



The Delaware Health Care Commission (DHCC) Meeting

April 6, 2023

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

Meeting Attendance and Minutes

Commission Members Present In-Person: Dr. Nancy Fan (St. Francis), Richard Heffron, Dr. Jan Lee (DHIN), Cabinet Secretary Molly Magarik, Insurance Commissioner Trinidad Navarro (DOI), and Dr. Stephanie Traynor (DSCYF)

Commission Members Attending By Phone: Cabinet Secretary Rick Geisenberger (DOF), Dr. Roger Harrison (Nemours), and Nick Moriello (Highmark Delaware)

Meeting Facilitator: Dr. Nancy Fan (Chair)

Commission Members Absent: Theodore Becker and Melissa Jones

Health Care Commission Staff: Stephanie Hartos (Public Health Administrator), Colleen Cunningham (Senior Social Service Administrator), and Elisabeth Massa (Executive Director)

Meeting Location: Buena Vista (Buck Library), 661 S Dupont Hwy, New Castle, DE 19720

CALL TO ORDER

It was determined a quorum was present, and Dr. Fan called the meeting to order at approximately 9:08 a.m. Dr. Fan welcomed the attendees on WebEx and also those in attendance in the room. She asked public attendees to virtually sign-in by placing their name and affiliation in the chat box or by sending an email to the DHCC Resource Account (dhcc@delaware.gov).

BOARD BUSINESS

ACTION ITEM: Approve March 2, 2023, meeting minutes

Dr. Fan asked the commissioners to review the March 2, 2023, meeting minutes. Dr. Jan Lee made a motion to approve the minutes. Rich Heffron seconded the motion. Hearing

no objections, the minutes were unanimously approved for the commissioners present. The minutes are available on the [DHCC Website](#).

Welcome new board member, Dr. Stephanie Traynor

Dr. Fan welcomed new commissioner, Dr. Stephanie Traynor. Dr. Traynor replaces Dr. Richard Margolis on the board serving as the Cabinet Secretary Designee, Department of Services for Children, Youth and Their Families, Ex Officio member. Dr. Fan asked Dr. Traynor to share a little about herself. Dr. Traynor shared she is the Deputy Director with the Division of Prevention and Behavioral Health Services for the past three years. Prior to that, she was with Aquila doing substance abuse treatment for Sussex County for eight years. She has been a provider in the field as a psychologist for many years. Most of Dr. Traynor's career has been working with children.

Action Item: Approve Annual Report

Dr. Fan asked the commissioners if they had any questions about the DHCC 2022 Annual Report that was prepared by the DHCC staff. Dr. Jan Lee thought the report was very thorough, accurate and she made a motion to accept. Secretary Magarik seconded and wanted to acknowledge the hard work of the staff. Dr. Fan shared the report will be posted to the [DHCC website](#) and shared with the Governor's office and legislative leadership.

POLICY DEVELOPMENT

Health Care Spending and Quality Benchmarks 2021 Trend Report

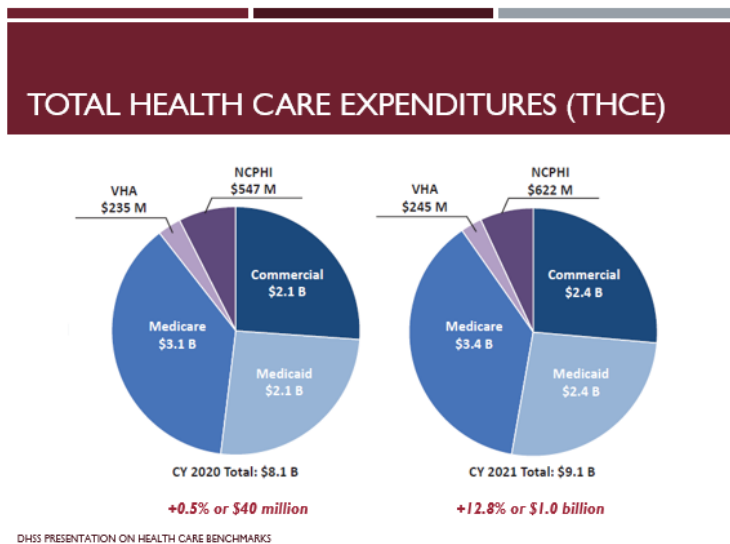
Secretary Magarik presented an overview of the [Benchmark Trend Report for Calendar Year \(CY\) 2021](#) results. This report displays trends in Delaware's health care spending and quality, comparing new 2021 data against a set benchmark, as well as baseline data from 2019 and 2020. This report continues the State's efforts to improve health care quality for all residents, while simultaneously working to monitor and reduce the economic burden of health care spending. Secretary Magarik started her presentation by sharing DHSS is developing a new, on-line benchmark dashboard where the public can view and download benchmark data. The expectation is for the dashboard to go-live in the spring.

The focus of this year's report is CY 2021 results. The spending benchmark is the annual change in the State level per capita value of total health care expenditures for all Delaware residents based on data submitted by Delaware payers. The report also includes Delaware's results on several quality benchmarks and the data represents the third time DHSS collected benchmark spending and quality data from all payers. The data was collected from Aetna, ACDE, Cigna, Highmark, UnitedHealthcare, CMS, DMMA, and VHA.

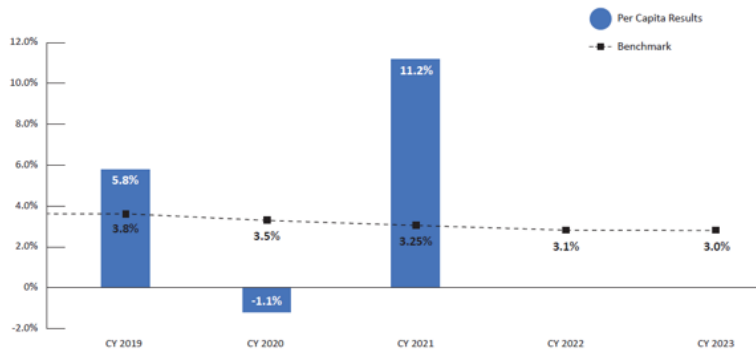
Secretary Magarik shared a graphic from the Bureau of Economic Analysis for informational purposes only. The information collected is separate and not to be compared with the data collection process for the CY 2021 benchmarks trend report. The summary is to show another data point for the change in health care expenditures from CY 2020 to CY 2021. Across all states/regions, CY 2021 reflects higher than average spending levels from CY 2020 as the suppressed spending and utilization during the beginning of the pandemic begins to return to more normal/pre-pandemic levels in CY 2021.

Secretary Magarik also noted a lot of money went into healthcare on the federal side – \$700 billion dollars over the pandemic. That amount is not included in the benchmark. The reading and comparison would not be accurate, and the goal is to get as accurate as possible in collecting data.

For CY 2021, the spending benchmark was set at a 3.25 percent growth rate. Delaware’s total CY 2021 THCE was approximately \$9.1 billion. The per capita amount was \$9,088, which represents a 11.2% year-over-year increase. The 11.2% per capita increase is significant, but this figure reflects Delaware’s health care market rebounding from the reduction in health care spending and utilization in CY 2020 caused by the COVID-19 pandemic.

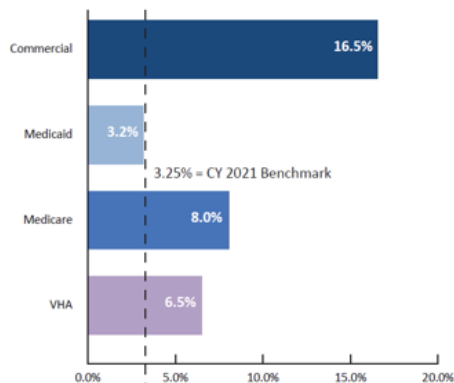


THCE PER CAPITA CHANGE VERSUS BENCHMARK



DHSS PRESENTATION ON HEALTH CARE BENCHMARKS

MARKET THCE PER CAPITA CHANGE VERSUS BENCHMARK



DHSS PRESENTATION ON HEALTH CARE BENCHMARKS

With respect to the Market THCE per capita change versus the benchmark, Dr. Lee asked if there was an insight into why these segments are so different. Fred Gibson, with Mercer, shared on the Medicaid side, Delaware has had a very significant Medicaid population growth which we have seen across the country. As disenrollment now starts, Delaware will see some of that population move into different markets. With respect to commercial, Mr. Gibson shared it could be just the delay in care, however, it is difficult to say what is exactly happening in commercial. Medicare is probably the most stable market, but there are still issues with delayed care. Secretary Magarik added the pandemic hit the hardest seniors in terms of losses, so in terms of the number of people in the segments, Delaware lost a lot of people in the Medicare space because of how much starts to impact people 65+ versus younger.

Rich Heffron added we will really need three good years of data where everything is back to “normal.” Secretary Geisenberger shared for future years, it would be helpful if we could show a 3-year or 5-year trend lines is a better picture how Delaware is doing overall. Dr. Lee added this slide creates the most questions in her mind because if the markets were all relatively similar within a few points of each other, she would say the pandemic affected everyone, however, this slide shows that clearly certain markets were impacted differently.

Secretary Magarik reviewed the results for the Quality Benchmarks. The 2021 results were similar to 2020. For the 2021 benchmark trend report, additional quality data stratifications and demographic information related to age, gender, and ethnicity were requested from the carriers and will be shared in more detail within the 2021 trend report. The request for additional stratifications came from feedback last year that has since been incorporated into the process and will continue to be shared as data is available. Delaware met the 2021 quality benchmark for: Use of Opioids at High Dosages, Emergency Department Utilization, and Persistence of Beta-Blocker Treatment after a Heart Attack. Commercial market only met the benchmark, but the Medicaid insurers landed closer to the benchmark. For statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%, both Commercial and Medicaid markets met their respective benchmark. Delaware’s opioid-related deaths per 100,000 continues to be very high and increased from 2020. There was some discussion around whether the quality measure for opioid-related deaths should be adjusted.

Dr. Roger Harrison asked if there was a sense of how spending was split between adults and children. Secretary Magarik replied we are not able to segment the data by age in terms of health care spending. Dr. Lee added DHIN does not have all claims (DHIN has about 60%), however, there could be some information that could be derived from the claims.

Dr. Fan flagged a question asked in the WebEx chat box if quality measures were available for ADHD and ASD. Secretary Magarik responded there are currently no quality measure for ADHD and ASD. The DHCC reviews and selects the quality measure every three years.

Secretary Magarik thanked the DHCC staff and the Mercer team for all their hard work with the benchmark.

The Secretary’s presentation is available on the [DHCC website](#).

DHSS Legislation

David Bentz, DHSS Deputy Director of Healthcare Reform, shared an update on legislation this Session related to insurance, Medicaid, medical debt, and substance use and mental health.

- HB 80, requires doula services be covered by Medicaid.
- HB 110, requires all insurance policies, Medicaid, and the state employee plan include coverage of services related to termination of pregnancy.
- HB 60, requires all insurance policies, Medicaid, and the state employee plan, include coverage of supplemental and diagnostic breast examinations.
- SB 31, closes a loophole that allowed group and blanket health plans to apply cost sharing for chronic care management.
- SB 8 protects patients from unfair debt collection practices for medical debt, including prohibiting large health care facilities from charging interest and late fees, offer payment plans, limiting the sale of the debt-to-debt collectors, preventing the reporting of medical debt to consumer credit reporting agencies for at least one year after the debt was incurred.
- HB 90 requires large healthcare facilities to provide information to uninsured patients regarding eligibility and the application process for medical assistance.
- SB 52 transitions Delaware's needle exchange program to needs based.
- HB 114 institutes a voluntary certification process for recovery residences, established residence rights, and training and technical assistance for recovery resident's operators and staff.
- HB1 removed all penalties for use or possession of a personal use quantity of marijuana and accessories.
- HB2 Delaware Marijuana Control Acts regulates and taxes marijuana for recreational use in much the same manner as alcohol.
- Loan Repayment, adding mental health providers and dentists to the loan repayment program.

Mr. Bentz asked if there were any questions. There were no questions. Mr. Bentz's presentation is available on the [DHCC website](#).

Primary Care Reform Collaborative (PCRC)

Dr. Fan shared the Primary Care Reform Collaborative (PCRC) has two new members, Representative Melissa Minor-Brown, Chair of the House Health & Human Development Committee and Theodore Mermigos, Interim director of Division of Medicaid & Medical Assistance (DMMA). At the March 13 meeting, the Office of Value-Based Health Care Delivery (OVBHCD) provided an update on their data analysis of what has come about from the 2023 commercial affordability standards. Some of the data was eye-opening and gave the PCRC a lot of thought was around patient population and who is covered (only 10% of the total patient population is covered by a fully insured commercial payer). Dr. Fan shared other concerns included:

- Self-insured individuals lacking access to “aligned value-based” care
- Separate hospital/physician fees for self and fully insured populations under consideration, resulting in a bifurcated market.

The next PCRC meeting is scheduled for April 24.

A new vendor, Health Management Associates, is supporting the PCRC. HMA is helping the DHCC finalize a primary care delivery model that incorporates the concept of value-based care with alternative payment models.

Dr. Lee commented during the SIM grant there was a diligent effort to create a common scorecard for the State. It was not easy because all the payers still had their own way of measuring, and what was coming out on the scorecard did not match what providers were getting directly from the payers. There is a push now on the federal level to agree on a particular way.

Secretary Magarik commented there is a struggle trying to get the legislature to understand that there is only a very small segment of the market that is under their control because there are a lot of self-insured plans in Delaware. The challenge is as we keep adding mandates into the market, it runs the risk of potentially pricing people out of it.

Insurance Commissioner Trinidad Navarro shared Highmark has provided significant grants through the Medical Society to help primary care doctors. Dr. Fan added trying to operationalize some of the basic concepts has been difficult and unintended consequences. Dr. Fan asked if there were any additional comments from the commissioners. Nick Moriello shared his appreciation for the Collaborative’s understanding of different populations and operational challenges that exist. He also expressed his appreciation of the workforce component that was mentioned.

PUBLIC COMMENT

Christina Crooks Bryan with the Delaware Health Care Association (DHA) shared an update on Match Day, which was March 17. DHA created a blog to highlight all of the hospitals and what they did on Match Day (matching physicians to residency programs). The health systems brought about 170 physicians to Delaware and includes primary care physicians.

ADJOURN

The meeting was adjourned at 10:51 a.m. The next DHCC meeting is scheduled for May 4, 2023, 9:00 a.m. - 11:00 a.m. and will be virtual.

Public Meeting Attendees
April 6, 2023

Alyson Ramsaier	Mercer
Anthony Onugu	United Medical
Christopher Otto	DE Nurses Association
Katherine Collison	DHSS
David Roose	Department of Finance
Delaney McGonegal	Mid Atlantic Association of Community Health Centers
Janie James-Webb	University of Delaware
Jose Tieso	Gainwell Technologies
Laurie Klancher	Mercer
Lizzie Lewis	Hamilton Goodman Partners
Lori Ann Rhoads	Medical Society of Delaware
Matt Clark	AFSCME
Mollie Polland	Nemours
Nick Conte	DHSS
Nora Hoban	Mid-Atlantic Association of Community Health Centers
Pam Price	Highmark Delaware
Pamela Gardner	Delaware Health Sciences Alliance
Paul Kiefer	DHR
Peter Kaczmarek	Mercer
Richard Holaday	DHSS
Russ Larson	
Sean Dwyer	Alzheimer's Association
Sarah Stowens	ChristianaCare
Sherry Nykiel	DHSS
Steven Costantino	DHSS
Wayne Smith	Smith Capitol Advisors
Fred Gibison	Mercer
Christiana Crooks Bryan	Delaware Healthcare Association
Cheryl Heiks	Delaware Health Care Facilities Association
Ali Dodds	
Alia Bonner	
Ken Mittelstadt	