

2019 Annual Report

Delaware Health Care Commission



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Letter from the Chair – Nancy Fan, MD



Since my appointment as Chair of the Delaware Health Care Commission (DHCC) by Governor Markell in 2015, there have been significant changes both to the Board of the DHCC, as well as within the health care landscape in Delaware. Recognizing the need to provide an annual strategic plan to achieve the mission of DHCC, the Board has re-established the annual strategic retreat with an annual report to the Delaware General Assembly.

One of the first action items completed from the strategic retreat in November 2018 was the revision of our mission statement: *The DHCC strives to foster initiatives, design plans, and implement programs that promote access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.* From our newly re-developed mission statement, the action items identified in the strategic retreat of 2018 infused our work for 2019. The introduction of new members to the DHCC Board also provided a timely opportunity to update Board business structure, from formalizing an orientation process for new members to establishing a calendar with agenda setting for each monthly meeting.

In light of the Primary Care Physician Survey of 2018, we re-assessed how we are meeting our workforce needs, and our support and engagement with our collaborative programs, DIMER, DIDER and the Health Resources Board. Therefore, in 2019, we moved forward with an updated Health Workforce Survey from Dr. Tom Ferry to analyze outcome and effectiveness of our current initiatives; contracted with the Delaware Health Science Alliance to provide greater DIMER outreach and supported DIDER in the Dental Health Conference which focused on access and workforce needs for dental care.

As this report will demonstrate through current and new initiatives, DHCC has continued to grow and expand. At the start of my chairmanship in 2015, the Commission was already deeply involved in the implementation of the State Innovation Model (SIM) grant. Moving forward with key initiative such as community engagement through the Healthy Communities of Delaware; practice transformation such as behavioral integration; engagement of clinical practices with value-based payment models through payment reform and the establishment of the benchmarking process for health care spending, these have been just a few of the enduring work from the SIM grant, which ended in January 2019. Also, during this time, the continued work of DHCC with the Department of Insurance for the Health Insurance Marketplace has effectively decreased the number of uninsured Delawareans and improved access to health care. This past year was the first year, the cost of premiums for coverage in the Marketplace decreased. Improving coverage and access also underpins the Reinsurance Waiver program, which started under DHCC in 2019. In addition to expanding the work of DIMER and DIDER, DHCC also has actively worked with stakeholders on the Health Care Provider Loan Repayment Program workgroup to improve our health care workforce and increase access throughout the state. As co-chair of the Primary Care Reform Collaborative, providing innovative solutions to

improve our delivery of primary care through payment reform and integration of care will promote primary care as a sustainable foundation for our delivery of health care.

At the strategic retreat in November 2019, the Board focused on the importance of accurate data collection and analysis to assess the progress in our work and the formation of policy recommendations. Besides an in-depth analysis of the work of DIMER and DIDER, there was a prioritization of how we engage in communications not just with the organizations under our oversight but also with health care stakeholders and patients. The emphasis on workforce development will proceed in tandem with a priority to have a more patient-centered approach and engage in greater public advocacy.

Since this overarching action plan was formulated from the Strategic retreat at the end of 2019, the Health Care Commission recognizes that there has been a profound change in health care needs and the delivery of health care due to the COVID-19 pandemic. While this report is a reflection of the body of work done during 2019, the effects of the pandemic will be a significant factor in the work of the Health Care Commission for the second half of 2020. As always, that work will be driven by the mission of the DHCC to foster initiatives and design programs which improve access to quality health care with healthier outcomes at a lower cost for all Delawareans.

Delaware Health Care Commission Members

Delaware Code, Title 16, Chapter 99, § 9902 states the Commission shall consist of 11 members, 5 of whom shall be appointed by the Governor, 1 of whom shall be appointed by the President Pro Tempore of the State Senate and 1 of whom shall be appointed by the Speaker of the House of Representatives. Of the 5 members appointed by the Governor, at least 1 member shall be a resident of each county. The Insurance Commissioner, the Secretary of Finance, the Secretary of Health and Social Services, and the Secretary of Services for Children, Youth and Their Families or their designees shall serve as ex-officio members of the Commission.

In 2019, two members of the Commission (Dr. Kathleen Matt and Dr. Edmondo Robinson) stepped off the board and one new member joined (Nicholas Moriello).

2019 Health Care Commission Board Members

Nancy Fan, MD

Women to Women Ob/Gyn, Saint Francis
Healthcare
Chair, Delaware Health Care Commission
Governor

Theodore Becker, Jr.

Mayor, City of Lewes
Governor
(Reappointment 10/07/19 - 10/07/23)

Robert Dunleavy, LCSW

Dept. of Services for Children, Youth & their
Families
Director, Division of Prevention & Behavioral
Health Services
Ex-Officio

Rick J. Geisenberger

Secretary, Delaware Department of Finance
Ex-Officio

Richard Heffron, Esq.

Retired, Delaware State Chamber of Commerce
President Pro Temp Senate
(Reappointment 09/30/19 - 09/30/23)

Kathleen Matt, PhD

University of Delaware, College of Health
Sciences
Governor
(Resigned 10/9/19)

Janice Lee, MD

Chief Executive Officer, Delaware Health
Information Network
Governor
(Reappointment 11/01/19 - 11/01/23)

Nicholas Moriello, RHU

President, Highmark Blue Cross Blue Shield
Delaware
Governor
(Appointment 10/07/19 - 10/07/23)

Hon. Trinidad Navarro

Delaware Department of Insurance
Insurance Commissioner
Ex-Officio

Edmondo Robinson, MD

Chief Transformation Officer, Christiana Care
Health System
Governor
(Resigned 11/07/19)

Dennis Rochford

President, Maritime Exchange for the Delaware
River & Bay
Speaker of the House

Kara Odom Walker, MD, MPH, MSHS

Secretary, Delaware Department of Health &
Social Services
Ex-Officio

Delaware Health Care Commission Staff

Elisabeth Massa

Executive Director

Managing Director who serves as a primary liaison between the Commission, Secretary of DHSS, DHSS division leaders, other key public, private constituencies, the General Assembly, and the general public on health policy issues, including health care workforce, health care access, quality, and cost.

Ayanna Harrison

Public Health Administrator I

Program manager for Benchmark, Primary Care Collaborative, and special initiatives.

Latoya Wright

Manager of Statistics and Research

Program manager for HRB (including epidemiological services for nursing home and assisted living) and DHCC chief financial officer providing oversight of fiscal operations and auditing.

Eschalla Clarke

Social Services Senior Administrator

Program manager for health care workforce development and education initiatives via SLRP, DIMER, and DIDER and contracts management lead.

Marques Johnson

Administrative Specialist III

Provides administrative support, customer service, and fiscal support for the DHCC office.

Introduction

The General Assembly created the Delaware Health Care Commission in June of 1990 to develop a pathway to basic, affordable health care for all Delawareans. For administrative and budgetary purposes only, the Commission is placed within the Department of Health and Social Services, Office of the Secretary. The Commission is a public/private body consisting of 11 members. The DHCC is responsible for the administration of three boards: the Delaware Institute of Medical Education and Research (DIMER), the Delaware Institute for Dental Education and Research (DIDER), and the Health Resources Board (HRB).

In 2019, additional programs were added to Del. Code 16, § 9903 “Duties and authority of the Commission.” This included:¹

(f) The Commission must collaborate with the Primary Care Reform Collaborative and to develop annual recommendations that will strengthen the primary care system in Delaware

(g) The Commission shall establish the Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund

The DHCC respectively submits the 2019 Annual Report to the Governor and Delaware General Assembly. This report summarizes the Commission’s mission and goals and highlights the activities and accomplishments of Calendar Year 2019.

¹ <https://delcode.delaware.gov/title16/c099/sc01/index.shtml>

Delaware Health Care Commission Strategic Retreats

The DHCC historically held annual retreats. Retreats were discontinued due to fiscal constraints and a shift towards the large undertaking of the federal State Innovation Model awards. As the federal awards came to a close, the commissioners were reinvigorated to convene the retreats again and the Commission's chair, Dr. Nancy Fan, brought back the tradition in 2018. The 2018 retreat was deemed a success and in 2019, the Commission convened another retreat. Devona E. G. Williams, Ph.D., President/CEO Goeins-Williams Associates, Inc. facilitated both meetings.

2018 Strategic Retreat

November 16, 2018

1:00 p.m. – 4:30 p.m.

Hilton Wilmington/Christiana (100 Continental Drive, Newark, DE 19713)

Purpose: To reach agreement on shared future direction and focus of the DHCC and achieve the following objectives:

1. Shared understanding of mission, roles and expectations of commissioners and executive staff.
2. Increase knowledge and awareness of DHCC's programs and functions.
3. Discuss current and future health trends that will require involvement of the DHCC.
4. Reach agreement on action items.

2019 Strategic Retreat

November 22, 2019

1:00 p.m. – 4:30 p.m.

Hilton Wilmington/Christiana (100 Continental Drive, Newark, DE 19713)

Purpose: To reach agreement on future direction and focus of the DHCC for the next year and create an action plan and achieve the following objectives:

1. Review current state of the DHCC and progress against 2019 action plan.
2. Discuss and reach agreement on strategic direction and focus for the coming year.
3. Discuss and reach agreement on critical issues of DHCC's role relative to:
1) workforce and 2) programs.
4. Discuss and reach agreement on the current and future structure of the DIDER and DIMER boards; conduct a mini-SWOT of each.
5. Develop a plan for completing a DHCC Annual report and determine content.
6. Reach agreement on action items.

Mission Statement

During the November 16, 2018 Strategic Retreat, the commissioners reviewed the “Duties and Authority” and activities of the Delaware Health Care Commission extracted from statute from the Delaware Code [Title 16 Health and Safety, Chapter 99, § 9903]. It was agreed by all commissioners that the intent of the statute and mission for the DHCC is to ensure access to high-quality affordable care for all Delawareans and foster collaboration between the public and private sectors regarding health care. An action item from the discussion was a mission statement should be developed. In 2019, the commissioners formally created the following statement:

The DHCC strives to foster initiatives, design plans, and implement programs that promote access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.

Roles, Responsibilities and/or Goals:

- Collaborate with other state agencies, instrumentalities, and private sector
- Convene stakeholders
- Initiate pilots
- Analyze the impact of previous and current initiatives
- Recommend policy changes to support improved access to high-quality, affordable care

State Innovation Model (SIM) Closeout

Background

The Center for Medicare & Medicaid Innovation (CMMI) awarded Delaware a “design” grant in February 2013 which funded the development of Delaware’s State Health Care Innovation Plan. Stakeholders from across Delaware came together to develop and implement a State Health Care Innovation Plan. Delaware’s plan built on innovation occurring across the state to improve the health of Delawareans, improve health care quality and patient experience, and control the growth in health care costs.

The development of the State Health Care Innovation Plan has been catalyzed by the State Innovation Model (SIM) initiative, a federal grant program administered by CMMI. The SIM initiative partnered with states to advance multi-payer health care payment and delivery system reform models. In July 2014, the State applied for a SIM “testing” grant to support the implementation and testing of Delaware’s plan.

In February 2015, Delaware was awarded \$35 million in federal grant funding under the SIM program which ended January 31, 2019. During those four years, stakeholders from hospitals and health systems, insurance companies, physician practices, and community organizations worked together to improve health care access, quality, and affordability. There were many accomplishments. Key among them were the establishment of health care spending and quality benchmarks, implementation of value-based payment programs, health care practice transformation to improve overall performance, workforce initiatives to bring more talent to our state, and the integration of behavioral health into practice workflow.

Grant Closeout

On January 31, 2019, the state of Delaware concluded its Federal grant under the SIM program. SIM tested state governments’ ability to use their policy and regulatory levers to accelerate health transformation. Delaware worked towards this goal by pursuing the Triple Aim Plus One – with the Plus One focused on provider satisfaction and engagement. Our SIM efforts will continue into strategic areas of sustainability that stemmed from testing and learning in key areas, including key opportunities to use data transparency and investments in primary care. Delaware’s Health and Social Services “Road to Value” include seven strategic initiatives to help improve the quality of care and reduce the cost of health care in Delaware. These initiatives include: 1) accelerate payment-reform readiness; 2) establish cost and quality benchmarks; 3) strengthen primary care; 4) advance behavioral health integration; 5) establish a health care claims database; 6) advance and shift Healthy Neighborhoods work to a new entity; and 7) engage patients and consumers. These goals set the blueprint for change that health care institutions and providers will be working to implement as we move forward.

As Delaware continued to innovate in 2017 and 2018, we began the process of investing in provider readiness and preparedness for new payment models. This process has included stakeholder engagement, resource identification, policy and payment reforms that incentivize adoption, and other activities to ensure that we maintain and make further progress. We have explored state levers that will be useful to move towards total cost of care

payment models, transformation under Medicaid, and new conversations with the health care spending and quality benchmarks. We feel strongly that the partnerships built, the progress made, and the lessons – good and bad – learned will help us be effective in continuing to move forward.

Our “End State” vision for Delaware is a health system that is transformed, endures beyond the SIM funding period, and is grounded in a commitment to the Triple Aim Plus One. We envision a system that has strong infrastructure supported by an effective governance structure and stakeholder engagement process, strong working partnerships across public and private entities, communities, businesses, employers, and payers, and a realistic, and reliable financing mechanism. Under this transformed system, the health care system and the community are experiencing the benefits of change. The state and its people move along a “healthier” trajectory in response to a health system that is better able to address the range of demographic, medical and social needs facing consumers that currently drive high costs and poor health outcomes. These beneficial effects will be felt for generations to come. Specific elements of the future state include:

- **Payment reforms deployed:** Delaware payers – including the state’s Medicaid, state employee health programs, and large commercial payer, Highmark – are aligning definitions and goals around quality and value. Providers are increasingly engaged in value-based payment models. The healthcare spending and quality benchmark activities and value-based purchasing in managed care contracting will continue post-SIM. Specifically, we will continue to build on the foundational work to pursue global hospital budgeting models, population-level payments, Medicaid ACO-arrangements, and transformational systems of care for our most vulnerable. The provider incentive structure has shifted from volume to value and facilitates a focus on population health management and innovative care delivery that offers Delawareans the right care in the right place at the right time.
- **Practice transformation has taken hold, with a continuing emphasis on behavioral health integration.** Providers continue to improve and to learn under a transformed system, and are supported through viable financial models, technical assistance activities, coaching, and learning collaboratives.
- **Population health management is a shared action agenda in Delaware’s communities.** The Healthy Neighborhoods Initiative is thriving, and a backbone organization and Community Investment Council will play a critical role in driving the implementation of evidence-based programs to improve population health. The state also has reporting mechanisms for population health metrics to identify areas that require improvement and track positive outcomes when achieved.
- **A robust and transparent Health Information Technology (HIT) platform has been established.** Data, systems and expertise established and launched during SIM will support improvement through the data analysis and transparency.

The future vision is for a stronger Delaware with a well-earned reputation for tackling the challenges of transformation to achieve the Triple Aim Plus One. Our focused, collaborative efforts alongside Delawareans is crucial to ensuring future health care delivery transformations and making Delaware a beacon for success for other states to emulate.

The DHCC submitted to CMMI a final SIM report which provided a summary of Delaware's SIM activities by primary driver (payment reform, practice transformation, population health, and health information technology). These focus areas included and built on activities in workforce supports and reforms, stakeholder engagement and input, and infrastructure to ensure accountability. The report highlights major accomplishments and milestones that occurred during the entire cooperative agreement term. In addition, the report includes a discussion of project activities, analysis of the effectiveness/success of the project, lessons learned to date, and a description of project activities that will be continued and sustained. The Final Sim Report is available at:

https://dhss.delaware.gov/dhss/dhcc/files/simrptfinal_43019.pdf

Final Expenditures

Total Award Amount: \$35,000,000.00

Total Expenditure: \$32,096,234.45

Unobligated Balance: \$2,903,765.55

Health Care Spending and Quality Benchmarks Program

Background

Delaware historically has had a high rate of per-capita health care spending. In a federal analysis of 2014 health care spending, Delaware had the third-highest per capita spending, behind only Alaska and Massachusetts and 27 percent higher than the U.S. average. While the overall health of Delawareans has been improving, Delaware is ranked 31st among the states for overall health.

“Delaware has consistently ranked among the highest-spending states for health care, but we have not traditionally been a leader in health care outcomes. That needs to change.”

- Governor John Carney²

House Joint Resolution 7, signed by Governor Carney in September 2017, tasked the DHSS with the establishment of an annual health care benchmark as a strategy to help address the unsustainable growth in health care spending that was contributing to the state’s deficit. In response, DHSS hosted a series of five health care benchmark summits that provided forums for discussion and the sharing of information and experience from the State and leaders from other states. DHSS submitted a report in December 2017 to the General Assembly and to Executive Branch officials that described lessons learned from the summits, an assessment of challenges the State faces, and made several recommendations regarding the establishment of a health care spending benchmark. The report also recommended establishing a health care quality benchmark.

Subsequently, in February 2018 through Executive Order 19, Governor Carney established an Advisory Group of Delaware health care leaders that was tasked with advising DHSS Secretary Walker on methodologies for the establishment of the health care spending and quality benchmarks and strategies to subsequently assess state, market, insurer and provider performance against those benchmarks. Secretary Walker released a “Report to Governor Carney on Establishing a Health Care Benchmark” on August 27, 2018. The report represented the culmination of months of research, study and careful deliberation, and made recommendations on the establishment of the health care spending and quality benchmarks. On November 20, 2018, Governor Carney signed Executive Order (EO) 25, making Delaware the first state to have both spending and quality benchmarks.

Setting the Health Care Spending Benchmark

The health care spending benchmark is the target annual per capita growth rate of Delaware’s total health care spending, expressed as the percentage of growth from the prior year’s per capita spending. The spending benchmark is set on a calendar year basis by the Delaware Economic and Financial Advisory Council (DEFAC) Health Care Spending Benchmark Subcommittee. In December 2018, the DEFAC set the benchmark for 2019 at 3.8% with the rate transitioning down to 3% for 2022 and 2023.

² <https://news.delaware.gov/2018/11/20/executive-order-health-care-spending-quality-benchmarks/>

“For more than four decades, the Delaware Economic and Financial Advisory Council has played a vital, non-partisan role in tracking national and state economic trends and preparing credible and trusted state revenue and expenditure estimates. This Executive Order creates a DEFAC Health Care Spending Benchmark Subcommittee that will solicit public and stakeholder input toward recommending a credible and trusted annual target for per capita growth of total health care costs in Delaware.”

- Secretary Rick Geisenberger,
Department of Finance and
DHCC Commissioner³

DHCC’s Responsibilities

EO 25 encourages the DHCC to accomplish the following:⁴

1. Set health care quality benchmarks for the State of Delaware and advise the Governor and relevant state agencies on the Quality Benchmarks.
2. Review the methodology of the Quality Benchmarks in 2022 and every three years thereafter, to determine whether changes should be made to the values used to establish the Quality Benchmarks to reflect changes in new population health or health care priority opportunities for improvement, and/or whether the Quality Benchmarks’ values should be changes to reflect improved health care performance in the state.
3. Report annually during the fourth quarter on performance relative to the Spending and Quality Benchmarks during the prior Calendar year, including variation in costs and quality of high-volume, high-cost and high-value episodes of care.
4. Engage providers and community partners in regular and ongoing forum, with the State and with each other, to develop strategies to reduce variation in cost and quality and to help the State perform well relative to the Spending Benchmark and Quality Benchmarks

Calendar Year 2019 Activities and Accomplishments

- DHCC released a Benchmark Implementation Manual in January 2019 and updated edition June 2019
- DHCC hosted technical webinars with insurers
- DHCC collected Calendar Year 2018 data from insurers and Medicaid, Medicare and the Veterans’ Administration to establish a spending baseline for 2018 against which the spending growth for 2019 can be measured. (The DHCC was expected to release the 2018 spending baseline data in spring 2020 but was delayed due to the COVID-19 pandemic.)

³ <https://news.delaware.gov/2018/11/20/executive-order-health-care-spending-quality-benchmarks/>

⁴ <https://governor.delaware.gov/executive-orders/eo25/>

Primary Care Reform Collaborative

Background

With increased focus on transformation, a new conversation emerged on primary care. Primary care issues emerged and highlighted the crisis within the system. In June 2018,



the Delaware General Assembly passed Senate Bill 227 (SB227) creating the Primary Care Reform Collaborative. The Collaborative seeks to address the crisis in primary care services in Delaware and improve access to and the capabilities of primary care providers.

SB 227 amended Title 16, Chapter 99, § 9903

“Duties and Authority of the Commission.” The Commission is now responsible for convening a Primary Care Reform Collaborative to assist with the development of recommendations to strengthen the primary care system in the State and tasked with developing annual recommendations to strengthen primary care in Delaware. SB 227 named the DHCC Chair, the Chair of the Senate Health, Children & Social Services Committee, and the Chair of the House Health & Human Development Committee as members. The Chairs released on January 9, 2019 their recommendations in the “Primary Care Collaborative Report 2019.”

From the Executive Summary of the “Primary Care Collaborative Report, 2019”⁵

The common framework, identified by the Collaborative and shared across most stakeholders, consists of the following tenants: (1) ready access to quality primary care is essential for the health of the community and is the foundation for an effective health delivery system; (2) Delaware faces a crisis in primary care access across much of the state; and (3) lack of access to primary care contributes to the high total cost of health care. Although the reasons contributing to the high total cost of care are multifactorial, the Collaborative recognizes that inadequate access to primary care can shift care to higher acuity and more expensive settings, which may result in delayed detection and inadequate management of medical conditions, worse health outcomes, and higher total cost of care. The Collaborative developed the following recommendations to address these concerns through increased investment by the health care system to improve quality and access to primary care across Delaware. While there currently is some system-wide level of investment, the investment is fragmented and clearly insufficient to have prevented the primary care access crisis facing Delaware.

Recommendations:

1. The State should mandate payers to progressively increase primary care spending to reach percentage milestones that eventually account for 12% of total health care spending. Primary care spending should constitute an investment of these funds to effectively meet the medical, behavioral, and social determinants of health of Delaware’s diverse population of patients.

⁵ https://dhss.delaware.gov/dhss/dhcc/files/collabrpt_jan2019.pdf

2. The increase in primary care spending should not be strictly an increase in fee-for-service rates. It should include an upfront investment of resources to build and sustain infrastructure and capacity, including use of health information technology, as well as support needed for a team-based model of primary care across the range of Delaware’s primary care settings. It also should include value-based incentive payments that reward for high-quality, cost-effective care.
3. It is recognized that increasing investment in primary care does not call for an increase in total cost of health care within Delaware and should be compatible with the State benchmarking process of promoting only sustainable increases in total cost of care. This may result in the need for constraints on increases in other aspects of health care costs.
4. Enforcement of this mandate will occur through legislative statute or a regulatory enforcement authority, whether as a new agency or within an existing agency.
5. The Collaborative will continue to work with stakeholders regarding enhancing participation in value-based payment models, initiatives to increase and sustain primary care workforce, and integrating Women’s Health and Behavioral Health within a primary care team model.

Expansion of the Primary Care Reform Collaborative

In June 2019, the General Assembly passed Senate Substitute 1 (SS1) for Senate Bill 116 (SB116) and Governor Carney signed in August 2019. The Act expanded the membership of the Primary Care Reform Collaborative and created an Office of Value-Based Health Care Delivery in the Department of Insurance to reduce health care costs by increasing the availability of high quality, cost-efficient health insurance products that have stable, predictable, and affordable rates. The Office of Value-Based Health Care Delivery will work with the Primary Care Reform Collaborative and the State benchmarking process.

The Primary Care Reform Collaborative expanded membership is comprised of the following members or a designee appointed by the member serving by virtue of position:

1. The Commission Chairperson
2. The Chair of the Senate Health, Children & Social Services Committee
3. The Chair of the House Health & Human Development Committee
4. Two members, appointed by the Medical Society of Delaware
5. Two members, appointed by the Delaware Nurses Association
6. Two members, appointed by the Delaware Healthcare Association
7. Two members representing insurance carriers, appointed by the Governor
8. The Secretary, Department of Health & Social Services
9. The Director, Division of Medicaid & Medical Assistance
10. The Insurance Commissioner, Insurance Department
11. The Chair, State Employee Benefits Committee
12. One member representing large self-insured employers, appointed by the Delaware State Chamber of Commerce
13. One member representing a Federally Qualified Health Center, appointed by the Governor

Calendar Year 2019 Activity

- January 2019, Primary Care Collaborative published a report with five recommendations.
- August 2019, SS1 for SB 116 was signed by Governor Carney and expanded the membership of the Primary Care Reform Collaborative and created an Office of Value-Based Health Care Delivery in the Department of Insurance
- The Collaborative convened seven public meetings

2019 Primary Care Reform Collaborative Members

Rep. David Bentz

House Health & Human Development Committee
N/A (Co-Chair)

Nancy Fan, MD

Women to Women Ob/Gyn, Saint Francis
Healthcare
Chair, Delaware Health Care Commission
N/A (Co-Chair)

Sen. Bryan Townsend

Senate Health & Social Services Committee
N/A (Co-Chair)

Margaret Norris-Bent

Westside Family Healthcare
Governor Carney (FQHC)

Michael J. Bradley, DO

Dover Family Physicians
Medical Society of Delaware

James M. Gill, MD

Family Medicine at Greenhill
Medical Society of Delaware

John Gooden

M. Davis, Inc.
Delaware State Chamber of Commerce

Stephen M. Groff

Division of Medicaid & Medical Assistance
Director, Division of Medicaid & Medical
Assistance

Kevin O'Hara

Highmark
Governor Carney (Insurer)

Jeffrey E. Hawtof, MD, FAAFP

Vice Pres., Medical Operations & Informatics
Beebe Healthcare
Delaware Healthcare Association

Christine Donohue-Henry, MD MBA

ChristianaCare
Delaware Healthcare Association

Christopher Morris

Aetna
Governor Carney (Insurer)

Hon. Trinidad Navarro

Delaware Department of Insurance
Insurance Commissioner and DHCC
Commissioner

Faith Rentz

Delaware Department of Human Resources
Director, Statewide Benefits & Insurance
Coverage
Chair, State Employee Benefits Committee

Leslie Verucci, ANP

ChristianaCare
DNA

Kara Odom Walker, MD, MPH, MSHS

Secretary, Delaware Department of Health &
Social Services

Veronica Wilbur, PhD, APRN-FNP, CNE, FAANP

Next Century Medical Care
Delaware Nurses Association

Delaware Health Insurance Individual Market Stabilization Reinsurance Program (1332 Waiver)

Background

On July 10, 2019, the State of Delaware applied for a Section 1332 State Innovation Waiver to the U.S. Department of Treasury and the U.S. Department of Health and Human Services. The waiver application was approved on August 20, 2019 and is effective January 1, 2020 through December 31, 2024.

In the application, Delaware requested the Section 1312(c)(1) of the Affordable Care Act (ACA) be waived for a period of up to five years beginning in the 2020 plan year to implement a state-based reinsurance program. The waiver does not affect any other provisions of the ACA, adheres to the general guardrails established by Section 1332, and advances several of the principles outlined in October 2018 guidance released by the Centers for Medicare and Medicaid Services (CMS).

The projected goal is to reduce health insurance premiums for this population by 20 percent and increase enrollment on the individual market by 3.2 percent. The reinsurance program is expected to help stabilize Delaware's Individual market by lowering premium rates, increasing enrollment, and improving the morbidity of the single risk pool overall. Through its impact of lowering Individual market premium rates, the primary goal of the proposed reinsurance program will be to help ensure that health care is as accessible and affordable as possible for our citizens.

Delaware's Individual market for health insurance has experienced significant challenges since calendar year 2015. During that time, Delaware has seen the number of health insurance issuers offering comprehensive coverage in its individual market decline to just one, while insurance rates in the Individual market have risen considerably (e.g., average rate increases greater than 20% in 2017 and equal to 25% in 2018).⁶ As the number of issuers offering coverage in Delaware's Individual market have declined and premium rates have continued to increase, it is estimated that the number of individuals enrolled in the Individual ACA market has declined by approximately 37% between 2016 and 2019.

After studying the State's market, population, and morbidity, Delaware believes that a state-based reinsurance program is an effective mechanism to help stabilize its Individual market by reducing rates, increasing enrollment, and improving the morbidity of the single risk pool. By establishing a reinsurance program to reimburse issuers for certain high-cost claims and drive lower premium rates, Delaware's 1332 waiver would reduce premium contributions made by a

⁶ <https://news.delaware.gov/2016/10/06/delaware-insurance-department-releases-2017-health-insurance-rates-for-aca-marketplace-plans/>; <https://www.delawareonline.com/story/news/health/2017/10/05/highmarks-obamacare-policies-rise-25-percent-delaware/732278001/>

large number of individuals in the Individual ACA market. At lower premium rates, private Individual health insurance coverage will become more accessible, particularly for those Delawareans who do not receive PTCs.

As membership in the Individual market increases, it would be expected that the potential for year-to-year volatility in both the claim costs owed by issuers and corresponding premium contributions made by consumers would be reduced. Additionally, as individuals who are currently uninsured enroll in the Individual market, costs associated with uncompensated care for health providers would be expected to be reduced. Through these efforts to drive increased stability in the Individual market and lower uninsured rates in the State, Delaware's 1332 waiver would be expected to encourage more sustainable spending growth both in its Individual market and the overall health insurance market. Further, by helping to stabilize the State's Individual market, the 1332 waiver would enhance the potential for increased competition among issuers in future years, which would further increase the potential for greater consumer choice in the market.

1332 Waiver Application

Senate Concurrent Resolution 70 (SCR 70) was passed on June 28, 2018 and authorizes the State's 1332 waiver application. The state-based reinsurance program and the securement of a funding source for the program are established in House Bill 193 (HB 193). HB 193 was passed and signed by Governor Carney on June 20, 2019. The Act creates the Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund and assigns the Delaware Health Care Commission (DHCC) with the responsibility of administering the program in order to provide reinsurance to health insurance issuers that offer comprehensive individual health benefit plans in Delaware.

The sources of funding for the proposed reinsurance program are expected to be as follows:

1. Federal pass-through funding
2. A premium assessment to be applied to specified issuers

Methodology

Through the 1332 waiver application, Delaware requested that Treasury "pass-through" to its reinsurance program the cost savings from reduced federal outlays for premium tax credits (PTCs) resulting from the reduction in rates in the Individual market due to the reinsurance program. Additionally, HB 193 authorizes the Insurance Commissioner to assess issuers to finance the State's portion of the cost of the proposed reinsurance program (i.e., the cost which is not financed through federal pass-through funds).⁷

The assessment is to be equally applied to all issuers based upon their premium tax liability or the amount of the issuer's premium tax exemption value for the previous calendar year. The assessment is proposed to be 2.75% annually in years that the Health Insurance Providers Fee

⁷ Any entity that provides health insurance in the State of Delaware. Issuer includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to Delaware state insurance regulation.

(i.e., as defined under 9010 of the Affordable Care Act) is waived, and 1.00% of premium annually in years that the Health Insurance Providers Fee is assessed. The purpose of the state assessment is to fully finance the State's remaining liability beyond the federal funding received from the passing through of the tax credits. Per HB 193, the State of Delaware may not hold funds of more than 5 years of estimated operating and administrative expenses needed to cover the expected cost of the reinsurance program. In the event collections exceed that amount, the State must notify the issuers that the following year's assessment will be waived.

The reinsurance program will reimburse issuers who offer comprehensive coverage in Delaware's Individual market for a percentage (coinsurance percentage) of the annual claims which they incur on a per member basis between a specified lower threshold (attachment point) and upper threshold (reinsurance cap), to be determined each year by the DHCC. For the 2020 plan year, the attachment point is \$65,000, a coinsurance rate of 75.0%, and a reinsurance cap of \$215,000. At those parameters, the reinsurance program is expected to lower issuer costs in Delaware's Individual ACA market by 13.0% and improve morbidity in the risk pool by as much as 0.8%, resulting in an overall reduction to premium rates (i.e., relative to if no reinsurance program were in place) equal to 13.7% and increasing enrollment in the Individual ACA market by as much as 2.3%. In future years, the reinsurance program will be expected to reduce issuer costs in the individual ACA market by an average of 13.0% to 20.0%, depending on the level of funding expected to be available for each calendar year.⁸

*"With this new waiver program, people who earn above 400 percent of the federal poverty level, small business owners, and those who are not covered by their employers will save up to 20 percent on their health insurance premiums in the individual market. My office will continue to work to seek any and all means to help make health insurance more affordable for Delawareans."*⁹

- Trinidad Navarro, Department of Insurance, Insurance Commissioner and DHCC Commissioner

*"We are grateful to CMS for approving Delaware's 1332 State Innovation Waiver application that will enable us to establish a reinsurance program in our state. We expect that the reinsurance program will further stabilize the individual health insurance market and make premiums more affordable for Delawareans who need such coverage."*¹⁰

- Dr. Kara Odom Walker, Department of Health and Social Services Secretary, a practicing family physician, and DHCC Commissioner

⁸ In years where there is no moratorium on the Health Insurance Providers Fee, a 1.0% premium assessment will be charged to finance the program; In years where there is a moratorium on the Health Insurance Providers Fee, a 2.75% premium assessment will be charged to finance the program.

⁹ <https://news.delaware.gov/2019/08/20/delaware-receives-federal-approval-to-establish-reinsurance-program-for-2020/>

¹⁰ <https://news.delaware.gov/2019/08/20/delaware-receives-federal-approval-to-establish-reinsurance-program-for-2020/>

2019 Health Care Workforce Study

Background

In 2012, the DHCC commissioned a study and report on the Delaware Institute of Medical Education and Research (DIMER), the Delaware Institute for Dental Education and Research (DIDER), and the State Loan Repayment Program (SLRP). The study was completed by Thomas P. Ferry and assessed DIMER, DIDER, and SLRP's effects on the health care workforce supply since their respective beginnings. The study's findings indicated the programs were generally effective in achieving their purpose, however at the time, the DIDER program was relatively new and conclusions about its activities would have been premature. The report also provided information about other health care workforce enhancement programs around the nation.

The DHCC has remained very focused in workforce development and commissioned Mr. Ferry in 2019 to update the 2012 report to help re-assess how the Commission is meeting workforce needs. The 2019 study also researched surrounding states' loan repayment programs and the WWAMI Program at the University of Washington School of Medicine.

Summary of findings and conclusions from the "2019 Health Care Workforce Study"¹¹

DIMER

- Since 2012, Thomas Jefferson University has significantly exceeded its commitment to admit at least 20 Delaware residents to the Sidney Kimmel Medical College each year with 24 to 29 acceptances.
- From 2012 to 2018, the rate of acceptances for Delaware applicants at Jefferson ranged from 28.9% to 39.2%, compared to an acceptance rate for non-Delaware applicants ranging from 3.9% to 4.8%. The average acceptance rate for Delaware applicants was 32.5%, while the average acceptance rate for applicants not from Delaware was 4.2%. The acceptance rate for Delawareans was over 7 times higher than that for non-Delawareans.
- Since 2012, the Philadelphia College of Osteopathic Medicine (PCOM) has far exceeded its commitment to admit at least 5 Delaware residents to its Medical School each year with 16 to 34 acceptances. It is already well exceeding the new commitment of 10 acceptances per year.
- From 2012 to 2018, the rate of acceptances for Delaware applicants at PCOM ranged from 40.0% to 60.7%, compared to an acceptance rate for non-Delaware applicants ranging from 3.9% to 6.1%. The average acceptance rate for Delaware applicants was 50.7%, while the average acceptance rate for applicants not from Delaware was 4.6%. The acceptance rate for Delawareans was over 11 times higher than for non-Delawareans.
- Based on these data and data on admissions to other medical schools for out-of-state applicants, DIMER has well achieved its objective of enabling access to medical school for qualified Delaware residents.

¹¹ <https://dhss.delaware.gov/dhss/dhcc/files/hlthcrewrkfrcestudy2019.pdf>

- The lists of individual names of the DIMER matriculants at Jefferson for 1970 to 2018 and at PCOM for 2000 to 2018 were reviewed in order to determine how many returned to Delaware to practice. By review of the Delaware professional licensing database, 33.9% of Jefferson DIMER students after residency training and 31.1% of such PCOM DIMER students were found to have had a license to practice medicine in the state. The overall return rate is 33.6%.
- Programs are underway to further enhance this strong return rate – most notably, the Delaware Branch Campus program spearheaded by Jefferson and ChristianaCare and now includes PCOM, where Jefferson and PCOM students are receiving significant parts of their training in Delaware.
- The Delaware Health Science Alliance, under the leadership of Dr. Omar Khan, is also working to enhance interest in careers in medicine and service to Delaware through education and support programs throughout the state.
- The Alliance is also performing more detailed analysis of the DIMER participants that should be very helpful in continuing to support DIMER.

DIDER

- Since 2012, Temple University has met or exceeded its commitment to admit at least 5 Delaware residents to the Kornberg School of Dentistry each year with 5 to 11 acceptances.
- From 2014 to 2018, the rate of acceptances for Delaware applicants ranged from 31.8% to 47.6%, compared to an acceptance rate for non-Delaware applicants ranging from 9.6% to 11.4%. The average acceptance rate for Delaware applicants was 42.6%, while the average acceptance rate for applicants not from Delaware was 10.5%. The acceptance rate for Delawareans was over 4 times higher than for non-Delawareans.
- The lists of individual names of the DIDER matriculants at Temple for 2000 to 2018 were reviewed in order to determine how many returned to Delaware to practice. By review of the Delaware professional licensing database, over 54% of those who have completed dental school and a post-graduate year are licensed and practicing dentistry in Delaware – a very strong return rate.
- Based on these data, DIDER has well achieved its goal to obtain dental school admission for Delaware residents and to achieve a strong rate of return to practice in Delaware and should continue to be strongly supported.

SLRP Awards and Retention

- From 2012 to 2019 (year-to-date), Delaware has made 59 loan repayment awards for a total of \$2,529,000. Of the 44 awards for which the service commitment has been completed, 40 awardees are providing services in Delaware, 3 are working outside of Delaware, and 1 could not be located. With 40 of the 43 located providers working in Delaware, that is an exceptionally strong 93% retention rate.

- This very strong retention rate supports expansion and further development of the program.

SLRPs in Surrounding States

In order to further assess the Delaware State Loan Repayment Program, the loan repayment programs of the 3 surrounding states of Maryland, New Jersey, and Pennsylvania were reviewed.

- In summary, Delaware has a joint Federal/State loan repayment program. The federal government provides matching funding and has certain criteria for awards. The criteria relate to the types of professional providers eligible, the types of loan debts eligible, and the locations of practice service. The surrounding states each have both a Federal/State program and a State-only program. Any loan repayment award that does not meet the strict federal requirements is funded under the state only program by additional funds or funds not used for the Federal/State awards.
- The state-only program provides each surrounding state additional flexibility to enhance its supply of health care providers beyond the limits of the Federal/State program in situations where some aspect of the health care provider's qualifications, the nature of the provider's loan, the nature of the provider site, etc. does not meet the federal requirements. This additional flexibility in the surrounding states puts Delaware's loan repayment program at a competitive disadvantage in recruitment.

WWAMI Program

- The other states that do not have a medical school besides Delaware are Alaska, Montana, and Wyoming, plus, until last August, Idaho. Idaho established the Idaho College of Osteopathic Medicine in Meridian, ID, near Boise. Those states established a Rural Health program with the University of Washington School of Medicine (UWSOM) to enhance enrollment in medical school for their residents and increase the number of physicians, especially in primary care in underserved areas. The Commission was interested to learn if there are any aspects of the WWAMI program that may inform Delaware efforts.
- Each WWAMI state has an agreement for a fixed number of admission slots at the University of Washington School of Medicine. The number varies by state.
- The education model:
 - First year: Students complete a three-term Foundations Phase at their home state university
 - Second year: Students attend UWSOM in Seattle
 - Third year and fourth year: Students complete required and elective clerkships; they are not required to be in the WWAMI states, but most do at least some clerkships in their home states.
 - Residency: students are not required to take their graduate medical education (residencies) in WWAMI states, but a strong majority of them do.

- Practice: approximately half of the students choose primary care specialties and a significant percentage practice in underserved areas
- Dozens of clerkship sites are established in clinics and private practices around the participating states and the local preceptors are on the adjunct faculty at UWSOM. • Costs, which include support for the local state training in the first, third and fourth years, is approximately \$5+ million per state per year.
- With the combination of access to medical school admission and extensive portions of medical school training taking place in underserved areas of the home state, the participating states have achieved significant success in recruiting physicians to practice in the state.
- Based on this model, inasmuch as Delaware has resolved the issue of access to medical school admission through the DIMER program and with DIMER already achieving a strong one-in-three return rate, continuing to establish and develop instate training experiences will likely enhance physician recruitment.

The Delaware Branch Campus program, spearheaded by Jefferson and Christiana, now including PCOM, is doing precisely that and is growing each year. Continuing to develop the program should be beneficial. An additional possibility to increase Delaware-based training would be to partner with the six acute care hospitals, which all have community-based clinical sites. The new residencies at Bayhealth will likely also be beneficial in this regard.

Health Care Provider Loan Repayment Program (state-sponsored loan repayment program)

History and Background

Since 2001, Delaware has operated a loan repayment program (SLRP) supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The federal program is administered by the DHCC. Program participants are eligible to receive up to \$200,000. The purpose of the grant is to repay eligible educational debts for dental and medical practitioners serving in Delaware's Health Professional Shortage Areas (HPSA). HRSA granted a new award for the 2018-2022 SLRP totaling \$900,000. The grant requires a 1:1 non-federal match.

A high-quality workforce is at the core of delivery system transformation. Loan repayment is of critical importance to address the transformation of Delaware's health system by addressing categorical health professional shortages in more acute areas of practice and especially within primary care. Although Delaware operates a loan repayment program, the current federal program is quite restrictive and creating a state sponsored loan repayment would give the state more flexibility to administer a program that can address Delaware's needs. There has been much interest from the Department of Health and Social Services, the legislature, stakeholders and the public to create a state-sponsored, non-federal program.

On May 30, 2019, the DHCC convened a group of stakeholders for a public discussion about creating a state sponsored (non-federal) loan repayment program. At the meeting, the stakeholders discussed elements of the what a repayment program could look like and formulated actionable next steps. President and CEO of Delaware Healthcare Association, Wayne Smith, provided an overview of recently drafted legislation to establish a non-federal SLRP. DHCC Chair, Dr. Nancy Fan, reviewed a side-by-side comparison of the federal and non-federal SLRP requirements. It was agreed at the meeting that an Advisory Workgroup should be established for the state-sponsored program consisting of the following participants:

1. Delaware Health Care Commission (1 representative)
2. Delaware Institute of Dental/Medical Education and Research (1 representative from each Board)
3. Delaware Health Sciences Alliance / Delaware Academy of Medicine (1 representative)
4. Delaware Healthcare Association (1 representative)
5. Medical Society of Delaware (1 representative)
6. Health Insurers (1-2 representatives rotate every 2 years)

*Responsibilities will include reviewing applications and making award decisions.

Legislation Introduced

At the end of the 2019 legislative session on June 30, 2019, House Bill 257 was introduced by Representative David Bentz to establish a “Health Care Provider Loan Repayment Program (HCPLRP)” for qualifying primary care clinicians to be administered by the DHCC. The bill was assigned to the House Health and Human Development Committee, but with session ending the same day the bill was introduced, the bill did not move out of committee.

Stakeholders Convene for a Second Meeting

The DHCC convened stakeholders for a second time on October 15, 2019, to continue the discussion of the HCPLRP’s infrastructure and parameters. An overview of HB 257 was provided, and Dr. Fan elaborated on the federal SLRP that has been administered and operated by DHCC since 2001. The group marked-up the legislative language. Tom Ferry with Star-Med, LLC provided a preliminary overview of his research, “2019 Healthcare Workforce Study,” which is focused on DIDER, DIMER, SLRP in surrounding states, and the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) program. The workgroup agreed that in addition to state funding to support the program, funding would be matched from contributions from vested healthcare systems and Delaware health insurers. Based on the assumption that funding will be included in the Governor’s Fiscal Year 2021 Recommended Budget and to ensure transparency of the program, the current membership of the Advisory Workgroup will be restructured at a later date. As next steps, Dr. Fan shared the group’s revisions to HB 257 with the General Assembly. It is hoped in January 2020, the General Assembly will re-introduce the bill and ultimately, the legislators will pass legislation to create the HCPLRP.

Health Information Exchange Support Mini-Grant

Background

The Department of Health and Social Services (DHSS), Delaware Health Care Commission (DHCC) is charged with developing a pathway to affordable healthcare for all Delawareans and authorized to conduct pilot projects to test methods for catalyzing activities that will help the state meet its health care needs.

During the State Innovation Model (SIM) grant in July 2018, the DHCC launched a mini-grant initiative to increase the readiness of the state to take on payment reform models to improve the coordination of patient care, integrate data, and increase readiness to integrate into an Accountable Care Organization (ACO), or operate through an Alternative Payment Method. Eligible mini-grant applicants included primary care providers, behavioral health providers, hospitals, ACOs, Federally Qualified Health Centers (FQHCs), or clinically integrated networks licensed in the State of Delaware. Of the 50+ applications received, many applicants included a request for funding for connectivity to the Delaware Health Information Network (DHIN), Delaware's Health Information Exchange (HIE).

In response, DHSS announced the Health Information Exchange Support mini-grant in October 2019. The mini-grant offered funding to assist practices with the adoption of health information exchange tools offered by the Delaware Health Information Network (DHIN). Eligibility requirements included small primary care and other medical practices, behavioral health providers, accountable care organizations (ACOs), or Federally Qualified Health Centers (FQHCs). Practices currently adopting the full range of health information exchange tools offered by the DHIN were not eligible to apply.

The mini-grant was an opportunity for practices to expand their use of data as a lever in preparation for new payment models, including Total Cost of Care (TCC) and risk-sharing arrangements by having connectivity with the DHIN. To achieve this outcome, these mini-grants support investments in EMRs (Electronic Medical Records), proper technology infrastructure, and DHIN-bundled services, with the ultimate goal of contributing data to and receiving data from the DHIN.

Delaware's health information exchange, DHIN, holds nearly three million patient records. Additionally, DHIN allows the safe and secure delivery of clinical results and reports for patients, along with admission and discharge data from all Delaware acute-care settings and more than 46 long-term care facilities.¹

The benefits of accessing and sharing comprehensive health information are numerous. Health care providers report experiencing improved care coordination, increased ability to make better testing, diagnostic, and treatment decisions, improved office efficiency and access to clinical decision support, all leading to improved health care quality.²

“This mini-grant opportunity will help primary care practices to serve their patients more effectively by enriching the electronic data they have available for each patient. The mini-grants also will help primary care practices to prepare for value-based care and improving health, which are critical to reducing the overall cost of health care across the spectrum.”

- Dr. Kara Odom Walker,
Department of Health and Social
Services Secretary, a practicing
family physician, and DHCC
Commissioner

“DHIN is thrilled to work with the Department of Health and Social Services to bring data services to the health care providers of Delaware in support of treatment decisions at the point of care as well as care coordination, patient engagement, and data analytics.”

- Dr. Jan Lee, CEO of the Delaware
Health Information Network and
DHCC Commissioner

The mini-grant funding supports medical practices efforts to adopt the full range of health information exchange tools offered by the DHIN. These services include:

- Access to the Community Health Record (CHR), the longitudinal view of each patient’s health data regardless of place and date of service.
- A results-delivery interface that enables DHIN to securely deliver all result types from all data senders directly into the provider’s Electronic Health Record (EHR).
- Care Summary Exchange, which enables the provider to send a summary of each clinical encounter to the DHIN, thus enriching the data within the CHR for all users.
- Event Notification Services (ENS), by which DHIN can notify the provider or a designated care coordinator of admissions or discharges of their patients to approximately 200 hospitals, emergency departments (EDs), and other care settings across Delaware, Maryland, West Virginia, District of Columbia, southern New Jersey, and selected Pennsylvania EDs.
- Patient Portal/Personal Health Record (PHR), co-branded for the practice, by which a participating patient can view all their health data submitted to DHIN by all sources. The DHIN PHR is certified by the Office of the National Coordinator for Health Information Technology to meet all requirements for patient engagement under Meaningful Use and the Merit-Based Incentive Payment System.
- Medication history, activated through the CHR, which enables on-demand retrieval of a 12-month prescription fill history, thus facilitating medication reconciliation.

Funding was made available through the DHSS Fiscal Year 2020 budget.

Application Process and Information

- In October 2019, DHCC released a Health Information Exchange Support mini-grant application.
- DHCC reviewed applications on a rolling admission and was prepared to award up to 25 applicants in varying amounts to assist practices with start-up costs.
- DHCC received 13 applications:
 - 9 Primary care, 3 Behavioral health, 1 Pediatrics
 - 8 New Castle County, 4 Kent County, 1 Sussex County
 - \$89,900 total amount requested
- DHCC evaluated applications and will release funds to the practices in 2020.

Delaware Health Care Commission Programs

Delaware Institute of Medical Education and Research (DIMER)

**Excerpt below from the “DIMER 50th Anniversary Report” Executive Summary*

https://dhss.delaware.gov/dhss/dhcc/files/dimer50annrpt_2020.pdf

History and Background

The Delaware Institute of Medical Education and Research (DIMER) was founded in 1969, as an alternative to an in-state medical school, to address the concern of access to high-quality medical education for Delaware residents. Upon creation, DIMER formalized a relationship with Thomas Jefferson University for 20 admission slots for Delawareans at Jefferson Medical College (now Sidney Kimmel Medical College (SKMC)). In 2000, DIMER expanded its education relationships to include the Philadelphia College of Osteopathic Medicine (PCOM), further increasing access to medical education for Delawareans. PCOM originally held five admission slots for qualified Delaware applicants; in 2019, the number of admission slots was increased to ten. DIMER is incredibly grateful to both institutions, who accept qualified Delawareans into their respective medical education programs and provide the highest quality training to future physicians.

The DIMER Advantage

Of the 151 medical schools listed by the Association of American Medical Colleges (AAMC), 120 have more in-state students than out of state students. As a state with no medical school, this would ordinarily present a disadvantage for Delaware residents seeking medical education, and future careers in medical professions. However, through its relationships with SKMC and PCOM, Delaware has secured a minimum number of slots for qualified Delaware applicants. On average, SKMC and PCOM each receive an estimated 10,000 applications per year for ultimately no more than 280 slots per respective institution. As a DIMER applicant, Delaware resident applications are pulled from the overall application pool and evaluated only against Delaware applicants. Being one out of 90-100 significantly improves an applicant’s odds of receiving one of the 30 or more slots for Delaware matriculants. To date, SKMC has matriculated 949 Delawareans and PCOM has matriculated 225 Delawareans for a total of 1,206 DIMER students. DIMER provides one of the best medical education admission advantages in the country for qualified applicants from the First State.

Delaware Branch Campus and Residency

DIMER is not only focused on providing medical education opportunities for Delawareans, but also in the retention of Delaware physicians to serve our communities. DIMER’s relationships extend beyond its education partners and into Delaware’s health systems. DIMER medical students at SKMC and PCOM have an opportunity to conduct their third- and fourth-year rotations at the Delaware Branch Campus. The Delaware Branch Campus provides medical students clinical training at ChristianaCare, Nemours / A.I. duPont Hospital for Children and the Wilmington VA Medical Center. PCOM clinical rotations have recently grown to also include Bayhealth’s Kent and Sussex Campuses.

In addition to providing medical education opportunities, ChristianaCare and Nemours / A.I. duPont Hospital for Children offer an array of residency opportunities. Delaware residency match opportunities are not limited to Delaware Branch Campus partners, as St. Francis also has a residency program, and Bayhealth will launch its residency program in 2021. Meanwhile, other health systems are also exploring graduate medical education options for the future. The range of options will provide increased opportunity for Delawareans to complete their medical training and serve their community in their home state.

Abstract Data and Outcomes

Since 1969, DIMER has matriculated 1,206 Delaware Students with 949 students to SKMC and 225 students to PCOM. Of the 1,206 DIMER students, 729 are male with 477 females represented. As we look at DIMER students by county: 680 originated from New Castle County while Kent and Sussex Counties were represented by a combined total of 465 students. For those Delaware medical students who have graduated from SKMC and PCOM, 334 went into primary care and 645 have gone into a specialty care. To date, the total number of DIMER students that have returned to practice in the First State is 229. Twenty percent have stayed to practice in Delaware, while 33.9% have ever practiced in Delaware (i.e. 13.9% of the 33.9% ultimately practiced elsewhere). The full DIMER Anniversary Report details data on the significant impact that DIMER and partners are making for the First State.

DIMER Board Activity for 2019

The DIMER Board was quite active in 2019. The Board of Directors met three times, and had many accomplishments spanning the year. The DIMER Board was instrumental in successfully securing additional state funding to increase the minimum number of Delaware admission slots at PCOM from five to ten, increasing access to high-quality medical education for Delaware applicants.

The DIMER Board recognizes the high cost for medical education and enormous debt students face upon graduation. The DIMER Board also recognizes that the current Federal-State Student Loan Repayment Program contains specific requirements for participation and funding. As such, the Board is working closely with the Delaware Health Care Commission (DHCC), Delaware Legislators, and partners such as the Delaware Health Sciences Alliance (DHSA), to create a Delaware Student Loan Repayment Program. This would provide for increased participation and funding support for those physicians with Primary Care focused specialties and serving in geographic areas of need throughout the State of Delaware.

Relationships are the foundation on which DIMER is built, including relationships with its educational and clinical partners, as well as with students, alumni and prospective students, families and alumni. Through its contractual partnership with DHSA, DIMER has implemented a robust strategy for engagement with DIMER students, alumni and the general community.

While DIMER's charge is to ensure access to quality medical education for Delaware residents, DIMER's mission and values extend beyond access. DIMER and its partners are committed to providing a network of support for its students and engaging students throughout the academic

year in a variety of ways. The DIMER-DHSA partnership has resulted in providing personal letters to each student at the beginning of each academic year; co-hosting receptions with PCOM and SKMC for DIMER students to network with DIMER and institutional leadership; co-hosting a graduation reception with the Delaware Branch Campus for graduating students; and conducting participatory panels in every county with prospective students and families to discuss the many benefits of DIMER.

In 2019, the DIMER and DHSA leadership participated in and was represented at outreach events for current Delaware high school students interested in future medical professions in New Castle, Kent and Sussex Counties. Hosting outreach events for students and families is key to DIMER's future success. Ensuring Delaware students understand the opportunities that are available to them through DIMER's partnerships will help increase the qualified Delaware applicant pool, and ensure Delaware is well-represented from all three counties. Our outreach events provide an opportunity for students to hear from panels of experts including DIMER leadership, current DIMER medical students, DIMER alumni, DHSA leadership, and practicing physicians, as well as representatives from all our medical education partners and admissions offices. The panels provide insight into the DIMER program and admissions advantage for Delaware residents, recommendations for undergraduate studies, the application process for medical school, as well as the journey from medical student to resident to practicing physician. DIMER is optimistic that through continued partnership, outreach and engagement, more Delawareans will seek high quality medical education opportunities from our exceptional partner institutions.

Conclusion

Since 1969, the DIMER program has represented an incredible value for medical education in Delaware. The full anniversary report contains detailed information on demographics and data on DIMER graduates, as well as personal stories from state and institution leadership, including several DIMER alumni. DIMER's approach to partnering with the DHSA, health systems and others has resulted in a robust array of services intended to facilitate a Delawarean's pathway to medical school and improved chances of them returning to Delaware to practice needed specialties in their home communities. There remain important areas of investment, such as more robust student financial support. We are confident that with the support of the State and our many partners, we can improve healthcare access for our communities with the best-trained medical workforce anywhere. We are grateful to all who support DIMER.

2019 DIMER Board of Directors

Sherman L. Townsend

University of Delaware, Board of Trustee
Chair, DIMER Board of Directors
(Retired)

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Department of Education, Delaware Higher
Education Office

Katherine Collison, MSM

Department of Health and Social Services,
Division of Public Health
Ex-Officio on behalf of Karyl Rattay, MD -
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Delaware Health Care Commission

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Saint Francis Hospital, Medical Residency
Program

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Delaware Healthcare Association

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Wilmington - Public Member

Vacant

New Castle County - Public Member

Vacant

A.I. Dupont Hospital for Children, Medical
Residency Program

Vacant

ChristianaCare

Additional Members:

Chuan Shue Lee, MS – Deceased August 4, 2019

James Richards, PhD – Resigned September 4, 2019

Michael Alexander, MD - Resigned December 31, 2019

Delaware Institute of Dental Education and Research (DIDER)

History and Background

The Delaware General Assembly created the Delaware Institute of Dental Education and Research (DIDER) in 1981. In 2001, the administration and operation of DIDER transferred from the Office of Management and Budget to the Delaware Health Care Commission. The board membership also expanded in scope with the additional responsibility: 1) Expand opportunities for Delawareans to obtain dental education and 2) Develop ways to encourage dentists to practice in underserved areas and care for vulnerable populations.

In 2006, Delaware signed an agreement with Temple University's Kornberg School of Dentistry, ensuring a minimum of six eligible residents of Delaware would be guaranteed first-year admissions to a highly qualified dental education. Over time, state funding has decreased and currently, four seats are now reserved annually for Delaware residents entering their first year of dental education in the Doctor of Medicine in Dentistry (DMD) and Doctor of Dental Surgery (DDS) programs at Temple.

2019 Health Care Workforce Study

A study commissioned in 2019 by Delaware Health Care Commission and conducted by Star-Med, LLC., stated the following findings and conclusions about DIDER:¹²

- *Since 2012, Temple University has met or exceeded its commitment to admit at least 5 Delaware residents to the Kornberg School of Dentistry each year with 5 to 11 acceptances.*
- *From 2014 to 2018, the rate of acceptances for Delaware applicants ranged from 31.8% to 47.6%, compared to an acceptance rate for non-Delaware applicants ranging from 9.6% to 11.4%. The average acceptance rate for Delaware applicants was 42.6%, while the average acceptance rate for applicants not from Delaware was 10.5%. The acceptance rate for Delawareans was over 4 times higher than for non-Delawareans.*
- *The lists of individual names of the DIDER matriculants at Temple for 2000 to 2018 were reviewed in order to determine how many returned to Delaware to practice. By review of the Delaware professional licensing database, over 54% of those who have completed dental school and a post-graduate year are licensed and practicing dentistry in Delaware – a very strong return rate.*
- *Based on these data, DIDER has well achieved its goal to obtain dental school admission for Delaware residents and to achieve a strong rate of return to practice in Delaware and should continue to be strongly supported.*

¹² "2019 Health Care Workforce Study" <https://dhss.delaware.gov/dhss/dhcc/files/hlthcrewkrfrcestudy2019.pdf>

Temple University Statistics

Academic Year 2018 - 2019

In academic year 2018 – 2019 (starting July 1, 2018 and ending June 30, 2019), 14 Delaware students enrolled at Temple University: 3 first year, 3 second year, 4 third years, and 4 fourth years. 79% of these students completed their undergraduate degree at the University of Delaware. Of the 14 students enrolled, 11 students were from New Castle County and 3 from Sussex County.

Academic Year 2019 - 2020

In academic year 2019-2020 (starting July 1, 2019 and ending June 30, 2020), 17 Delaware students enrolled in the DMD and/or DDS programs at Temple University: 7 first year students, 3 second year, 3 third year, and 4 fourth years. 71% of first year students completed their undergraduate degree at the University of Delaware, 2 of which participated in the post-baccalaureate program at Temple University.

DIDER Board Activity for 2019

- Calendar year 2019, DIDER conducted five board meetings, one of which was in collaboration with Delaware Institute of Medical Education and Research (DIMER) to unify and align advocacy initiatives and program development.
- March 2019, a collaborative information session between DIDER and Delaware State Loan Repayment Program (SLRP) was hosted at Temple University. The event was well attended by third and fourth year students (77% were third year students and 23% were fourth year students). An evaluative survey at the end of the information concluded that 70% of the total students attending the event had not heard of DIDER and 85% were not familiar with SLRP.
- July 2019, DIDER hosted a Dental Health Conference to discuss critical issues and challenges related to access to dental care. Representatives from the legislature, state, hospitals, a Federally Qualified Health Center, and Dental Society of Delaware participated in the roundtable discussion. Lt. Governor Bethany Hall Long provided remarks on access to care. An action plan was drafted (attached as Appendix 2)
- October 2019, DIDER board members participated in a dinner reception for current DIDER students hosted by Temple. In attendance, 15 DIDER students, Temple leadership, three DIDER board members, and two DHCC staff members.
- Fall 2019, DIDER board members participated in the Health Care Provider Loan Repayment Program committee meeting to discuss draft legislation to create a state-sponsored loan repayment program.

2019 DIDER Board of Directors

Louis K. Rafetto, DMD, PA, Chair
Delaware State Dental Society

Theodore W. Becker, Jr., Mayor
Delaware Health Care Commission

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Ex-Officio

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Delaware Dental Hygienist Association

Bruce Matthews, DDS
Delaware State Board of Dentistry and
Dental Hygiene

Bruce McAllister, DDS
Department of Education, Higher Education
Office

Ray S. Rafetto, DDS
Delaware State Dental Society

Wanda Gardiner Smith, DDS
Public Representative

Howard Zucker, DDS
ChristianaCare

Vacant
Delaware State Dental Society

Appendix 1 – DIDER Draft Action Plan

DELAWARE INSTITUTE OF DENTAL EDUCATION & RESEARCH (DIDER)

Draft Action Plan

July 2019

Purpose: To ensure dental care for more Delawareans by addressing challenges and issues that are barriers to increasing dental practitioners in Delaware.

- I. **Dental Shortages and Barriers to Care** – Reduce dental practitioner shortage, especially in vulnerable population areas; increase capacity of providers and enhance access to care.

What actions shall we take?

1. *With all of the different ways of looking at the actual and projected number of practicing dentists, we need to fully understand capacity and the need for dentists in Delaware. (Is it 50 or 75 more dentists that are needed and over what time frame?).*
2. *Develop a plan to address the lack of capacity in vulnerable population areas and excess capacity in some areas. Look at opportunities for provisional licensure.*
3. *Enhance requirements for dentists to take on multi-year commitments for FQHCs.*
4. *Increase Medicaid participation of dentists by improving claim time, submission process and administration.*

- II. **Licensure Requirements and Mid-Level Provider Alternatives** – Assess licensure barriers and mid-level alternatives and determine and implement regulatory changes to increase capacity of providers and access to dental care.

What actions shall we take?

1. *Take a closer review of Delaware dental licensure barriers and consider options to reduce barriers. Re-examine provisional licensing.*
2. *Examine opportunities in Delaware to license and develop auxiliary/mid-level providers.*
3. *Develop/provide/ensure training for auxiliary/mid-level providers meets is adequate and meets quality standards.*
4. *Develop incentive program to encourage mid-level providers to locate in vulnerable population areas.*

- III. **Non-Federal State Loan Repayment and Residency Programs** – Develop a Delaware student loan repayment program and expand residency opportunities to increase capacity.

What actions shall we take?

1. *Obtain funding for a Delaware Student loan repayment program (HB257).*
2. *Expand Delaware residency program to existing and new health system partners and tie to DIDER funding, i.e., residency requirements or practice in vulnerable population areas.*
3. *Ensure residency requirements include education and practical experience in tooth extraction, root canals, etc.*

Appendix 2 – Clinical Examination and Dental Licensure

Two important components of dental licensure are: 1) the clinical exam, and 2) the requirement for a one-year hospital-based residency for most applicants.

Clinical Examination

Delaware is in a very enviable position in that its size allows it to both monitor and ensure the standardization and quality of Dentistry and Dental Hygiene for its residents. Due to their larger sizes, most states are not able to guarantee a standardized calibration of its licensure requirements. By design, the exam for Delaware state licensure is able to identify those candidates whose dental competency requires more development in order to provide a consistent quality of care for Delaware residents.

The **DELAWARE DENTAL EXAM** assures quality. It establishes a minimum level of competency for actual (living) patients as opposed to practice mannequins.

The **DELAWARE DENTAL EXAM** establishes proficiency in the most common areas of dental practice, e.g. crown and bridge preparation, fillings, medical history interpretation, dental charting, periodontal charting, impressions, x-ray proficiency and calculus removal.

The **DELAWARE DENTAL EXAM** has established an average pass rate of 92% for candidates. Approximately 18 candidates per HALF YEAR (36 per year) take the exam. Approximately 33 candidates per year are successful. These new, successful candidates comprise 10% of the existing, active dental licenses statewide. This new 10% per year licensure rate results in a net increase in active, practicing dentists in the state.

The **DELAWARE DENTAL HYGIENE EXAM** has an average pass rate of 96%. There are approximately 30 candidates per year with 29 (relative) successful candidates per year. This, too, results in a net increase in active, practicing dental hygienists in the state.

This information demonstrates that the Delaware Dental Examination and Hygiene Examination are positive influences in providing competent dental care to people residing in the state. By increasing the number of skilled dental practitioners, we are improving access while ensuring a consistent standard of dental care for all Delaware residents.

Health Resources Board (HRB)

Background

The Delaware Health Resources Board (HRB) Certificate of Public Review (CPR) program, like other national Certificate of Need (CON) programs, originated to regulate the number of beds in hospitals and nursing homes and essentially prevent excessive purchasing of expensive equipment. Per the Joint Sunset Committee 2012 Final Report, HRB transitioned from the Division of Public Health to the Department Health and Social Services, Office of the Secretary, the Delaware Health Care Commission (DHCC). The DHCC provides the administration and staffing for the board. The purpose of the HRB is to foster the cost-effective and efficient use of health care resources and the availability of and access to high quality and appropriate health care services.

The CPR program is regulated by 16 Del. C. § 9301. The primary goal of the CPR process is to control health care cost through a formal review process used to ensure public scrutiny of certain health care developments in the state. These reviews are focused on balancing concerns for access, cost, and quality. A Letter of Intent begins the CPR process and a formal application review process is used to ensure public scrutiny of health care developments in the state of Delaware.

2019 HRB Activity

CPR Applications in Calendar Year 2019

Received	Approved	Denied	Withdrawn
5	3	1	1

Joint Legislative Oversight and Sunset Committee

In June 2019, the DHCC received notification that the Joint Legislative Oversight and Sunset Committee (JLOSC) voted to conduct a comprehensive legislative oversight and sunset review of the HRB. Legislative oversight and sunset review is a periodic review of an entity with the purpose of determining where there is a public need for the entity and, if so, whether the entity is effectively performing to meet that need. At the request of JLOSC, the DHCC completed a performance review questionnaire which was submitted to JLOSC in October 2019. The DHCC commissioners and HRB members reviewed the questionnaire before final submission. In 2020, the DHCC will receive a recommendations report from JLOSC.

HRB Reconsideration Hearing

On December 12, 2019, the HRB conducted their first reconsideration hearing for Beebe Healthcare pursuant to 16 Del. C. § 9305. The purpose of the hearing was to reconsider the CPR application submitted by Beebe to construct a freestanding emergency department in Georgetown, Delaware.

The HRB initially denied the application on August 15, 2019. With the assistance of the DHCC Deputy Attorney General, policies and procedures for conducting the reconsideration hearing were developed and implemented. At the December meeting, Beebe made a presentation

before the board to reconsider their application. Public comments were heard. The HRB considered testimony presented at the hearing and whether findings on the seven criteria changed based on newly discovered, significant, relevant information not previously available or considered by the HRB. The board voted to deny Beebe's application for a second time.

2019 Health Resources Board of Directors

Brett Fallon

Chair and Public at Large

Leighann Hinkle

Representative involved in purchasing health-care coverage on behalf of State employees

Michael Hackendorn

Labor representative

Margaret Strine

Public at Large

Julia O'Hanlon

Public at Large

John Walsh

Public at Large

Edwin Barlow

Public at Large

Vincent Lobo, Jr. DO

Licensed to practice medicine in DE representative

Additional Members:

Dennis Klima – Resigned October 2019

Lynn Morrison – Resigned October 2019

Yrene Waldron – Resigned August 2019

Carolyn Morris

DHSS representative

Theodore Becker

DHCC representative

Mark Thompson

Health care administration representative

Cheryl Heiks

Long-term care administration representative

Pamela Price

Health insurance industry representative

VACANT

Representative of a provider group other than hospitals, nursing homes or physicians

VACANT

Representative involved in purchasing health care coverage for employers with more than 200 employees

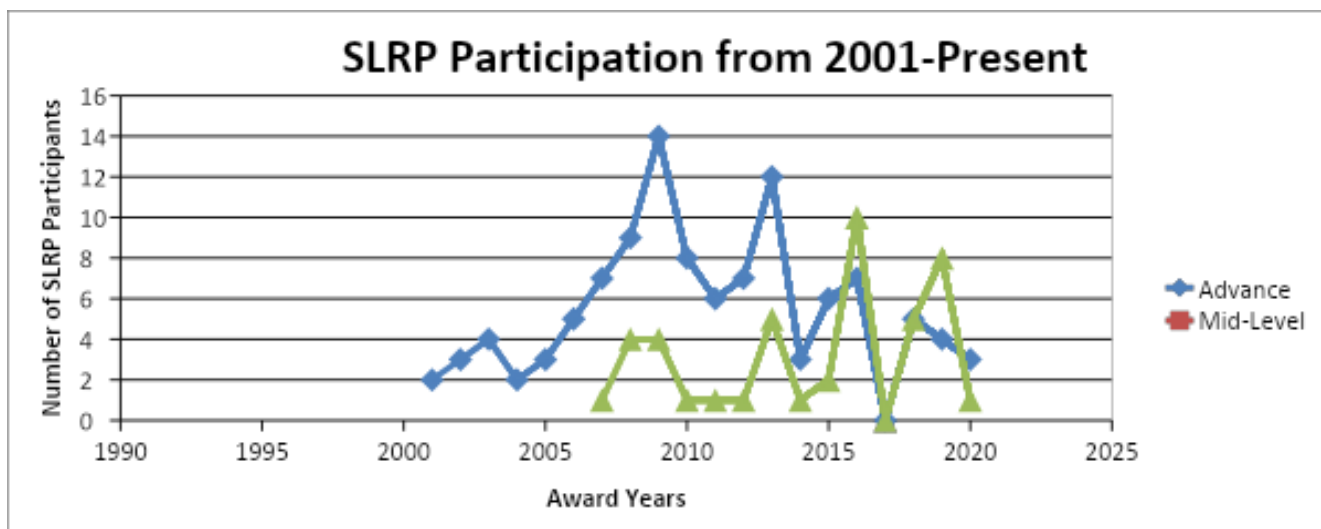
Delaware State Loan Repayment Program (SLRP)

History and Background

Delaware has operated a State Loan Repayment Program (SLRP) since 2000 under the direction of the Executive Office of the Governor and the Department of Health and Social Services (DHSS). The DHCC serves as the lead administrative entity for the program. The program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). A multi-year federal grant totaling \$900,000 was awarded on September 1, 2018 and runs through August 31, 2022.

SLRP strives to create healthier communities by recruiting and retaining quality health care professionals to practice in rural and urban settings designated as Health Professional Shortage Areas (HPSAs). The program offers financial assistance up to \$100,000 for verifiable educational loans to qualified dental, behavioral/mental health, and primary care professionals for a minimum of two consecutive years of full-time (40 hours per week) or half-time (20-39 hours per week) service in shortage areas across the State.

Required match for this program is sourced from three entities: 1) the State of Delaware is the largest contributor with 96%, 2) Highmark of Delaware sponsors 4% of the budgeted amount, and 3) employers have the option – in the event funding is exhausted at the State-level to fund SLRP awards issued to organization-specific practitioners. September 2020 marks the 20th anniversary for the program. To date, 154 participants have received SLRP awarded:



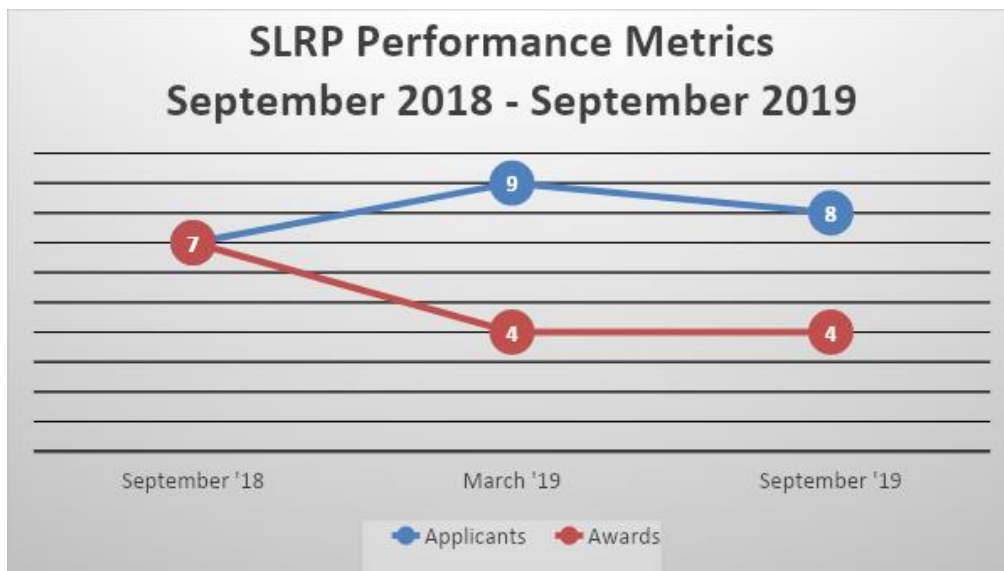
* Total is inclusive of continuing contractual participants through a 3rd and 4th year. It also includes awards declined during preparation of this report.

Calendar Year 2019 Awards

There were two application cycles in 2019 (March 15, 2019 and September 1, 2019).

March 15, 2019, closed the first application cycle for Calendar Year 2019. The DHCC received nine applications during this period; four were eligible for award, four applications were incomplete (missing documents), and one contained ineligible loan information.

September 15, 2019, closed the final application cycle for Calendar Year 2019. The DHCC received eight applications during this period; four were eligible for award, two applications were incomplete (missing documents), and 2 contained ineligible practitioner or loan information.



Of the eight practitioners awarded in the 2019 cycles, a total of \$352,509.00 in state and federal funds were reserved for contractual obligations spanning a period of one to two years. Five practitioners held advanced doctoral degrees requiring commitments in Residency Programs, the other three practitioners held mid-level degrees in Pharmacy and Nursing. Five practitioners were new to SLRP and three were continuing participants in their third and/or fourth years with the program. Five are providing services in New Castle County at a cumulative total of \$272,500, two in Sussex County at \$45,009, and one in Kent County at a total of \$35,000. In 2019, a practitioner at the Department of Corrections increased participation in the program.

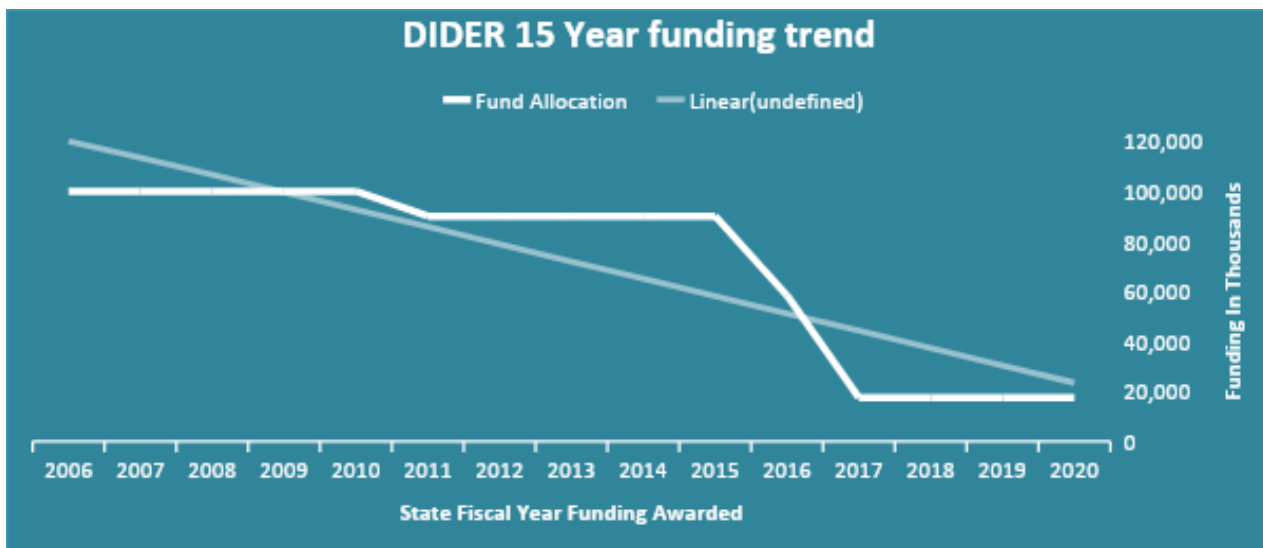
Participation Year	Discipline	Degree Level	Employer / Practice Name	County	SLRP Award Amount
Years 1-2	DO	Advanced	James T. Vaughn Correctional Facility	New Castle	\$ 70,000.00
Years 1-2	PharmD	Mid-Level	James T. Vaughn Correctional Facility*	New Castle	\$ 45,000.00
Years 1-2	PharmD	Mid-Level	James T. Vaughn Correctional Facility	New Castle	\$ 30,000.00
Years 1-2	DO	Advanced	Westside Family Healthcare	New Castle	\$ 85,000.00
Year 3	DDS/DMD	Advanced	Westside Family Healthcare*	New Castle	\$ 42,500.00
Year 3	MD	Advanced	Nemours DuPont Pediatrics - Dover	Kent	\$ 35,000.00
Years 1-2	NP	Mid-Level	Peninsula Regional Family Medicine - Millsboro**	Sussex	\$ 10,009.00
Year 4	DO	Advanced	Bayhealth Family Medicine - Milton	Sussex	\$ 35,000.00
Total Awards Approved:					\$ 352,509.00

* Practitioner declined offer of award.

** Amount is below minimum award level to accommodate qualified participant's validated educational debt. Awards cannot be issued in excess of available debt.

DIDER Funding Trend

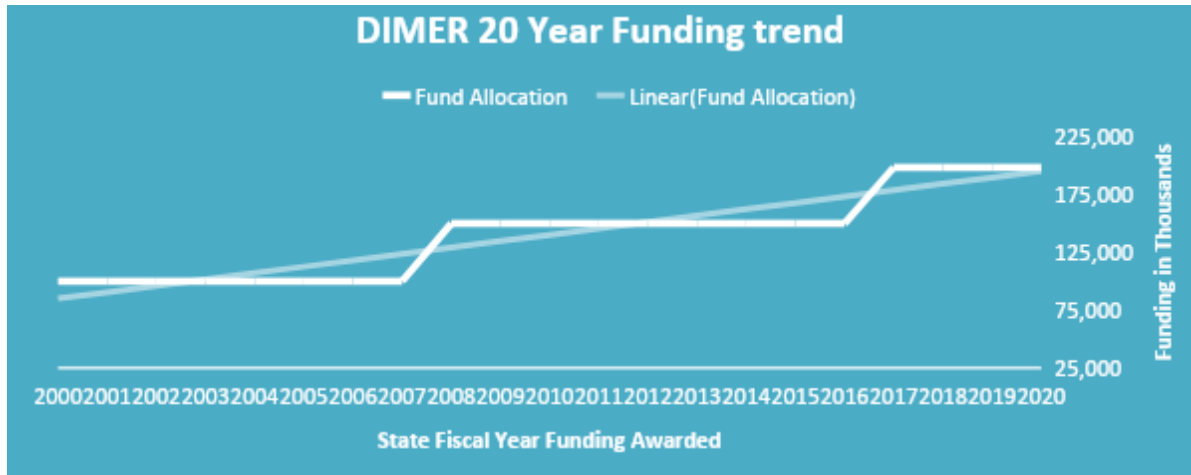
Over the 20-year history of the Federal program in Delaware, DIDER has provided funding in support of loan repayments as follows:



The descending trend line shows a dramatic decrease in financial support for dental practitioners participating in SLRP. Funding is currently awarded at \$17,500 annually. This total allocates one quarter (1/4) of the awarded amount for an advanced degree level (DMD or DDS) SLRP practitioner that meets the minimum qualifications. In 2019, two advanced degree dental practitioners participated in SLRP; one in Smyrna at the Department of Corrections – James T. Vaughn Correctional Center, and one in Wilmington at Westside Family Healthcare, Inc. To-date \$1,456,880 in non-governmental, state, and federal funds have been awarded to 25 dental practitioners serving some of Delaware’s most vulnerable patients.

DIMER Funding Trend

DIMER has proudly supported Delaware’s Federal loan repayment program from its origins to present. With 100% of all funds expended being funneled to reduce and/or eliminate practitioner educational debt, funding is currently awarded at \$198,400.00 annually; a record high over the program’s 20-year history.



To further demonstrate success, in 2019, DIMER funded sixteen advanced and mid-level degreed practitioners that meet or exceeded the minimum qualifications; either through continuing contracts or through new contract obligations. Seven were advanced degree practitioners (DO or MD) and nine were mid-level degree practitioners (HSP, NP, PA, or PharmD). Active participants are located as follows:

- *Bayhealth Hospital* – Milton (1)
- *La Red Health Center* – Georgetown (1)
- *Nanticoke Memorial Hospital & Nanticoke Physician Network* – Seaford (2)
- *Nemours DuPont Pediatrics* – Dover (1)
- *Peninsula Regional Family Medicine* – Millsboro (3)
- *Smyrna Family Practice* – Smyrna (1)
- *State of Delaware* – New Castle and Smyrna (6)
- *Westside Family Healthcare, Inc.* – Wilmington (1)

A cumulative total of 5,126,413.00 in non-governmental, state, and federal funds have been awarded to 125 medical practitioners serving Delaware’s most vulnerable populations.



*Delaware Health
and Social Services*



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