



## **Delaware Health Care Commission (DHCC) Meeting**

September 7, 2023

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

### **Meeting Attendance and Minutes**

**Commission Members Present In-Person:** Dr. Nancy Fan (St. Francis), DHSS Cabinet Secretary Josette Manning, Nick Moriello (Highmark Delaware), Insurance Commissioner Trinidad Navarro (DOI), Dr. Stephanie Traynor (DSCYF), and Richard Heffron

**Commission Members Attending virtually:** Theodore Becker, Dr. Roger Harrison (Nemours), Cabinet Secretary Rick Geisenberger (DOF), and Dr. Jan Lee (DHIN)

**Commission Members Absent:** Melissa Jones

**Meeting Facilitator:** Dr. Nancy Fan (Chair)

**Health Care Commission Staff:** Elisabeth Massa (Executive Director), Susan Walters (Public Health Treatment Program Administrator), and Latoya Wright (Manager of Statistics and Research)

**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 9:03 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.

Dr. Fan opened the meeting by introducing DHSS Cabinet Secretary Josette Manning and welcoming her to the board. Secretary Manning shared she reviewed past DHCC annual reports, thanked the Commission for their focus and efforts, and is excited to be part of the team.

## **BOARD BUSINESS**

### **ACTION ITEM: Approve July 6, 2023, meeting minutes**

The Commissioners reviewed the July 6, 2023 meeting minutes. Dr. Fan asked if there were any comments. Hearing none, Nick Moriello made a motion to approve the minutes, and Secretary Rick Geisenberger seconded. No objections were made. The minutes were approved by the commissioners and are available on the [DHCC Website](#).

### **Strategic Retreat Planning**

Dr. Fan inquired if any commissioners had agenda items to put forward for the upcoming DHCC Strategic Retreat. The Retreat typically includes an overarching theme to help set priorities for the upcoming calendar year and opens with a recap of topics from the current calendar year and then the commissioners discuss priorities for the next calendar year. In the past, the DIMER and DIDER chairs provide an annual update. Also at the Retreat, the commissioners typically discuss two or three critical issues at the meeting.

Mr. Moriello suggested DIMER, DIDER, and the Workforce Subcommittee could provide more than updates, and instead, perhaps strategic initiatives that the Commission could focus on or align with some of those initiatives. Since there are new commissioners, Mr. Moriello also recommended sending out a new poll to determine the best date for the Retreat to accommodate most schedules and have all voices present.

Regarding the Retreat date, Dr. Fan responded that only Fridays were considered in October and November because that is when it has been traditionally scheduled. She didn't see any reason other dates could be considered.

Mr. Moriello shared that the Workforce Subcommittee is interested in acting on the data and plan how can the committee be responsive to those data. He hopes this is something that can be discussed at the Retreat. He would also like to discuss how ideas can be brought to the Commission. Since the Subcommittee is trying to figure out their own internal governance, he inquired to what extent the Subcommittee is allowed to plan activities or did those ideas need to first be vetted through the full Commission. Dr. Fan indicated that the status and process for the Subcommittee could be added as an agenda item. She also stated that with the government's new emphasis on staffing nursing homes, another agenda item could include a discussion on how it could be incorporated into a state policy recommendation. In today's rapidly changing environment, there could be opportunity at the Retreat to provide the Subcommittee with guidance.

Mr. Moriello commented that the DEFAC Benchmark Advisory Committee, the financial side of setting the benchmark had planned to meet. He is not sure what may emerge from that

meeting in terms of ideas and recommendations, but he recommended that since the Delaware Health Care Spending and Quality Benchmark program is five years in, that DEFAC and DHCC should meet with incoming administration to provide feedback on what has worked and has not worked. Dr. Fan agreed that the commissioners have only heard status updates and perhaps it is time to take a good look at the Benchmark program and see how it aligns with DHCC priorities.

Any additional topics, agenda items, and thoughts for a theme of the direction for Retreat should be emailed to Elisabeth Massa. The commissioners will receive an email to determine best date for this year's Retreat.

## **POLICY DEVELOPMENT**

### **Health Trends**

As part of the DHCC seasonal calendar, the Department of Health and Social Services (DHSS) Division of Public Health (DPH) presented an update on health trends in Delaware. Tina Farmer, DPH Director of Community Health Promotions thanked the commissioners for the opportunity to present health trends in Delaware and introduced Caroline Judd, Substance Use Disorder Epidemiologist for the Office of Health Crisis Response. Ms. Judd is in the epidemiology research unit and in the epidemiology health data and informatic section which works closely with the Office of Health Crisis Response. She provided an overview of emergency visit data. Ms. Judd indicated that their unit reviews violent deaths; in addition to homicide and suicide, overdoses are categorized under violent deaths by the CDC. They look at indicators for mental health and provided a chart showing the overall mental health visits in emergency visits has been steady, although the chart does indicate a large decline in 2021. The state saw higher rates prior to COVID than it did after the pandemic. She is unsure if this is indicative of a positive trend. They are interested in expanding their charts to include firearm injury, domestic violence, and sexual assault data.

Next, Helen Arthur, DPH Section Chief for Health Promotion and Disease Prevention, shared information on health data trends around chronic disease in Delaware including smoking, vaping and diabetes, physical activity and nutrition data, and updates on breast, bone, colorectal and prostate cancer. In 2021, approximately 70.6% of Delaware adults have at least one chronic condition, including chronic kidney disease, COPD, heart attack, angina, coronary heart disease, obesity, cigarette smoking, diabetes, asthma, stroke, and hypertension.

Regarding cancer, Ms. Arthur indicated that all cancers reported through the cancer registry are included in the data, including skin cancer statistics. Data on comorbidities are available, however those data are not included in this presentation. This data could be provided in the future.

Insurance Commissioner Trinidad Navarro asked about the data as it appeared that almost one third of Delawareans has hypertension and requested clarification that high cholesterol was considered a chronic disease. Ms. Arthur confirmed that high cholesterol was considered a chronic disease for these public health data. These data are captured through a self-reported questionnaire through their data surveillance process. It is unclear if these data indicate if medication is part of the treatment.

Dr. Jan Lee inquired why self-reported data were used for these collection efforts rather than clinical data submitted through the claims database. She added that if individuals have been told by their physician that this condition exists, presumably there would be a healthcare encounter and an associated claim that could be compiled into a report which would be regarded as hard data rather than rely on patient recall which is associated with subjectivity. Although the claims database does not include every Delawarean, it is representative of the population, yet admittedly does include gaps. Ms. Arthur was unable to speak on behalf of DPH leadership but explained that the tool used is a national survey as part of a surveillance system from a national partnership with the CDC. All states utilize this survey which is available through a national grant. Ms. Arthur indicated that Dr. Lee's point was well taken and DPH could inquire on what data could be reported through the claims database. Dr. Lee appreciated the fact that the activities were accomplished through a federal grant and data can be compared using consistent methodologies. She remains skeptical that survey response rate is higher than 60%. Ms. Arthur will take the concerns back to her leadership. Dr. Fan stated that she would assume that DPH is using epidemiology standards as set by the CDC since those numbers are required to be reported to the CDC. She suspected that these methods were consistent with the national process.

Ms. Arthur next provided annual national cost estimates associated with chronic conditions. She shared that despite significant progress made, tobacco use remains the leading preventable cause of death and disease in the United States. In Delaware, cigarette smoking in Delaware has decreased 37.6%; however, the data for other tobacco products among young adults is a strong cause for concern. Ms. Arthur also presented data regarding diabetes. In 2021, almost a quarter of the adult population in Delaware was diagnosed with diabetes (12%) or prediabetes (12.6%). Additionally, in 2020, 322 Delaware adults died from diabetes. Diabetes is a risk factor for other cardiovascular diseases and costs Delaware \$1.1 billion dollars annually. Ms. Arthur's presentation also shared cancer statistics. For the 2015-2019 reporting period, Delaware ranked 15th among states for cancer mortality.

Rich Heffron inquired why the percentage of men receiving PSA tests was much lower than that of other tests. Is it because men have the test at a higher age than some of the other screenings? The PSA is an easier test than either breast cancer or colorectal screenings and the incidence rate seems much greater. Dr. Fan responded that there was some controversy about the accuracy of the PSA and recommendations that this might not be the best screening test, so some physicians may have moved away from using it as an actual screening test. She states

that perhaps the Board could determine if prostate cancer was an area requiring their consideration in determining best practices and preparation of policy recommendations.

Mr. Moriello shared that the national survey data would be helpful in this instance since incidence rates could be compared to other states and determine if Delaware lagged relative to the averages for other states. If so, this is something that the commissioners could address through policy recommendations. A request was made to have an annual report to compare trends by states and nationally to determine if the screen is relative to other states. Ms. Arthur indicated those data are available and will be a part of the Health Fund Advisory Council presentation this September.

Dr. Stephanie Traynor inquired if the CDC sets any benchmarks or targets for the cancer screenings. Ms. Arthur indicated that DPH uses Healthy People 2020 and follow the American Cancer Society guidelines. Dr. Fan added that the CDC would likely follow the Health People 2025, which are not benchmarks but rather, goals. Benchmarks would come from best practices within each disease, process, or specialty.

Ms. Leah Woodall with DPH continued the presentation by reviewing maternal and child health trends. DPH works with several partners using data to drive activities, largely through the Delaware Healthy Mother Consortium. She highlighted that preterm births are associated with maternal health morbidities such as anemia infections, increased risk of hypertension, cardiovascular disease and diabetes. The rate of preterm birth is 11% with an aspiration to reach 7%. Delaware is currently higher than the national average. Delaware is also monitoring low birth weight babies, which is also currently higher than the national average.

Ms. Woodall next shared data regarding adverse maternal experience during pregnancy, postpartum depression, and the five-year infant mortality rate, defined as any death prior to one year of age. Her presentation also reviewed Adverse Childhood Experiences (ACES), traumatic events such as violence, abuse, growing up in a family with mental health illness or substance use.

Another measure that DPH tracks is neonatal abstinence syndrome is a condition where babies are exposed to substances, predominately opioids, in the womb before birth. After birth, these babies experience symptoms of withdrawal. By reporting on this data, DPH can provide surveillance and estimate the number of babies born with neonatal abstinence syndrome. This can drive treatment interventions and preventative measures for mothers and babies for needed wraparound services, especially before those babies are discharged and sent home. DPH is currently seeing a downward trend with these data.

Secretary Geisenberger inquired if at least 17.5% of all children born in Delaware to a woman with a substance abuse, opioid use, or serious mental illness. Dr. Fan responded by saying that the national average for postpartum depression can be upwards of 25%, so if the data are including depressive disorders then that would be consistent with the results. One of the

reasons that Delaware has one of the highest neonatal abstinence syndrome rates is because Delaware has such a high substance use disorder rate in the state.

Secretary Manning inquired if there is any data captured marijuana exposure or marijuana use by the mother, and any data that overlays marijuana use with preterm births. A reference was made back to the earlier data on infant deaths and that some could be attributed to sudden unexplained death (SUD), and of those SUD deaths, what's the substance use, including marijuana, overlay. The Kid's Department had been struggling with understanding the impact because all prenatally exposed babies, even if they tested positive for opioids, there was marijuana use in over 80% of the cases as well. Ms. Woodall indicated she would follow up and see if any data were available. If those data were not available, Secretary Manning asked for data to see if any deaths before 1 year old had some indication of substance use disorder in the home. Ms. Woodall indicated she will look into that request.

Dr. Fan shared that over the past year, if one tested positive for THC, that resulted in an automatic referral, partly because it was so prevalent. In addition, a lot of women who use marijuana and THC do not realize that it might be laced with additional substances, such as amphetamines or opioids. In that case, it would be difficult variable to tease out as a risk factor, especially since marijuana alone has been tested on a drug screen, not necessarily as a risk factor. Only referrals for marijuana plus another risk factor would come through a Plan of Safe Care, so that may be difficult to track.

Dr. Fan thanked the presenters and shared September was National Suicide Awareness Prevention Month and National Alcohol and Substance Use Recovery Month. She commented that the data certainly indicates that the state can do more, and that this data is very helpful for DHCC as it helps determine areas where policy recommendations could be made and provide opportunities for new initiatives that could be proposed.

DPH's presentation is available on the [DHCC website](#).

### **Fiscal Year 2025 Budget Outlook**

Secretary and DHCC Commissioner Rick Geisenberger provided a summary of the final budget for Fiscal Year (FY) 2024. At the July DHCC meeting, the Secretary gave a detailed review about the FY 2024 budget. His presentation at today's meeting focused on the outlook for the budget that they have begun preparing for FY 2025. Secretary Geisenberger shared that February of each year, the Governor's recommended budget is reviewed, and then the details of what was approved by the General Assembly are reviewed in July. In September, Secretary Geisenberger completes a review, because that is the time of the year that advocates and other should be having conversations about what they would like to see in the budget. He commented that if your measurement of how the State is doing is budget growth, then it was a great year for DHSS and state agencies in general. Overall, the budget grew by 9.9%, with most of this growth in salaries and compensation to retain and attract more employees. Medicaid also received a

one-time appropriation budget increase of \$69 million to help the state manage through the public health emergency. Additional support was also made available to programs, including a new provision that requires that 1% of the prior years' budget be set aside to fund retiree health care insurance trust funds. He acknowledged that while it's not enough, it's a start. The deficit in that fund is approximately 8 billion dollars, but if this continues every year into the future, for the next 30 or 40 years, Delaware will start making real progress in making that fund more akin to a pension fund.

Secretary Geisenberger shared the timeline for Delaware's Annual Budget Cycle. The Governor will work on his budget in December, get it issued in January, and then the Joint Finance Committee will begin the hearing process with the legislature. The typical things that drive the budget include door openers, required personnel costs, salaries, collective bargaining, employee healthcare and Medicaid. The big question is how many people will be rolling off of Medicaid, and the thought is that those people that roll off are not the high users, and the high users of Medicaid will continue to be enrolled. There are still many questions about what that number will be. DHSS is working with the budget office to try to determine that number.

The door openers are probably going to cost \$300-\$400 million, which the Secretary believes includes a placeholder for Medicaid. To compete with the private sector, the state has been raising salaries at a much higher rate than seen in the past few years. This also happened in the 1970's when Pete DuPont was Governor. Personnel costs rose 10%-13% annually as inflation rose. This is driven by the economy.

Secretary Manning inquired if Secretary Geisenberger had a sense of how much of that revenue would be offset by increase in construction costs and contract increases and delays. The Secretary responded that OMB has been planning for the possibility of increased market pressure for construction projects that have been previously approved and there are some dollars that were set aside in last year's bond bill for both school and state construction. The Secretary believes there are enough reserves to cover those expenses. What may be a concern are the ARPA funds that are covering private projects; what would happen if the entities reported that the cost of the project increased 30-40%. There are no additional ARPA dollars, so if the entity reaches out to the state, where would this money come from? They will need to find it from private sources, or the state will have to revert the ARPA dollars and spend it on projects that will be successful and can move forward. This is a concern.

The Secretary believes there are door openers just under \$400 million, so that provides a sense of what the state can afford and what may be budget challenges this year absent some improvements in the economy. The state will meet the benchmark but will see a challenge in adding new programs.

Secretary Geisenberger's presentation is available on the [DHCC website](#).

## UPDATES

### **ACA Rate Filing**

Insurance Commissioner Navarro shared that information was released on the stability of the ACA and the Exchange. Last year the state had three insurers offering products on the Exchange. A fourth company, Celtic, was added this year. The rate fluctuations have stabilized. Back in 2017, the first year of the Exchange, the state was receiving rate increase requests of 37%. This year the state has seen rate changes ranging from a 4% decrease to a 3% increase, depending on the company. The good news is the rates have stabilized. With Celtic joining Highmark, Aetna, and AmeriHealth Caritas, there are 57 plans that Delawareans can choose from, as opposed to 12 plans just a few years ago. There are approximately 35,000 people on the Exchange and it is believed that the number will continue to increase. An increase was noted in the small group market. Premiums have increased over the past several years, but the state had to rebate money back, meaning that the loss ratio was too high. This year a rebate is not expected. Companies come back because the market has stabilized, and the industry is making money. Companies that deal with other lines of insurance are leaving the state because of the potential for significant losses. This is seen predominantly in Sussex County in the beach area. Hurricanes in Florida and fires in California are having an impact in Delaware with regards to insurability.

Dr. Roger Harrison inquired on the relationship between climate impacts and changes on health impacts and wondered if we are considering the impact of climate changes on the cost of healthcare in Delaware. Insurance Commissioner Navarro replied that he serves on a climate resiliency task force with the NAID (National Association of Insurance Commissioners) and they have been looking at this relationship for several years and the Federal government has commissioned a report. He indicated that he was not sure if the task force is looking at how climate change is specifically looking at how it impacts the health of individuals, but they do it has a profound impact. It has not yet been measured or quantified but it is certainly on the radar. Delaware is now seeing flooding, tornadoes, and high winds that the state has rarely seen in recent history, and it certainly has an impact on the health of Delawareans, there is just not a current mechanism to measure that.

Dr. Fan indicated that if that was a topic that the DHCC could discuss as a trend update or a new initiative, then the DHCC could try to find someone who could speak about the topic and provide some data and models from other states.

Dr. Harrison commented that he would like for Delaware not be caught “flat footed” around the health impact of climate change. Ms. Judd commented that some epidemiologists at DPH are working on the Delaware Environmental Health Tracking Network in collaboration with DNREC. They are data sharing and combining resources and Ms. Judd indicated she could pull in someone to present on current activities. Current data is limited but can be found on the My



Healthy Community website. Dr. Fan indicated that DHCC staff would reach out to connect for to schedule a presentation.

David Bentz inquired if there has been a surge in the last three months over typical enrollment due to the Medicaid unwinding over the summer. Commissioner Navarro indicated that there could potentially be 20-30,000 Delawareans signing up, but that number could double to the 60-70,000 range. There is no up-to-date data at the moment. Commissioner Navarro added the outreach to the folks who are going through redetermination process need to be made aware that they are being evaluated through the ACA.

Secretary Geisenberger said it was mentioned that a lot of people know they can sign up at the end of the year, but wouldn't it also help to create a special enrollment period, so they can sign up at any point. Commissioner Navarro replied they have done some outreach and press releases, but the challenge is that it is hard to get the media to cover it.

### **DHCC Health Workforce Subcommittee**

Secretary Geisenberger provided an update on the recent activities of the DHCC Health Workforce Subcommittee. The Subcommittee's next meeting is September 13. At the last meeting on July 12, three new members were added (Chris Otto, Delaware Nurses Association, Avani Virani, Highmark Inc., and Shauna Slaughter from the Division of Professional Regulations). Secretary Geisenberger shared the Subcommittee is working to better understand the Health Force data and spatially map that data against need and disease incidence, recognizing the need to define the data. The Subcommittee is trying to engage with the Division of Professional Regulations about possibly enhancing survey data on a biannual basis.

Secretary Geisenberger also shared a data analytics work group has been created and scheduled to meet September 8. The group consists of members from the Health Force team with the Delaware Academy of Medicine/Public Health Association and a company called Tech Impact. Also joining are those from Agile Clouds Consulting, Delaware Nurses Association, and Medical Society of Delaware to refine the data and figure out where the gaps are.

The goal of the Subcommittee is to be able to conduct predictive work about the future workforce gaps and identify shortfalls. How do we go about proposing steps to accelerate the development of workforce with shorter timelines and lower costs and how that is going to be possible and develop new programs and retraining the current workforce.

Dr. Fan asked if there were any questions. There were none.

## **Primary Care Reform Collaborative**

Dr. Fan provided a summary of the most recent Primary Care Reform Collaborative meeting held on July 17. At the July meeting, the Department of Insurance Office of Value-Based Health Care Delivery presented on trends in pharmacy spending which affects the total costs of care. Health Management Associates (HMA), the DHCC's PCRC vendor, gave a presentation on comparison on what other states such as Rhode Island, Oregon, Maryland, and Colorado have done with their value-based care programs for payment and to see if there are any takeaways for Delaware. HMA also discussed the advancement of Delaware's primary care delivery model. Dr. Fan shared a new Primary Care Strategic Plan Subcommittee was formed over the summer and held their first meeting on August 31. The next PCRC meeting is scheduled for September 18.

Dr. Fan asked if there were any questions. There were none. Dr. Fan's presentation is available on the [DHCC website](#).

## **Delaware Institute for Medical Education and Research (DIMER)**

Dr. Fan, Acting DIMER Chair, shared a DIMER Legislation Workgroup met on July 20 and September 6 to review the section of Delaware Code related to DIMER and recommend changes to the DIMER board which includes revising the board as well as the mandate. The Workgroup will provide a recommendation to the full DIMER board at the next DIMER meeting scheduled for September 27.

Dr. Fan asked if there were any questions. There were none. Dr. Fan's presentation is available on the [DHCC website](#)

## **PUBLIC COMMENT**

Dr. Fan announced DHCC commissioner Rich Heffron was stepping down at the end of the month. She thanked Mr. Heffron for his many years of service on the DHCC. Mr. Heffron said a few words of thanks to Dr. Fan and the commission.

There was no public comment.

## **ADJOURN**

The meeting adjourned at 11:07 a.m.

## **UPCOMING MEETING**

The next DHCC meeting is scheduled for Thursday, October 5, 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 September 7, 2023**

#### **Public Meeting Attendees (In-Person)**

Judith Childs Butler	DE League of Women Voters
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#### **Public Meeting Attendees (Virtual)**

Anthony Onugu	United Medical ACO
Beste Kuru	United Medical ACO
Bria Greenlee	302 Strategies
Brian Olson	La Red Health Center
Cheryl Heiks	DE Health Care Facilities Association
Chris Haas	DOI
Christina Farmer	DPH
Cristine Vogel	DOI
David Bentz	DHSS
David Roose	Dept of Finance
Delaney McGonegal	MACHC
Helen Arthur	DPH
Henry Nyce	Tidal Health
Jan Brunory	DOI
Janice James-Webb	DHA
Jules Villecco	Office of the Secretary, DHSS
Katie Capelli	DPH
Keith Bernard	Marigold Health
Kristin Dwyer	Nemours
Leah Woodall	DPH
Leo McGuire	Indivior
Lisa Gruss	Medical Society of Delaware
Lori Ann Rhoads	Medical Society of Delaware
Maggie Bent	Westside Health
Megan Williams	Delaware Healthcare Association
Nichole Moxley	DPH
Nick Conte	DPH
Nicole Freedman	Morris James
Pamela Gardner	DHSA
Paula Roy	Roy Associates

Rachel Hersh	La Red Health Centers
Sherry Nykiel	DMMA
Shonetesha Quail	DPH
Susan Jennette	DOI
Tyler Blanchard	Aledade
Victoria Brennan	CGO
Wayne Smith	Smith Capitol Advisors