



**Delaware Health Care Commission
“Moving Toward Thought Leadership”**

Friday, October 29, 2021

12:00 p.m. – 4:00 p.m.

Virtual

Virtual – WebEx Meeting

Meeting Summary

Introduction

The meeting was convened virtually at 12:05 p.m. by Dr. Nancy Fan, Chair, who welcomed everyone and stated the theme of this year's retreat is, *Moving Toward Thought Leadership*, which is intended to emphasize the role commissioners play in thinking deeply about health care in Delaware and seeking innovative solutions. Dr. Fan introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) who reviewed the purpose, objectives and expected products of the meeting, agenda and ground rules. Briefly the purpose of the strategic retreat meeting was: To reach agreement on future focus and priorities of the DHCC for the next year and create an action plan and achieve the following objectives:

1. Discuss critical issues and reach agreement on DHCC role and action plan.
2. Discuss and reach agreement on ways to advance DIDER and DIMER boards and improve accountability.
3. Discuss and reach agreement on strategic direction and focus for the coming year.

This summary is the compiled notes from discussion highlights and agreed upon action items charted by the facilitator. The action items listed after each discussion topic were next steps agreed to by commissioners.

The facilitator welcomed the group and asked commissioners and staff to introduce themselves. The following were in attendance:

Commissioners Present

Theodore Becker (Mayor of Lewes), Cabinet Secretary Rick Geisenberger (DOF), Dr. Roger Harrison (Nemours), Richard Heffron, Melissa Jones, Dr. Nancy Fan (St. Francis), Cabinet Secretary Molly Magarik (DHSS), Dr. Richard Margolis (DSCYF), and Nick Moriello (Highmark)

Commissioners Absent

Dr. Jan Lee (DHIN) and Insurance Commissioner Trinidad Navarro (DOI)

DHCC Staff

Elisabeth Massa, Eschalla Clarke, Latoya Wright, and Tynietta Congo-Wright

Facilitator

Dr. Devona E. Williams, Goeins Williams Associates, Inc.

Icebreaker: Commissioners' Expectations and Roles

Dr. Williams asked Commissioners to respond to the question: *What are your expectations regarding your role as a Commissioner with the DHCC?* Responses follow:

- Make a difference. To look at needs, find ways to control health care costs, measure impact of initiatives, look at training needs of health care professionals, and continued look at future initiatives.
- In the last 5-6 years, focusing on more specific health issues. Have made some progress on the workforce development and ensuring that workforce is located where it is needed. Focus on the underserved and the cost of services. The further development of the healthcare costs and loan repayment program has been a big step in increasing opportunities.
- Represent the dental community, learn other aspects of health care, learn about issue that are important to the Commission.
- How can we help guide healthcare delivery, financing assessable and affordable long-term. This will require addressing different issues and challenges to these issues as they evolve. The focus is on equitable accessibility, affordability and ultimately sustainability.
- New to the Commission. Do we have a common definition? Are we thinking enough about how we define health? What is the system and our role? What is the most cost-effective way of managing our response to health?
- We need to think about prevention, opportunity to better manage health, mental health needs of people throughout the state and workforce needs and issues.
- Promote high quality health care that is accessible and affordable. The role is to be a clearinghouse and exchange for information which we do well and be a venue for the development of long-term strategies that transcends administrations. Some issues and challenges we confront are 10, 15 and 20 year issues.
- Broad strategies and focus on specific needs and areas of opportunity. Commission can talk policy, and as nonpartisan body share from different perspectives.
- The three major goals are to focus on prevention, cost, access and policy questions.

Desired Roles of Commissioners

Dr. Williams reviewed a list of desired roles of Commissioners:

- Thought leadership

- Strategic, forward thinking.
- Transformational.
- Provide guidance to staff.
- Share expertise and perspectives from professional backgrounds.
- Take on key issues that add value to Delaware's health care system.

DHCC Review and Refresh

The facilitator reviewed the priorities and focus from 2020 Strategic Retreat: Workforce Development and Sustainable Data Collection and Analysis. The Commission established operating principles:

- Affordable care overall.
- Patient centered.
- Services integration with emphasis on mental health, continuum of care.
- Social determinants of health.

The priorities and principles remained unchanged from 2019.

The facilitator reviewed the statutory duties and authorities of the Commission and the mission statement which was developed and agreed to by the Commission at the 2019 Strategic Retreat.

DHCC Updates

New DHCC Programs

Health Care Provider Loan Repayment Program (HCPLRP)

Dr. Fan reviewed the highlights relating to the HCPLRP:

- Enacted via HB 48 w/ HA 1 signed by Governor Carney on August 10, 2021.
- DHCC may award education loan repayment grants to new primary care providers of up to \$50,000 per year for a maximum of 4 years.
- Priority consideration may be given to DIMER-participating students and participants in Delaware based residency programs. Looking specifically for new graduates.
- An advisory committee was established prior to the enactment of the legislation. Staff is working on planning a meeting with the original members, and an additional 3 members will be added. Duties for the advisory committee are being developed. Staff is seeking a vendor to initiate the online application and review process. There will be a marketing component to increase outreach and awareness. Expect to have this up and running by the beginning of the next calendar year.

Discussion

- The initial budget funding was for \$500K, but the legislation increased that amount to a one-time allocation of \$1M, with matching contribution from health insurance payors. There is also a question of ongoing sustainability since it is too early to assess how much funding is the right amount. There is an opportunity now to fund the full amount but more likely, not all funds will be spent in FY 2022. Therefore, it will need to be determined if funds could be carried forward to the next FY2023. It is hard to estimate the number of applicants and it is limited to new primary care providers. The Advisory Committee will discuss the cadence of the application process. The first meeting of the Advisory Committee is scheduled for November 8 and the Commission will be updated with the progress of the implementation
- The definition of primary care providers include nurse practitioners and physician assistants.

Action: Determine if additional funds awarded could be designated for carryover for unexpended funds.

Advancing Primary Care

Dr. Fan reviewed the current state of the Primary Care Reform Collaborative:

- Enacted via SS I for SB 120 signed by Governor Carney on October 1, 2021.
- Directs the DHCC to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care.
- DHCC shall develop, and monitor compliance with, alternative payment models that promote value-based care.
- Convene Primary Care Reform Collaborative (PCRC) to assist with the development of recommendations to strengthen the primary care system in Delaware.
- Working with the Department of Insurance Office of Value-Based Healthcare to convene a new primary care collaborative to monitor compliance. It will be working on spending targets up to 11.5% at the end of the five- years for the bill. There is a sunset on the provisions of the bill. The overall goal of the Commission is to be able to invest more of the total health care spending in primary care, so that there is increased preventive/wellness care; increase access and decrease overall health care costs. The Department of Insurance is working on the rate review of 8 areas of high costs.
- Mercer consultants will be helping with the DHCC with development of the PCRC and looking at a primary care delivery model that can help practices transition to value-based care and alternative payment models. Once the Governor's office confirms the appointees to the Collaborative, the first meeting will be scheduled soon after, towards the end of the year.

Cost Aware

Elisabeth Massa reviewed the *CostAware* program:

- This is an exciting new program that leverages the data in the Delaware Health Care Claims Database (HCCD), the DHCC and DHSS will develop and implement various health care cost and quality analyses to inform and support a variety of policy initiatives. This initiative is working closely with DHIN. It is a policy and consumer tool.
- *CostAware* will provide average cost and utilization information for specific medical procedures (office visits, lab tests) and common episodes of care (vaginal and cesarean births, knee and hip replacements and more).
- Once this iteration is done, a more detailed version, 2.0 will become available in 2022.
- It includes the launching of a website, CostAware.org, estimated to launch in fall of 2021. The website was demonstrated a couple of weeks ago with health systems, ACOs, and payers to solicit feedback. A demo link will be sent out to Commissioners along with webinar information and FAQs. Commissioners are asked to send feedback to DHCC staff on the website.

Critical Issues, DHCC Role and Actions

Issue 1: Workforce

Nick Moriello, co-chair of the Workforce Subcommittee which was formed at last year's retreat of the Commission – The work of the subcommittee has been challenging and attempted to look at workforce shortfall in all fields. There are short-term and long-term issues and no shortage of issues that have been exacerbated by the pandemic. Workforce issues in healthcare are not isolated to any one field – shortages in dental, behavioral health, nursing, mental health. The subcommittee has taken a pause because most information received was anecdotal without supportive data. Continuing the work of a data base or report which can be updated continuously that organizations can go to as a resource. Strong data is needed for decision making and how to focus the work of the subcommittee to determine where the issues are to develop policy recommendations. An open discussion followed with commissioners responses to the question below.

What are the major issues relative to health care workforce?

- State Chamber had interesting recent conference on workforce and the issues cut across all industries. The US Chamber has begun working with municipalities and states to think through workforce development agencies to develop collaboratives. The DHCC may want to build a collaborative of all employers who hire healthcare workforce. Workforce issue is a supply chain problem that cannot be fixed in a year or two but 5, 10, 15, 20 years to address the problem. Another layer of this is how to create programs in all different areas in public/private partnerships and what can be done with the tax code to be competitive. The initiative is called the Talent Finance Program. A big

piece of this is data gathering. Secretary Geisenberger and Nick are reaching out to the State Chamber to meet with US Chamber to learn how the program works.

- Commissioners need good data to make policy recommendations.
- The pandemic has shortened to exit strategy for workforces in healthcare and other industries.
- What are some short-term things we can do? Can we make some additional changes with our existing programs? New collaborations with our universities.
- What can help people want to go into the health fields? Incentives?
- Health care providers need to be representative of the population and this impacts patient outcomes. We still don't have a good way of knowing cultural, language, and ethnic backgrounds.
- How are we engaging regulatory agencies as a part of the conversation, i.e., board compositions? Can we incorporate these themes and action steps? All state organizations need to be in alignment.
- Health care worker shortage, we must invest in the workforce and holistic health.
- DHCC's role should be long term policy recommendations.
- Commissioners should see if they have a tie in with the subcommittee and collaborate to bring initiatives together.
- Tax policy – as states are dealing with this issue they are looking at quality of life and doing what they can to attract workers – there is immense competition. Social environment, childcare availability and the work is moving the workforce. These competitive issues should be considered.
- What problem are we trying to solve? Changing demographics? Could there be different groups? Short, mid and long-term strategies?

What is the role of the DHCC?

- Support the role of the subcommittee,
- Gather data. Determine the highest priority issues from the data.
- Be a hub and clearinghouse for the data.
- Policy recommendations and path for the future.
- Commissioners will give feedback on their perspectives represented by the subcommittee. Do we need to add additional commissioners with workforce backgrounds?
- Align with other groups, perhaps form collaboratives. All state agencies should be in alignment.

What actions should we take?

1. Subcommittee will develop a “straw man” of how to approach workforce and the scope of the effort. Will share approach with the DHCC: near term (18 months); mid-term (5 years); long-term (10-20 years). A thought leadership groups could be

- formed to discuss long-term initiatives.
2. Looks at other examples in industries dealing with worker shortages (i.e., Zip Code DE).
 3. Secretary Geisenberger and Nick Moriello are reaching out to the State Chamber of Commerce to meet with the US Chamber to learn how the program works.
 4. Timeline – early 2022 for prioritization; For long term issues, may want to form a thought leadership group or build multiple public/private collaboratives to build and source workforce issue.
 5. Determine if DHSS has sufficient staff for data analytics.

Who will take the lead (lead and co-lead)?

- Co-chairs Nick Moriello and Secretary Geisenberger

DIDER and DIMER Advancement

DIDER Update

Dr. Louis, Rafetto, Chair, DIDER provided an overview of the work of DIDER and progress made over the past year. A Manpower Survey is being conducted in conjunction with the Division of Public Health. DIDER developed its own survey and submitted it to be done in conjunction with the DPH survey, which will include provider, population and dental student survey. DIDER is working towards having the support of the Delaware Dental Society and to get buy in by letting them know this survey is designed to be more actionable than in the past.

Three board members recently came off the DIDER board. Two new members are in the approval process to be added to the DIDER board: Dr. Jeff Cole, representing ChristianaCare and former president of the American Dental Association, and Vince Daniels, representing the State Dental Society.

A virtual discussion with the DIDER board on diversity and inclusiveness was led by Commissioner, Dr. Roger Harrison. Looked at the current make-up of the Christiana Care two residency programs which has a fair amount of diversity. Within this group the selection of residents is driven by outside factors but DIDER does have some influence. DIDER used to support a spot in this residency program but these funds were cut.

Dr. Rafetto reviewed the responses of an internal survey of the DIDER board. Active members were surveyed about what they can and should do as board members. The findings were shared with respect to specific questions. The highest priority score was the expansion of opportunities for Delaware residents to obtain dental education and training at all levels. The lowest priority was addressing the dental needs of the community. It was unanimous that the DIDER is pleased with the successful relationship with Temple and would like to see it expanded or affiliation with other dental schools. More support is needed with the State legislature to obtain sufficient funding to support the general residency program of Christiana Care. Findings from the survey suggest that more time,

money and support is desirable for dental education, beyond the current levels.

Greater effort should be made to recruit qualified applicants from Delaware. Delaware students are getting favorable consideration. We need to encourage and support students and help them with applications and a more intentional effort perhaps at a grass roots level. Licensure was a miscellaneous issue that surfaced in the survey by two member who are not practicing dentists. We may want to review the licensure issue again, as a potential barrier, as well as other factors, such as clinical examination and residency requirement. A few years ago, Dr. Rafetto reviewed the issue of licensure requirements and the underserved, with data of 12 states, and found that there was no relationship between licensure and the underserved. This may be an area to revisit with a group of individuals who have more expertise in this area. The adult Medicaid dental benefit has shown that there is a significant cost savings.

Discussion

- Dr. Fan asked a few questions about residency programs. More than half of the residents at ChristianaCare are not from Delaware and brings people from out of state to Delaware. Residency is becoming more important for the dental student experience and is influencing where the students will ultimately practice. Dr. Cole may be able to provide more data on the residency programs.

DIMER Update

Mr. Sherman Townsend, Chair, DIMER highlighted the success of DIMER over the past year citing partners Sidney Kimmel and PCOM have exceeded our contract with them. Overall a total of 77 students currently enrolled at PCOM and 59 applicants, 17 matriculated; 95 applicants to Sidney Kimmel and matriculated 31 students.

A DIMER Ad Hoc Subcommittee undertook a comprehensive survey of DIMER medical students. The Subcommittee was chaired by Dr. Neil Jasani with members, Dr. Jan Lee, Chai Gadde, and Dr. Omar Khan. Dr. Jasani reviewed the findings for each of the research areas: Entry to medical school; Choosing a Medical School, and Employment with details presented in the slide presentation. Delaware is one of three states without a medical school. The DIMER program has never required residents to stay in Delaware. Twenty percent or 229 DIMER graduates have returned to Delaware to practice but mostly in New Castle County. The findings raise of question of how to get more participation from downstate. One third of DIMER students pick Primary Care.

Dr. Jasani presented recommendations for: Applicants and Students; Graduate Medical Education and Residency, and Recruitment Strategies. Details of these recommendations were shared in the slide presentation. He suggested that for students, a greater focus should be on high attrition courses and tutoring.

Dr. Jasani added that he is on the admissions committee of Sidney Kimmel and the MCAT scores are a barrier for URM students. Delaware Health Sciences Alliance (DHSA) is

providing support and scholarships, but DIMER needs to address this issue while students are in high school.

Discussion

- DHSA is providing scholarship funding for MCAT preparation for URM students to reduce barriers. DHSA is working with partners to provide preparation courses and has recently launched a scholarship program.
- There are clinical sites in Delaware for students who are enrolled to be at the Branch Campus. Rotations include the VA and Christiana Care. The branch campus program allows students to consider Delaware for residency programs and for practice setting.
- It was suggested that perhaps we should incentivize differently for Sussex County and Kent Counties versus New Castle County. It was stated that academic ability is the key for Sussex County. Cape Henlopen High School, which provides 30 to 40 percent of the Medical School students from Delaware, is an affluent area. The goal is to have a high school in each county that prepares future medical school students.
- Mr. Townsend provided the following information:
 - He has been in negotiation with a private foundation for an agreement of a \$25K scholarship for a Sussex County student.
 - DHSA partnership with DIMER is phenomenal.Mr. Townsend asked if there will be tax events for forgiving medical school loans?
- The issue about the feasibility of a medical school in Delaware, but Mr. Townsend stated that when DIMER reviewed that idea in the remote past, the costs to the State was noted to be very expensive. He believes the relationship with PCOM and Sidney Kimmel is a great bargain.

What actions can DHCC take to advance DIDER and DIMER?

1. Build support programs for under-represented minority (URM) students.
2. DHCC commissioners should pull out two to three recommendations for DHCC support from the DIDER and DIMER surveys to support and email preferences to Dr. Fan.
3. The Delaware Psychiatric Center has residency programs and there are open slots.
How can DHSS partner with DIDER to provide opportunity to DIDER students?

Critical Issues, DHCC Role and Actions, contd.

Issue 2: American Rescue Plan Act (ARPA) of 2021

Secretary Geisenberger provided background on the ARPA funding. Delaware has received \$925M to the state and another \$344M went to municipalities. Funds can be used for premium pay for essential workers, health and economic impacts of COVID impacted

communities. The uses are flexible, but tied to COVID and include wastewater, broadband, and other government services. The funds cannot be used to fund tax cuts or pensions gaps.

Under the Coronavirus Relief Fund, \$950M was granted to the state at the beginning of the crisis. Under that fund a hundred million dollars was created for health care relief. Under CARES and ARPA, direct appropriations were made to health care institutions; already \$75M was directed to essential workers linked to health care, including long term care, hospitals and facilities and premium pay for essential workers in these facilities.

Applications for funding can be found at de.gov/rescueplan. Twenty-five percent of the funds are already spoken for. One hundred million dollars community-based grant fund has been established. Fifty-million dollars is going towards construction of a new Hospital for the Chronically Ill in Smyrna, to replace the 100-year-old facility. Another \$125M is dedicated to health care and \$50M to health care development. Funds must be fully committed by the end of 2024 and spent by 2026. Opportunities exist to use for all types of infrastructure projects. Some DHSS Divisions have had town halls to solicit input on how funds should be used. It could possibly fund the data base management system for the workforce initiative. Governor Carney does not want to see funds used toward non sustainable projects that would require additional operating dollars.

An open discussion followed with commissioners responses to the question below.

What are critical issues stemming from this funding?

- This is an opportunity for social infrastructure projects.
- Building a Workforce data base.
- Use funding that does not create additional operating costs.
- Need to spend funds by 2026.
- New funds are circulating – we want to use funds for higher and best use.
- Coordination and feedback; some ideas have no nexus to COVID.
- Claire DeMatteis is the lead on ARPA funding and she made a presentation to the Chamber that was well received.
- Apply for funds to get interests on the radar.
- The availability of funding may be dictated by if we are done with the pandemic.
- Improving health care systems related to the pandemic must meet the criteria.
- Governor Carney wants all programs funded to be sustainable.
- \$50M has been set aside for job training/workforce development and right night only about \$10M has been spoken for.
- Can the program be used as an accelerator? Yes, if in response to COVID.
- It was harder to spend the CARES funds than expected, so it's good to have more ideas even though some may be rejected because they don't meet the criteria.

What is the role of the DHCC?

- Spread the awareness of information to community organization by the DHCC and individually as Commissioners.

What actions should we take?

1. Claire DeMatteis to make a presentation on ARPA to the DHCC December meeting.
(This has been confirmed- December 2, 10:30 am).
2. To look at the community-based grant application program and put in an application related to Workforce database.

Who will take the lead (lead and co-lead)?

- Next steps to be determined.

Issue 3: Diversity/Equity/Inclusion in Health Care Policy

Dr. Fan introduced the issue and explained that the need to explore what the DHCC should do relative to diversity, equity and inclusion followed a presentation made by Dr. Harris to the DHCC to provide some background on what has been done in the field. She shared definitions of social equity, diversity, and inclusion that were shown on the presentation slides so that everyone has a shared understanding of these terms which all have different meanings and discussed the terms. In healthcare diversity, equity and inclusion in health care policy is imperative and a part of our mission. Should the Commission be deliberate in what it does in this regard? An open discussion followed with commissioners responses to the question below.

What are the major issues relative to DEI?

- DEI relates to access, cost and equity of care.
- What perception does one have that makes one want to participate?
- It's easy to talk about the pipeline. We must look at language, specific goals, language, messages, and intentionality.
- DHSS is also looking at this as a department.
- DEI cannot must be a task but the lens through which all the work is done. We should think intentionally at how this is done.

What is the role of the DHCC?

- To be deliberate and intentional that DEI cuts across all the work we undertake. We should ask the question of whose needs are being met by the particular programs under DHCC.

What actions should we take? Who will take the lead (lead and co-lead)?

1. Add a value statement on DEI.

2. Develop a DEI policy statement for the DHCC.
3. Ask for DEI information in all data collection efforts on health care reports and make more attention to who responds.

Strategic Direction 2022

Discussion Questions:

What can we improve upon?

- Look at issues by examining context and dig deeper before proceeding.

What do we want to do differently?

- Look at everything through the DEI lens.

What should our focus be for 2022? Priorities?

- Workforce
- ARPA Funding

Wrap Up and Future Actions

Dr. Fan stated that the Commission will need to assimilate all the information from the session and thanked everyone for participating. Dr. Williams stated the notes from the meeting will be summarized along with the action steps.

The commissioners agreed that the process was helpful in gaining an understanding of their roles, and future direction. Several commissioners thanked Dr. Fan for her leadership in making the work on the Commission more focused and meaningful. Dr. Fan thanked all commissioners for their participation.

Public Comment

There were no public comments.

The meeting was adjourned at 4:05 pm.

Public Attendees

Steven Costantino, DHSS
Pamela Gardner, DHSA
Dr. Omar Khan, DHSA

Fleur McKendell, DOI
Susan Jennette, DOI
Chris Haas, DOI
Frank Pyle, DOI
Mark Brainard, Joint Legislative Oversight Sunset Committee
Delaney McGonegal, Mid-Atlantic Association of Community Health Centers
Mashiya Williams, DELCF
Nicole Freedman, Morris James
Beste Kurle, United Medical
Nina Figueroa, DHR
Dr. Louis Raffetto, DIDER
Sherman Townsend, DIMER
Dr. Neil Jasani, ChristianaCare

Delaware Health Care Commission
2022 Action Plan

Focus Area	Actions	Responsibility	Timetable
Health Care Provider Loan Repayment Program (HCPLRP)	1. Determine if additional funds awarded could be designated for carryover for unexpended funds.	DHCC	TBD
Workforce	1. Subcommittee will develop a “straw man” of how to approach workforce and the scope of the effort. Will share approach with the DHCC: near term (18 months); mid-term (5 years); long-term (10-20 years). A thought leadership groups could be formed to discuss long term initiatives. 2. Looks at other examples in industries dealing with worker shortages (i.e., Zip Code DE). 3. Secretary Geisenberger and Nick are reaching out to the State Chamber to meet with US Chamber to learn how the program works. 4. Timeline – early 2022 for prioritization; For long term issues, may want to form a thought leadership group or build multiple public/private collaboratives to build and source workforce issue. 5. Determine if DHSS has sufficient staff for data analytics.	Nick Moriello and Secretary Geisenberger co-chairs, Health Workforce Subcommittee	
American Rescue Plan Act (ARPA) of 2021	1. Claire DeMatteis to make a presentation on ARPA to the DHCC December meeting.	DHCC	Confirmed-December 2, 10:30 am

	<p>2. Look at the community-based grant application program and put in an application.</p>		
Diversity/Equity/Inclusion in Health Care Policy	<p>1. Add a value statement on DEI.</p> <p>2. Develop a DEI policy statement for the DHCC.</p> <p>3. Ask for DEI information in all data collection efforts on health care reports.</p>	DHCC	TBD
DIDER and DIMER Advancement	<p>1. Build support programs for under-represented minority (URM) students.</p> <p>2. DHCC Commissioners should pull out two to three recommendations for DHCC support from the DIDER and DIMER surveys to support and email preferences to Dr. Fan.</p> <p>3. The Delaware Psychiatric Center has residency programs and there are open slots. How can DHSS partner with DIDER to provide opportunity to DIDER students?</p>	<p>DHCC, DIDER, DIMER</p> <p>DHSS, DHCC, DIMER</p>	<p>2022</p> <p>Before the December DHCC meeting</p>