



The Delaware Health Care Commission (DHCC) Meeting

1/11/2024

9:00 a.m. - 11:00 a.m.

Meeting Attendance and Minutes

Commission Members Present In-Person: Dr. Nancy Fan (St. Francis), Nick Moriello (Highmark Delaware), Dr. Stephanie Traynor (DSCYF)

Commission Members Attending virtually: DHSS Cabinet Secretary Josette Manning, Theodore Becker, Cabinet Secretary Rick Geisenberger (DOF)

Commission Members Absent: Richard Heffron, Melissa Jones, Dr. Roger Harrison (Nemours), and Dr. Jan Lee (DHIN), Insurance Commissioner Trinidad Navarro (DOI), Jan Lee, MD, MMM, FAAFP, Mike Quaranta

Meeting Facilitator: Dr. Nancy Fan (Chair)

Health Care Commission Staff: Dionna Reddy (Public Health Administrator I), Colleen Cunningham and Susan Walters (Public Health Treatment Program Administrators, Sheila Saylor (Admin)

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

CALL TO ORDER

Dr. Fan called the meeting to order at approximately 9:01 a.m. Public attendees were asked 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. All attendees were asked to keep themselves on mute and to virtually raise their hands for questions. Dr. Fan waited until after the Healthy Village presentation to address Board business until she could confirm a quorum.

BOARD BUSINESS

ACTION ITEM: Approve November 2, 2023, meeting minutes

The Commissioners reviewed the November 2, 2023 meeting minutes. Dr. Fan asked if there were any comments. Hearing none, Ted Becker made a motion to approve the minutes, there was not a second motion. No objections were made. The minutes were approved by the commissioners and are available on the [DHCC Website](#)

Action Item: Approve DHCC Strategic Retreat Meeting Minutes

The Commissioners reviewed the retreat meeting minutes that were sent out. Dr. Fan asked if anybody had any comments or edits. Hearing none Nick Moriello made a motion to approve the minutes with no second. The retreat minutes were approved by the Commissioners and are available on the [DHCC Website](#)

Review DHCC Strategic Retreat Priorities for 2024

DHCC Operating Principles- Is there any reworking of our roles or responsibilities to reflect any of our changes in principles or priorities?

DIDER-Dr. Devona Williams is working with Dr. Raffetto to connect with Delaware State University. More information on reciprocity licensing for dentists and hygienists to increase workforce needs. More global data is needed on dentists and why they chose Delaware

Healthcare Data -Benchmarking process and what we want to do with the data. Additional surveys, and additional questions on new licenses and renewal for healthcare providers. The goal is the recruitment and retention of healthcare providers.

Workforce Sub-committee- DHCC should provide the subcommittee with short and long-term objectives in a 3-5-year timetable because it is such a broad topic and direction is needed for the subcommittee to understand the committee's focus.

Set DHCC Meeting Seasonal Calendar

The timing of when the Benchmarks presentation would happen was discussed but not finalized. Benchmarks should be broken up into Spending Benchmarks and Quality Benchmarks and they should be presented if not together close together. Dr. Fan is going to reach out to Mike Quaranta our new member at large from the Chamber of Commerce to see if there is something he would like to add to the calendar. A calendar for 2024 will be drafted.

Policy Development

Lillian Schonewolf, Executive Director of Saint Francis's My Healthy Village, presented an explanation of the Healthy Villages mission and programs. Healthy Villages are communities of

varying scale created at the intersection of neighborhood planning and community health. Through the coordination and integration of investments and services, Healthy Villages improves the quality of life and enriches the vitality of neighborhoods while protecting their heritages, histories, and residents. The Healthy Village model is designed to enhance the traditional safety-net hospital model. This is the first time the program has been housed in a hospital setting. The partners are selected according to their investment in health and the Social Determinants of Health (SDOH).

Hospitals located in communities with high percentages of Medicaid, Medicare, and self-pay, are struggling throughout the U.S. New models of care are needed that integrate treatment and services that address SDOH.

The Healthy Villages model does not replace critically needed treatment services, rather they enhance them in manners that are relevant to value-based reimbursement models and the future of challenged neighborhoods.

The underutilized space at safety-net hospitals can be renovated to house partners who focus on the SDOH. One of the objectives is to drive down occupancy costs for Saint Francis's services and partners and eliminate unnecessary emergency hospital visits. The partners have lower overhead due to the underutilized space at the hospital and the ancillary service provided are a benefit to them.

Healthy Village Main objective is providing health equity and wellness and being able to take care of the whole person. Not just the acute services needed by the individual but making sure that we are taking care of the whole person in other areas that are affecting their health and well-being. We want our patients to be 100% whole and clinically we only account for 20% of their needs with the other 80% being their environment, food insecurities, economic insecurities, and other obstacles in their way. We want to make sure that we are addressing socioeconomic concerns as well as their clinical needs. This model has changed the way that Saint Francis will address healthcare moving forward.

To achieve the model, change the process we went through began with speaking with the community about their expectations/needs from Saint Francis and then we met with our board, legislators from the county level up to the governor with the same questions. All had the same endorsements and concerns. The endorsements came with safety and ease of access, no stigmas with socio-economic levels which eased patients feeling embarrassed upon entry to the facility. Their concerns were the high turnover of administrative staff and not enough diversity in our administrative team. The number one community concerns most prevalent are: behavioral health, substance abuse with workforce development, educational training opportunities, senior services, and affordable housing rounding the top four. This helped Healthy Village to search for partners to help eradicate these barriers. Challenging others to invest and partner is foundational to the Healthy Village model. Stakeholders include: community-based organizations, managed care organizations and other payers, social impact

investors, risk-bearing entities, foundations, governments, behavioral healthcare, and senior care providers. Each partner, including Saint Francis, is focused on a different aspect of health and the SDOH; partners will be added incrementally. Investments will be made to leverage synergies from the co-location. Healthy Village Partners will jointly create an integrated system of care using a team-based approach utilized by participating partner organizations is essential to creating a whole-person model of care. Services and programs can be housed together in one building and spread throughout the community – the essential elements bringing the village together are communication and information sharing.

Healthy Village is proud to include Delaware Hospice, The Merakey Wellness Center, and Delaware's first Women's Reentry Program as partners. Healthy Village programs will include help with Food insecurity (Backpacks, homeless food boxes, farm boxes, surplus food), DME (Durable Medical Equipment), personal care items, financial literacy, access to healthcare, SIOH self-sufficiency programs, expansion of Tiny Steps program (Cribs, car seats, diapers). Saint Francis was also fortunate to be chosen as one of the 10 hospitals out of the 90 in the Trinity Health System to receive funding for housing and we are renovating the garage across the street into a 4-story 252-unit one-room apartment for seniors.

Secretary Manning asked if Saint Francis was looking to have state social service eligibility offices and if so, have you been in touch with anyone. Lillian Schonewolf is looking to have an office in which social services are available and can be explained but it is too early for conversations. David Bentz asked about the uniqueness of the program since elements are being done in various places. Lillian explained that having this program in a hospital affords the patient a warm handoff to the community health workers or services at the time of discharge to get the help they need. Dr. Fan concurred that bringing together certain elements with partnering is key and although you don't need to reinvent the wheel, we might need to make access to care more scalable.

Lillian Schonewolf, Executive Director of Saint Francis's My Healthy Village presentation slides are available on the (location will be added once minutes are approved)

DHCC Workforce Subcommittee

Kathy Matt, Ph.D., presented a brief update on the Workforce Subcommittee. The Workforce Subcommittee Members stated that the subcommittee was strong with good representation from many of the state departments.

The Subcommittee's funding is being put towards gathering strong data, documenting needs and demands, not only in the context of Delaware but also nationally.

The subcommittee looked at the Governor's Association report and the strategies being used to see what we wanted to adopt. The Workforce Subcommittee found the importance of linking the health workforce with state agencies, healthcare systems, educational institutions, DOL,

DOE, DHSS, etc. This will be achieved by establishing a new position “Director of Healthcare Workforce” to work across the agencies, healthcare systems, community, and philanthropic groups, either state-driven or public/private partnership). Establishing a Taskforce or Council on Health Workforce Education and Training, through statute or executive order. Funding through state investment in the healthcare workforce. Review proposed healthcare legislation.

Below are some of the different approaches that other states used that we plan to adopt. Data refinement and analysis. Refine data by asking additional survey questions as used by other states to confirm work in the state, etc., surveys to determine current vacancies and needs, and surveys to determine capacity to educate and train the health workforce. Funding: grow investments in education pipelines of the health workforce. Enhance Loan repayment programs and student loans for service in rural, and underserved populations. Annual Health Workforce Summit to brainstorm ideas to enhance the health workforce. Topics could include but are not limited to enhancing clinical training opportunities in Delaware for all health professionals. Use of simulation to supplement clinical placements. Create training tracks that better link academic programs to hospitals. Develop more Fellowship programs for NPs and PAs with FQHC and others. Special assistance with capital funding for the creation of new primary care centers in HIPSA areas that include a requirement for training of health professionals for 5 years. Leverage innovation and technology to increase efficiency and lessen workload to decrease burnout and enhance retention.

The Health Work Force Subcommittee aims to create a structured effort to engage all stakeholders in the clinical, educational and business community in Delaware in efforts to produce a stronger health workforce that leads to better health outcomes for the people of Delaware.

Secretary Geisenberger encouraged the Annual Health Workforce Summit and expressed that partnering with universities is good and to develop a list of priorities that is taken on incrementally.

Primary Care Reform Collaborative (PCRC) Update

Dr. Fan provided a summary of the most recent Primary Care Reform Collaborative meeting held on December 11, 2023. Dr Fan suggested that the PCRC has a lot of information so they will meet monthly at least for the 1st quarter of 2024 on a monthly basis.

Christine Vogel, The Department of Insurance Office of Value-Based Health Care Delivery (OVBHCD) provided a “Next Steps” slide presentation in the December 11th meeting. It was a data update regarding the primary care investment and whether are we meeting the primary care spending targets.

We are on track in 2023 to ensure compliance with the 8.5% target and it goes to 10% in 2025. In April 2024 the OVBHCD will request another round of Year to Date, Actual data. We plan to work with new carriers (AmeriHealth and AmBetterHealth) and the data submission template. Two areas that OVBHCD will discuss further are the concept of attribution and meaningful measure quality measures associated with the value-based payment models.

HMA gave an update about the quality improvement component of a proposed Delaware-specific payment delivery model. These are topics to be incorporated and we want to work with the commissioner to hone down on this because essentially the concept is being able to provide practices with practice transformation investments as part of their upfront payment to include a phone call, in-person visit, or exam. We are hoping to be able to help them incorporate key components like Care Coordination, SDOH, and how to use their IT/EMR to decrease administrative burden and better data collection and analysis. There will need to be guidelines for the practices, so they are not just getting a bulk sum of money. The funds will flow directly to the practices who are seeing the patient. HMA will be giving their final recommendations in the January meeting and the final report for the February meeting. So will be able to present a draft at our DHCC February meeting.

The next PCRC meeting is scheduled for January 22, 2024.

PUBLIC COMMENT

There was no public comment.

ADJOURN

The meeting adjourned at 10:59 a.m.

UPCOMING MEETING

The next DHCC meeting is scheduled for Thursday, February 1, 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
October 5, 2023
Public Meeting Attendees (Virtual)**

Alexis Quinn	
Anthony Ongu	United Medical ACO
Bria Greenlee	302 Strategies
Brian Olsen	LA Red Health Center
Cheryl Heiks	De Health Care Facilities Association
Chris Fraser	Westside Family Healthcare
Chris Haas	Department of Insurance
Christina Bryan	DHA
Cristine Vogel	DOI
Daniel Iscom	
David Bentz	DHSS
Jess Luff	Department of Insurance
Judith Butler	DE League of Women Voters
Kathy Matt	Health Workforce
Lillian Schonewolf	Trinity Health
Lisa Gruss	MSD
Maggie Norris-Bent	Westside Family Health
Nichole Moxley	DPH
Nicole Freedman	Morris James
Pamela Price	
Stacey Ferguson	Trinity Health
Stephanie Hartos	Statewide Benefits Office
Steven Costantino	DHSS
Susan Jeanette	Department of Insurance

Susan Jennette	DOI
Tyler Blanchard	Aledade
Victoria Brennan	CGO
Wayne Smith	Smith Capitol Advisors
William Albanese	