware, serves a population of approximately 215,000 in its primary and secondary service areas. Kent County's population is expected to grow at a rate of 11% from 2008 through 2013, which is almost double the projected rate for the entire state.

*Tricia E. Downing, MD – Internal Medicine – Hospitalist*

*(RECRUITMENT)*

Dr. Downing graduated from the University of Pittsburgh School of Medicine, located in Pittsburgh, PA, in 2006. She completed her residency training at the Jacobi Medical Center at the Albert Einstein College of Medicine located in Bronx, NY in June 2009. She is currently a Hospitalist contracted to Bayhealth Medical Center which includes both the Kent General Hospital in Dover and the Milford Memorial Hospital in Milford. She provides care to patients who do not have established care in the area whether they are insured or uninsured, those with Medicaid, and underinsured. Dr. Downing can speak some medical terminology in Spanish. Dr. Downing's total student debt burden is about \$281,461 and she is interested in a three year service commitment.

***Background***

Leah Jones asked Deputy Attorney General Stuart Drowos for an opinion on eligibility of privately contracted providers who practice at a federally qualified practice site to be awarded loan repayment. Ms. Jones also reached out for advice from the Federal Health Resources and Services Administration (HRSA) and researched how other states were handling this issue.

Delaware's contract is with the provider, whether they are a private contractor or an employee of the practice site. All program responsibilities, including federal default penalties, are assumed by the provider regardless of employment or contract status. The provider must agree to work full-time in a shortage area (including FQHCs) for a minimum number of hours. We can require that the provider is responsible for finding another position in a shortage area if for some reason (clinic closes, contract ends, etc.) they can't work there any longer. We will allow a reasonable grace period for them to find another position (we may give the health professional up to a year, which is then added on to their service obligation). In addition, we will require both the provider and their clinic manager/employer to sign semi-annual certifications that the provider is abiding by his/her contract (hours/week, seeing Medicaid, etc.).

***Recommendation***

The Loan Repayment Committee and DIMER have placed priority on primary care physicians practicing in the community over hospitalists. It is not recommended that hospitalists be funded at this time.

**8. Site: Delaware Hospital for the Chronically III, 111 Sunnyside Road, Smyrna, DE**

- the practice site is physically located in a federally designated Mental Health Professional Shortage Area (MH HPSA)
- Funding: The facility is open 24 hrs/day, 7 days/week. *As a public, state- run facility, this site is eligible for federal funds.*

This 62-acre campus is a state run long-term care facility, with 400 licensed beds providing intermediate and skilled care. The hospital staffs four full-time family practice physicians, one dentist, one dental assistant, two full-time psychologists and one psychiatric nurse specialist.

- DHCI treats approximately 198 patients per year. Of the total patient population, 90 patients were treated for mental health. About 21 patients were below 200% federal poverty level (fpl), and about 86% of the total patient population is Medicaid.

Tracey D. Frazier, PSY D, LCSW, LCDP – Psychologist

Dr. Frazier graduated from Immaculata (PA) University with a Doctorate of Psychology in 2004. She is a contractual Psychologist with Liberty Health Care and presently works at the Delaware Hospital for the Chronically III as a full-time Licensed Clinical Psychologist since 2006. In this position, her responsibilities include clinical and diagnostic evaluation of individuals with organic brain disorders and other mental health conditions as well as interpretation of psychological tests, participation in interdisciplinary meetings, individual and family counseling services, and training of other disciplines in the understanding of mental illnesses and associated functional behaviors. Dr. Frazier's total student debt burden is \$23,391 and she is interested in a two year service commitment.

**Background**

Leah Jones asked Deputy Attorney General Stuart Drowos for an opinion on eligibility of privately contracted providers who practice at a federally qualified practice site to be awarded loan repayment. Ms. Jones also reached out for advice from the Federal Health Resources and Services Administration (HRSA) and researched how other states were handling this issue.

Delaware's contract is with the provider, whether they are a private contractor or an employee of the practice site. All program responsibilities, including federal default penalties, are assumed by the provider regardless of employment or contract status. The provider must agree to work full-time in a shortage area (including FQHCs) for a minimum number of hours. We can require that the provider is responsible for finding another position in a shortage area if for some reason (clinic closes, contract ends, etc.) they can't work there any longer. We will allow a reasonable grace period for them to find another position (we may give the

health professional up to a year, which is then added on to their service obligation). In addition, we will require both the provider and their clinic manager/employer to sign semi-annual certifications that the provider is abiding by his/her contract (hours/week, seeing Medicaid, etc.).

### ***Recommendation***

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Tracey Frazier be awarded loan repayment in the amount of \$10,000 (\$5,000 state funds plus \$5,000 federal funds) for a two year contract to practice at the Delaware Hospital for the Chronically Ill in Smyrna. The award helps implementation of the Commission's commitment to increasing the number of mental health professionals in underserved areas of Delaware.

#### ***9. Site: Cecil C. Gordon, Jr., MD***

- primary care group practice located at 611 West 18<sup>th</sup> St., Wilmington 19802. About 15% of the patient population (1,224 annually) is Medicaid enrollees. The practice uses a sliding fee scale for self-pay patients, and is already a CHAP provider.

Hours of operation:

Mon - Fri: 8:30 am – 5:00 pm

Saturday: 9:00 am – 3:00 pm

- Funding: State Funds Only

#### ***Valerie Tuck, CNP (1 yr. EXTENSION REQUEST)***

Ms. Tuck graduated from Temple University with a BSN in Nursing in 1976, and University of Pennsylvania with a MSN/CRNP in Perinatal Nursing in 1996. The majority of her work experience has been with high-risk underserved populations, which she considers the driving force of her career. Ms. Tuck recently completed a loan repayment service obligation contract effective for the period of August 1, 2007 through July 31, 2009 and was awarded \$10,000. At the time of her award she had about \$19,600. Ms. Tuck She currently has \$11,052 in outstanding educational loans and requests a one year extension.

### ***Recommendation***

Due to limited available funds, it was recommended that priority be given to advanced level practitioners and that mid-level practitioners not be funded at this time.

#### ***10. Site: Southern Delaware Medical Group, Milford***

- this site is located at 119 Neurology Way, Milford, DE
- approximately 3,662 patients are treated for primary health per year
- Funding: State Funds Only

Megan Williams, FNP

Ms. Williams graduated from the University of Carolina with a MSN in 2005. She is bilingual in English/Spanish. Ms. William's total student debt burden is approximately \$11,600 and she is interested in a three service commitment.

**Recommendation**

Due to limited available funds, it was recommended that priority be given to advanced level practitioners and that mid-level practitioners not be funded at this time.

**11. Southern Delaware Medical Group, Milford**

- this site is located at 119 Neurology Way, Milford, DE
- approximately 3,662 patients are treated for primary health per year
- Funding: State Funds Only

Shalini Gough, MD

Dr. Gough graduated from the University of North Carolina in Chapel Hill, NC in May 2006. Dr. Gough completed her residency training at Clarkson Family Practice in Omaha, NE in 2009. Dr. Gough's total student debt burden is approximately \$81,754 and she is interested in a three year service commitment.

**Recommendation**

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Shalini Gough be awarded loan repayment in the amount of \$25,500 for a two year contract to practice at the Southern Delaware Medical Group in Milford.

**12. Ocean View Family Medicine, 35786 Atlantic Avenue, Millville**

- treats over 2,300 patients per year
- thirty percent are Medicaid or S-CHIP, 50 percent are Medicare, 1 percent are uninsured and 10 percent are identified as below 200 percent of the federal poverty level
- the practice site is open 44 hours per week
- Funding: State Funds Only

Danielle Giddins, MD (1 yr. EXTENSION REQUEST)

Dr. Giddins graduated in 2002 from the Jefferson Medical College in Philadelphia. She completed her residency at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland, in family medicine. She has been a family physician with Ocean View Family Medicine since 2008. Dr. Giddins debt burden is approximately \$18,550 and she is seeking a one year extension.

### ***Recommendation***

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Danielle Giddins be awarded loan repayment in the amount of \$5,000 for a one year extension of his contract to practice at Ocean View Family Medicine in Millville.

### ***Action***

Ted Becker made a motion that the Commission accept the recommendations of the Loan Repayment Committee, DIDER Board of Directors and DIMER Board of Directors. Rita Landgraf seconded the motion. There was a voice vote. Motion carried.

### ***Action***

The Commission accepted the recommendations of the Loan Repayment Committee, DIDER Board of Directors and DIMER Board of Directors.

## **RESEARCH AND POLICY DEVELOPMENT**

### **Federal Health Care Reform**

Documents outlining the implementation timeline for Federal Health Reform were distributed to the Commission and public for information.

## **OTHER BUSINESS**

### **House Bill 440: An Act to Amend Title 16 of the Delaware Code Relating to Informed Consent and Confidentiality**

Deborah Gottschalk, Chief Policy Advisor, Delaware Health and Social Services, reported that House Bill 440, relating to informed consent and confidentiality, has been introduced.

Delaware has a personal health information privacy act that applies to Delaware Health and Social Services (DHSS) and is far more restrictive than the Federal HIPPA law. This separate statute precludes DHSS from engaging in health information sharing activities that are part of the regular business between physicians, insurance companies and courts. House Bill 440 will allow DHSS to do four specific things that are allowed under, controlled by and governed by HIPPA. The most important one is to allow DHSS to share health information for patient care coordination. Ms. Gottchalk is concerned that Delaware will get an interpretation that DHSS is not allowed to provide the data from the immunization registries to the DHIN.

DHSS has been advised that in the process of transferring management of a mental health clinic over to a private contractor they cannot simply hand over the files which would be allowed under HIPPA. They must get individually signed consent from each of their clients. There is a problem with prison re-entry because if someone is arrested and receiving Community Mental Health services, Community Mental Health cannot call the Department of Correction and advise them that a new inmate needs a particular medication in order to remain stable. There is also a reverse problem when the inmate is released.

The other component is a health insurance component. There are problems with youth patient data not being shared with the Managed Care Organizations that are paying for the health care and the actuarial informational studies that they are not allowed to do under the HIPPA.

DHSS wants to adhere to the federal law. The state statute is much more restrictive than the federal law.

Ms. Roy added that some of the DHIN activity the Commission has been talking about will actually allow greater connectivity through public health and Medicaid; however, this state law might prohibit that from actually taking place.

#### Update: DHCC Statute Review

Dr. Lisa Bradley said that the Statute Review Committee has reviewed the statute and revised the language for the functions of the Health Care Commission to include language on policy oversight that would match the federal health reform requirements. The language is also broad enough that the statute would not be outdated as things change.

The work is about 95 percent complete. The DIDER, DIMER, and DHIN components of the statute were left unchanged.

Dr. Nevin said that this is an important change. The Commission should be certain to do due diligence in terms of being comfortable with the changes that are made and that the stakeholders are also in agreement with it.

Fred Townsend will finalize the draft bill.

#### **PUBLIC COMMENT**

Joann Hasse, of the League of Women Voters, said many tax payer dollars were wasted on the audit process and they were not wasted by DHIN. One of the other important facts is the percentage of physician practices that have signed up to use DHIN, are using DHIN and are very happy with it does not seem to reflect the opposition of the Medical Society as supposedly representing doctors. The dollars that the private sector and private people not associated with the government have put into this project are immeasurable. People have also invested a tremendous amount of time in the project. The people of Delaware have gotten an incredible bargain on the amount of personal time that has been invested in the DHIN.

Brian Olson, of La Red Health Center, reported that on Tuesday, June 1, 2010 La Red opened a satellite office in Seaford, near the Nanticoke Memorial Hospital. La Red's partners at Nanticoke Hospital and the Division of Public Health are quickly filling up the gaps.

## **UNINSURED ACTION PLAN**

### Executive Session

#### ***Action***

Ted Becker made a motion for the Commissioners to enter in an executive session in accordance with 29 Del. Code Chapter 100 for the discussion of the content of documents excluded from the definition of public record. Dr. Janice Nevin seconded the motion. There was a voice vote. Motion carried.

#### ***Action***

Rich Heffron made a motion that the Commission come out of executive session. Dr. Nevin seconded the motion. There was a voice vote. Motion carried.

#### ***Action***

Mr. Heffron made a motion that the CHAP budget be approved. Dr. Nevin seconded the motion. There was a voice vote. Motion carried.

### **NEXT MEETING**

The next meeting of the Delaware Health Care Commission will be held on Thursday, September 2, at 9:00 a.m. at the DeIDOT Administration Building in the Farmington/Felton Conference Room, 800 Bay Road, Dover.

### **ADJOURN**

The meeting adjourned at 11:50 a.m.

#### ***Action***

The Commission entered an executive session in accordance with 29 Del. Code Chapter 100 for the discussion of the content of documents excluded from the definition of public record.

#### ***Action***

The CHAP budget was approved.

#### ***Next Meeting***

The next meeting of the Delaware Health Care Commission will be held on Thursday, September 2, 2010, at 9:00 a.m. at the DeIDOT Administration Building in the Farmington/Felton Room, 800 Bay Road, Dover.

## GUESTS

Anthony J. Brazen, III, D.O.	Division of Medicaid and Medical Assistance
Shannon Backus	Delmarva Rural Ministries
Judith Chaconas	DHSS/Division of Public Health/Bureau of Health Planning Management
Barbara DeBastiani	Wheeler and Associates
Dr. JoAnn Fields	Family Practice Physician
Joann Hasse	League of Women Voters
Barbara Jackson	Hewlett Packard
Jonathan Kirch	American Heart Association
George Meldrum	Nemours
Linda Nemes	Department of Insurance
Sheila Nutter	Hewlett Packard
Brian Olson	LaRed Health Center
Gina Perez	Advances in Management
Karyl Rattay	Division of Public Health
Rosa Rivera	Henrietta Johnson Medical Center
Lisa Schieffert	Delaware Healthcare Association
Betsy Wheeler	Wheeler and Associates/CHAP
Rob White	Delaware Physicians Care