The Delaware Health Care Commission (DHCC) Meeting
June 13, 2024
9:00 a.m. - 11:00 a.m.
Meeting Attendance and Minutes

Commission Members Present In-Person: Dr. Nancy Fan (St. Francis)

Commission Members Attending virtually: Stephanie Traynor (DSCYF), Theodore Becker, Cabinet Secretary Josette Manning (DHSS), Melissa Marlin (surrogate for Cabinet Secretary Rick Geisenberger), Nick Moriello (Highmark Delaware), Dr. Jan Lee (DHIN), Cristine Vogel (surrogate for Commissioner Navarro)

Commission Members Absent: Melissa Jones, Mike Quaranta, Insurance Commissioner Trinidad Navarro (DOI), and Cabinet Secretary Rick Geisenberger (DOF)

Meeting Facilitator: Dr. Nancy Fan, Chair

Health Care Commission Staff: Elisabeth Massa, Dionna Reddy, Latoya Wright, Sue Walters, and Sheila Saylor

Anchor Location: The Chapel, Herman M. Holloway Sr. Health and Social Services Campus 1901 N. DuPont Highway, New Castle, DE 19720

CALL TO ORDER

After confirming a quorum, Dr. Fan called the meeting to order at approximately 9:05 a.m. Public attendees were reminded to identify themselves by placing their name and affiliation in the chat box and those attending in person to sign the sign-in sheet in the Chapel. Attendees were reminded to mute themselves unless they had a discussion. Dr. Fan commented June is Pride Month and we need to improve healthcare access for the LGBTQ community. The month of June Delaware also celebrates Juneteenth, Immigrant Heritage Month, and Men's Health Awareness Month.

BOARD BUSINESS

ACTION ITEM: Approve May 2, 2024, Meeting Minutes

The Commissioners reviewed the May 2, 2024, meeting minutes. Dr. Fan asked if there were any comments. Hearing none, Ted Becker made a motion to approve the minutes seconded by Melissa Marlin (DOF), (Proxy for Cabinet Secretary Rick Geisenberger (DOF)). No objections were made. The Commissioners approved the minutes which are available on the DHCC Website.

UPDATES

DHCC Health Workforce Subcommittee

Due to technical issues with Webex, Dr. Fan announced the meeting would jump to further down the agenda with an update on the DHCC Workforce Subcommittee first and then the DHIN update.

Dr. Kathy Matt, DHCC Health Workforce Subcommittee Chair, presented the DHCC Health Workforce Subcommittee updates.

Dr. Matt stated that the Subcommittee had a meeting yesterday (June 12, 2024), in which Nicole Moxley, Director of Delaware's Primary Care Office with the Division of Public Health, presented about health workforce data, particularly in rural areas and Health Professional Shortage Areas (HPSA) areas. Ms. Moxley also discussed what other states are doing for their challenges in the health workforce, and one of the things they are doing is adding surveillance data or additional surveys that either are separate from the licensing process or as a requirement and part of that licensing process.

Dr. Matt shared Chris Otto, Executive Director of the Delaware Nurses Association, another member of the committee, presented at the meeting what the nursing profession itself has done to refine its data. One of the challenges is that individuals can be licensed within the state, but what is the extent of their practice? What are the populations that they're serving, and are they currently active on their license?

Dr. Matt's reasons for mentioning this is that the DHCC will be receiving material and requests regarding some surveys that they would like health professionals, to take so that they can refine and qualify the data that they have and have a better handle on, not only the number of professionals in all of the different areas of the health workforce, but also the areas in which they're located and the extensiveness of their practices.

Dr. Matt spoke of the Subcommittee's workgroup, headed by DHCC commissioner Michael Quaranta, Delaware Chamber of Commerce, working on the mission, goals, vision, and strategies that the Subcommittee was tasked with after last year's DHCC retreat. The Subcommittee workgroup will present at a later date as they are still refining and working a draft.

Also, at the June Subcommittee meeting, Tim Gibbs, Delaware Health Force, presented the data that has been gathered as part of Delaware Health Force and asked the Subcommittee to come forward recommendations for benchmarking.

The Subcommittee is planning a Health Workforce Summit on September 25, 2024, and the platform and agenda are being finalized. The Subcommittee is hoping to meet monthly and plans to share an update with the DHCC in the fall.

Dr. Fan complimented the Subcommittee because the DHCC gave them a very, very large broad charge. She commented the data is very useful and it will be interesting to see what the best way would be to implement. Dr. Fan added surveys are probably the best way to captures what we're trying to do. There needs to be a better tool for the implementation process to make sure that we're capturing good data. Dr. Fan stated that the Subcommittee meeting on a more regular basis might be able to help them move forward and make a little bit more progress in the work that they do.

The Subcommittee update is available on the DHCC website.

POLICY DEVELOPMENT

Delaware Health Information Network (DHIN)

Dr. Jan Lee, DHCC commissioner and CEO of the Delaware Health Information Network (DHIN), presented the DHIN highlights from Fiscal Year (FY) 24, where DHIN stands today, and gave a sneak preview of what DHIN anticipates for FY 25.

First, Dr. Lee shared that key roles in the organization were vacant due to retirement or staff moving on. Also, due to growth other key roles have been added that have been satisfied or are soon to be fulfilled.

Dr. Lee explained that the Community Health Record (CHR), which is the DHIN's flagship service had a disruption. Audacious Inquiry the vendor for "old" CHR made the business decision to stop supporting it. DHIN sent out the RFP with very short notice and selected a replacement solution, and implementation extended beyond the period that Audacious Inquiry would support the "old CHR." They allowed DHIN to continue using, it but would not commit to service levels, and would make no changes, not even applying security patches in the face of known security vulnerabilities. Replacing the CHR was DHIN's primary focus for much of FY 24.

Phase 1 was to ensure no functionality was lost in the transition. Phase 2 in FY 25 will bring enhancements. A prioritized list has been provided to our vendor, and we expect a series of releases throughout FY 25. FY 25 will also involve an effort to implement functionality already developed but masked during the implementation.

Dr. Lee introduced that for the Master Person Index (MPI), they are transitioning to "referential" matching. The Master Person Index (MPI) is a foundational technology that touches every service DHIN offers. It enables us to match patient identities coming to us from disparate sources into a single record for a single person. This requires several demographic elements to be reported by each data sender to get clean matches. DHIN's new vendor uses several publicly available data sources and the data DHIN receives to enhance the match rate. Transition to the new MPI requires meticulous testing and comparison of results to the old solution and "cleanup" of previous unmatched data. DHIN is delighted that through the advocacy of Senator Carper, DHIN has received approval for a congressional earmark to support this very extensive effort.

In conjunction with the MPI, Dr. Lee spoke to the transitioning of the Event Notification Service (ENS) and Clinical Gateway (CG). Event notification and clinical gateway are related services that enable DHIN to provide notifications of events (hospital or ED admission/discharge) or actual clinical data. Both services require a subscriber to submit a roster of patients of interest. These services are heavily subscribed, along with results delivery and the CHR. The same vendor on the "old" CHR has been providing the technology to support these services. DHIN want to bring these services in-house and have developed our own solutions. DHIN is actively testing and expects to be in production by the end of FY 24. There will be several weeks/months needed to transition all subscribers. DHIN needs to be sure that there is control of services and DHIN is not again subject to a vendor abruptly saying, well, we're just not going to support you anymore.

Dr. Lee spoke of a pop-up project that held an unpleasant surprise from Maryland. Maryland requires all HIEs that do business in the state to register with the State and meet certain requirements. DHIN met most of these requirements and started FY 24 with projects to close the gap. Mid-year, Maryland passed legislation restricting the sharing of data related to abortion services; the implementing regulations required significant new development work for DHIN. This unexpected and very burdensome work crowded out a lot of other things – to accommodate roughly 7 Maryland patients annually (for DHIN). Ironically, shortly after the Maryland law/regs were passed, the HIPPA Privacy Rule was modified at the federal level. Data related to services that were lawful in the jurisdiction where they were provided cannot be used for law enforcement purposes elsewhere.

Dr. Lee explained the Extract, Load, Transform (ELT), pilot. DHIN piloted an alternative approach that would have the payers send us raw transactional claims files in near real-time and have us do the necessary "packaging" on our end. Currently, payers must produce an extract of claims data from their systems that conform to DHIN's content and format

requirements. Submission of claims data has involved a lot of reworks for both payers and DHIN and DHIN not to put the burden of the transformation of data on the shoulders of those submitting it to the DHIN. DHIN piloted a small project to test out the viability of having clients send us the raw claims, as they get them, then let DHIN do the necessary transformations to put them in the right placement and get them in the right format. It took a good chunk of the year to test. The pilot was successful; now comes the non-trivial effort to scale up which probably will be FY26 before we can change the data submission guide.

Dr. Lee described some work that the DHIN is engaged with around analytics. Establish clinical data warehouse (NXT Insights) and technical capability to draw on clinical, claims, or both data sets for analytics work. Implement tools to normalize document-based data, and enable its use in analytics, HEDIS measure calculations, and other use cases. The DHIN Board By-Laws were changed so DHIN could convert the HCCD Administrative Committee to a Data Access Committee. The reconstituted Data Access Committee will adjudicate requests for access to both clinical and claims data for analytical projects.

The DHIN continues to work with the DHSS on the CostAware project.

Dr. Lee concluded her presentation by sharing some legal developments at DHIN, planned work for FY 25, and update on DHIN's strategic plan.

Dr. Fan asked how DHIN sees itself and its role in trying to provide the bridge between all the multiple portals that a patient may use. Dr. Lee responded a lot of patients don't know about DHIN and that DHIN is primarily not a patient-facing organization. DHIN is looking for opportunities to let the public know about the work that DHIN is doing and how DHIN supports healthcare in the state of Delaware. One path is that the hospitals or the practices who have patient portals, can get the data from DHIN, and expose it through their portal. DHIN also offers personal health records so the public can get their data directly from DHIN through a personal health record that DHIN provides.

Dr. Fan asked about augmented intelligence in healthcare that is being translated into the data DHIN is receiving. Dr. Lee responded DHIN is not jumping on the bandwagon just yet and needs to be thoughtful about what are the problems DHIN would want to try to solve and is AI the best tool for doing it.

Dr. Lee's presentation is available on the DHCC website.

UPDATES

Primary Care Reform Collaborative (PCRC)

Dr. Fan presented the PCRC updates. She spoke about certain components of Senate Bill (SB) 120 sunsetting in the next year or two, and how the PCRC is performing a review and reset of

the Collaborative. She explained that this would be a good time to review with a new administration coming in and as DHCC summarizes what its mission and vision are helping to build that into the next administration, so all DHCC initiatives are aligned and accepted.

PCRC met on May 13, 2024. The Collaborative voted and agreed on the future cadence of meetings meeting in July and then quarterly starting in September. This may have to be adjusted as the need arises. The Collaborative reviewed the structure of the PCRC and agreed/voted that the current PCRC structure is the correct structure. The Collaborative agreed/voted to assemble four subcommittee workgroups. The subcommittees will include 5-7 people in the following: 1) Payment and Attribution, 2) Quality Metrics and Benchmark, 3) Communication, and 4) Practice Model.

The PCRC is working on the following action items:

- Develop a draft of the annual report for review in September.
- Consider adding social determinants of health and behavioral health to the primary care model.
- Review and incorporate the Office of Value-Based Health Care Delivery data into primary care spending and affordability standards.
- The use of a hybrid payment model called “The Delaware Enhanced Primary Care Model.” Which uses the upfront payment model (PMPM), and fee-for-service.
- Send a follow-up email survey regarding recommendations for restructuring the membership if it is determined that the current membership is not effective.
- Send a follow-up email survey to PCRC members regarding adding or removing stakeholders and determining the optimal number of people on the PCRC.
- Consider adding "exclusive strategy" to the title of one of the workgroups under payment attribution.
- Send a survey to gather feedback on the work groups and their structure.
- Reach out to organizations for volunteer representatives for the workgroups and update the list of members.
- Ensure that workgroups are in place and know their priorities by July.
- Determine the best implementation tools and methods for advancing the PCRC strategic priorities and goals.
- Consider customizing the tools to be used and make recommendations for regulatory processes.
- Empower work groups to produce high-level outlines and recommendations for reinforcing the primary care system in Delaware.
- Take a bold stand this year and capitalize on changes in the healthcare system to collaborate with stakeholders and move in the same direction.
- Have areas of opportunity for multi-payers as strategic goals for quarters 3 and 4 of 2024 and move into 2025.

Dr. Fan's update is available on the DHCC website. The next PCRC meeting is scheduled for July 15, 2024.

Health Resources Board (HRB) Update

Dr. Fan presented the HRB updates. The HRB has been challenged over the years by inefficiencies and the ability to do the work of the HRB. The board came under sunset review in 2019, the Joint Legislative Oversight Sunset Committee (JLOSC) had several recommendations that came out of that review. Below, are the five recommendations that were adopted by the JLOSC.:

Recommendation #1, Option 1 – continue HRB, yes it does serve a function in the state
Recommendation #2, Restructure HRB to Advisory Committee
Recommendation #3, Statute Revisions, Functionality, obligation, and who makes final decision
Recommendation #4, Utilization Survey, Utilization Form Requirements
Recommendation #4, Option 1 – Conducting a State-wide Health Care Facility Utilization Study
Recommendation #5, Release from JLOSC Review (upon enactment of legislation)

Dr. Fan spoke about House Bill (HB) 394 introduced May 14, 2024. This Act is a result of the JLOSC review of the HRB, this Act renames the HRB to the Delaware Health Resources Advisory Board (Advisory Board). Based on the research, review, and discussion of both the JLOSC and a task force created to assist the JLOSC's research, JLOSC approved recommendations to change the Advisory Board into an Advisory Council and move the Advisory Board's decision-making authority to the Delaware Health Care Commission's Executive Director. In addition to those approved recommendations, this Act implements JLOSC's approval to amend the Advisory Board's statute. This will include updating the application review process; incorporating research and staff review of applications and transferring final decisions on applications to the executive director of the DHCC, with the advisory board's assistance, including the public meeting component. It will codify relevant sections of the current Health Resources Management Plan. The board decreased to 10 members total (7 Governor-appointed, voting members and 3 ex officio, non-voting members). A quorum defined as a simple majority of voting members must be present to conduct official business. Vacancies, recusals, and nonvoting members are not included in the count for quorum.

Also, the department will develop the utilization statistics form and collect information annually. HB394 removes reference to certificates of public review and instead calls the process a certificate of need (CON), the title used nationally. It updates the expenditure threshold from $5.8 million to $8 million, using the annual inflation index. It removes from review the acquisition of major medical equipment. The Department will enforce requirements, promulgates regulations, and publishes on its website all received charity care plans and reports.

Status of HB 394 (as of June 12, 2024)

- May 21, 2024 - Reported Out of Committee (Sunset Committee (Policy Analysis & Government Accountability) in House
- May 22, 2024 - Assigned to the Appropriations Committee in the House

The HRB update is available on the DHCC website.

Delaware Institute for Medical Education and Research (DIMER)

Dr. Fan updated us on House Bill (HB) 432 introduced on June 6, 2024. This Act updates provisions of the code covering the DIMER, which creates partnerships with out-of-state medical schools as an alternative to creating a state-sponsored medical school. Specifically, this Act updates the name of the Jefferson Medical College of Thomas Jefferson University to "Sidney Kimmel Medical College of Thomas Jefferson University" and adds the Philadelphia College of Osteopathic Medicine as a DIMER medical school. It alters and updates the composition of the DIMER Board and provides that all members will be appointed by the Governor. It clarifies that a vacant Board position is not counted for quorum purposes. It requires the Board Chair to be elected from the members of the Board, rather than appointed by the Chair of the Delaware Health Care Commission. It requires the Board to select candidates for the Chair and Vice Chair from a nominating committee determined by the Board. It provides that the Board Chair and Vice Chair shall serve no more than 3 consecutive terms.

As of June 12, 2024, the bill was reported out of committee (Health & Human Development) to House. The DIMER update is available on the DHCC website.

PUBLIC COMMENT

No public comment

ADJOURN

Dr. Fan adjourned, the meeting at 10:10 a.m.

UPCOMING MEETING

The next DHCC meeting is scheduled for Thursday, July 11, 2024, 9:00 a.m. – 11:00 a.m. The anchor location for the meeting:

The Chapel
Department of Health and Social Services
Herman Holloway Campus
1901 N. DuPont Highway
New Castle, DE 19720

Public Meeting Attendees
June 13, 2024
Public Meeting Attendees (Virtual)

Anthony Onugu	United Medical ACO
Bria Greenlee	302 Strategies
Brian Frazee	Delaware Healthcare Association
Brian Olson	La Red Health Center
Cheryl Heiks	Delaware Health Care Facilities Association
Chris Haas	DOI
Christina Bryan	Delaware Healthcare Association
Daniel Isom	DPH
Jess Luff	DOI
Kathy Matt	University of Delaware
Megan Williams	Delaware Healthcare Association
Nicholas Conte	DPH
Nicole Freedman	
Pamela Price	Highmark Delaware
Richa Shah	United Medical
Ruth Ann Lander	
Stephanie Hartos	DHR
Susan Jennette	DOI
Victoria Brennan	Office of the Controller General
William Albanese	Atracare