



**Delaware Health Care Commission (DHCC)
Strategic Retreat
“Developing a Strategic Approach to Improve the Health Care Workforce”
Thursday, November 16, 2023
1:00 p.m. – 5:00 p.m.
Buena Vista Conference Center**

MEETING SUMMARY

INTRODUCTION

The meeting was convened in person at the Buena Vista Conference Center, November 16, at 1:30 pm by Dr. Nancy Fan, Chair, who welcomed everyone. The delay was caused by technical difficulties. The meeting was available via WebEx for individuals who were unable to attend in person.

Dr. Fan introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) who stated the theme of this year’s retreat is, *developing a Strategic Approach to Improve the Health Care Workforce*, to emphasize the work that has been done on workforce issues by the subcommittee and agree on a strategy and future action items. Dr. Williams reviewed the purpose, objectives and expected products of the meeting, agenda, and ground rules. Briefly the purpose of the strategic retreat meeting was: To mark progress and reach agreement on a Healthcare Workforce Strategy, future focus, and priorities of the DHCC for the next year and achieve the following objectives:

1. Review the core mission and status of DHCC programs and ways to advance DHCC programs and initiatives.
2. Review and discuss the current state of the health care workforce, critical issues, data, and trends of Delaware’s health care workforce.
3. Discuss and reach agreement on workforce strategy for the DHCC, policy recommendations and focus for the coming year.

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

The facilitator welcomed the group. The following were in attendance:

Commissioners

- Dr. Nancy Fan, Chair
- The Honorable Theodore (Ted) Becker
- Secretary Rick Geisenberger, Department of Finance
- Melissa Jones, RDH
- Secretary Josette Manning, Esq., Department of Health, and Social Services
- Nick Moriello, RHU, Highmark
- Trinidad Navarro, Insurance Commissioner
- Michael Quaranta, President Pro Tempore of the State Senate
- Dr. Stephanie Traynor, Department of Services for Children, Youth and Families

Attendees

- David Bentz, DHSS
- Steven Costantino, DHSS
- Frederick Gibison (via Webex)
- Tim Gibbs, Delaware Public Health Association
- Dr. Kathy Matt
- Nichole Moxley, DPH-OHPR
- Dr. Louis Raffetto, Chair, DIDER

DHCC Staff

- Dionna Reddy

Facilitator

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

ICEBREAKER: STRATEGIC ROLE OF COMMISSIONERS

The facilitator asked Commissioners and staff to respond to the question: *What is your strategic role or value as a Commissioner with the DHCC?* Responses were as follows:

- Commissioner Jones - Dental care workforce issues, public/private partnerships, collaboration.

- Commissioner Quaranta - homogenize a view of fifty-seven thousand licensed businesses in the state fifty-six thousand are small through provides of their workforce is demographics. Collaboration is important in the balance of care.
- Commissioner Traynor - talk about health care specifically behavioral health and youth.
- Commissioner Geisenberger - Finance, collaboration, and inclusivity, needs for policy changes.
- Commissioner Fan – Strategic Retreats, policy changes, help with disjointed efforts.
- Commissioner Navarro - Insurance, ensure Delaware’s competitiveness.
- Secretary Manning- Fresh eyes, bring the youth and adult voice.
- Commissioner Becker - Concerned with population growth downstate and health services.
- Commissioner Moriello – Optionality, affordable balance, ensuring options in health care delivery and Delaware’s competitiveness.

Commissioners bring their unique perspectives from corporate and small businesses, behavioral health and youth, public and private sectors in health care delivery. Commissioners have a willingness to collaborate, be inclusive, ensure Delaware is competitive, and balance care with affordability. As discussed in the 2022 Commissioners retreat, the role of Commissioners is to be thought leaders and to focus on policy that leads to systemic transformation of the health care system to increase access and affordability and improve health outcomes.

DHCC REVIEW AND REFRESH

Dr. Williams reviewed the action items from 2022 Strategic Retreat. It was agreed then to update the Mission statement to ensure a focus on DEI. In addition, the workforce was identified as a priority. The Commission’s operating principles which help to guide decision making are:

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

Discussion:

Commissioner Moriello suggested adding an additional principle, *access to care*. Commissioner Jones suggested adding a new principle, *advocating for financial support for new initiatives*. It was suggested the first bullet could be changed to

affordable and accessible care for all.

Commissioners had mixed views on whether to add the additional principles which are also implied or included in the mission statement. It was felt that adding the statements would give greater emphasis.

Action item: Decide if the new principles should be added or modified.

Accomplishments (over the past year)

The group reflected on the accomplishments of the past year which included the following:

- Navigating out of Covid and prioritizing other concerns.
- Primary Care Reform Collaborative.
- More collaboration.
- Bumping up funding for loan repayment programs.
- Data analysis on healthcare workforce.
- Student loan repayment and data.
- Finalized the report on Value Based Care. Other states are requesting the report which is viewed as a best practice.
- Bringing David Bentz into DHCC from the General Assembly.

The facilitator reviewed the current Mission Statement which was developed and agreed to by the Commission at the 2022 Strategic Retreat and the statutory duties and authorities of the Commission.

DHCC UPDATES

Benchmark Update

Fred Gibison provided an update on the Benchmark initiative including its history, quality benchmarks, data collection, administration, and trend report. DHCC and DEFAC share responsibility for administering/operationalizing the benchmarks. The DEFAC Subcommittee is responsible for the annual spending benchmark methodology and annual target. The DHCC is responsible for selecting the quality benchmarks (3-year cycle), collecting data, issuing guidance/instructions to payers, and producing reports.

Discussion Questions/Responses:

- The formula for benchmark is likely to change. It is more of a long-range

- forecast and does not have a lot of focus on the aging population.
- DEFAC calculates affordability and demand. The healthcare benchmark does not look at the demand side.
 - Most states did not adjust for inflation.
 - Benchmark only captures spending data not utilization data.
 - The reinsurance program is getting more expensive. The state pays 75% of the cost for people who fall into the program. Older population costs are also borne more by Medicare.

DIDER Advancement

Dr. Lou Rafeto, Chair of DIDER, presented an update on DIDER activities. Highlights from the slide presentation follows:

- Last year there were eight Delaware residents who were admitted to Temple out of twenty-three applicants and 5 declined offers in Delaware.
- Of 21 total applicants, most came from the University of Delaware. There was no representation from Delaware State University (DSU). DIDER does not have as good a connection with DSU.
- About 50% of general practice residents come from out of the state versus people who grew up in Delaware.
- The oral maxillofacial surgery which is a specialty of dentistry is a separate residency. The specialty includes facial trauma to implant and cancer patients. It is difficult to keep these specialists in Delaware once they receive this advanced education.
- The average dental school debt is approximately \$300K and the startup cost to open a practice is \$.5M. The average small business overhead is 10% to 35% and the average dental practice overhead is 60% to 80%. Obstacles to dentistry are high student debt and very high set up costs. However, on a positive note, once someone invests in a practice, it's difficult for them to leave.
- Licensed dentists in Delaware increased from 28 in 2021 to 36 in 2022. Eighteen were from out of state residences and 8 were via reciprocity. More information is needed on reciprocity decisions. Dental hygienists decreased from 41 in 2022 to 32 in 2023. It is difficult to get dental hygienists in Delaware and nationwide.
- Make it easier for people to already want to practice in Delaware. Continue outreach to students in Delaware and out of state and incentives for dentists after they begin practice in Delaware. Recruit people from HBCUs

(Meharry and Howard Universities).

- Dentistry is now included in the loan repayment program.
- Data from the Health Policy Institute shows Delaware's population skewed to over age 50 creating staffing challenges.
- Recruiting more hygienists and clerical staff can help dental practices to be more efficient (Wisconsin Model). This is a shorter-term solution.
- Dental residences are a major recruitment tool. Hopefully, inclusion of dentistry in the student loan repayment program will make a difference.
- A recruitment power point slide presentation is available from DIMER for dentists to present at high schools.
- Additional funding is needed for new initiatives. For example, funding could be made available in the form of test preparation scholarships for disadvantaged students.

Discussion:

- Commissioner Jones stated the workforce issue in dentistry is at a crisis level. It is important to build the pipeline through existing dentists. She is working with DelTech to reopen its dental hygienists' program that was shuttered this year (Wilmington and Dover Air Force Base).
- The shortages in Delaware are not in numbers but in distribution.
- Commissioner Moriello asked if there is an opportunity to do more with Pathways programs even though the pipeline is long (10, 11, and 12 years). Sussex Tech and Cape Henlopen High Schools have dental profession coops.
- Commissioner Geisenberger suggested the need for more mentorship and asked if some dentists were underutilized. Perhaps creative solutions to extend the capacity of underutilized dentists to underserved areas could be an option.

Actions:

1. Dr. Devona Williams (Immediate Past Chair, DSU Board of Trustees) will follow up with Dr. Rafeto to facilitate a better connection with Delaware State University.
2. More information is needed on reciprocity licensing decisions for dentists and hygienists.
3. More global data is needed on dentists and why they choose Delaware.

PUBLIC COMMENT

Jennifer August, a licensed registered art therapist, provided public comments on the profession of art therapy as an effective means to improve health outcomes for trauma patients. She stated that art therapists train for 8 years. She shared several reports and studies for consideration.

HEALTHCARE WORKFORCE PRESENTATIONS

Tim Gibbs, Delaware Health Force Director and Principal Investigator, and Executive Director, Delaware Public Health Association, presented a data analysis to inform the Delaware Health Care Commission about the current state of the healthcare workforce and recommendations. Highlights of the presentation follow:

- Data capabilities include descriptive, comparative, and predictive analysis.
- High level update shared: the rebound from Covid is real, interstate compacts are on the rise, aging out/Retirement continues, maldistribution between counties appears to be balancing out, but additional data is needed, and accounting for telemedicine remains challenging.
- Dentistry data highlights:
 - 2022 876 licensed **dental hygienists**
 - 2023 856 licenses
 - Net change -20
 - 2022 539 licensed **dentists**
 - 2023 565 licenses
 - Net change +26
- Medical practice highlights:
 - 2022 990 licensed **Physician D.O.**
 - 2023 1,145 licenses
 - Net change +154
 - 2022 5500 licensed **Physician M.D.**
 - 2023 6,181 licenses
 - Net Change +681
 - 2022 976 licensed **Physician Assistants**
 - 2023 1,017 licenses
 - Net Change +41
- A high number of physicians' specialties must be categorized manually.
- Other practitioners:
 - 2022 353 licensed **Paramedics**
 - 2023 335 licenses
 - Net change -18

- 2022 372 licensed **Genetic Counselors**
- 2023 362 licenses
- Net change -10
- 2022 788 licensed **Respiratory Practitioners**
- 2023 814 licenses
- Net change +26
- **Nursing:**
 - 2022 1,400 licensed **Family Nurse Practitioners**
 - 2023 1,885 licenses
 - Net change +485
 - 2022 348 licensed **Adult/Gerontology Nurse Practitioners**
 - 2023 492 licenses
 - Net change +144
- Problem areas revealed by the data are the decline in nursing home administrators, pharmacists, athletic trainers, physical therapists, and physical therapist assistants.
- **Mental Health and Chemical Dependency Professionals**
 - 2022 825 licensed **Prof. Counselor of Mental Health**
 - 2023 1,035 licenses
 - Net change +210
 - 2022 0 licensed **Mental Health Interstate Telehealth**
 - 2023 74 licenses
 - Net change +74
- **Recommendations/Next Steps:**
 - Developing benchmarking at the specific license level for most major types of healthcare providers licensed through the Division of Professional Regulation.
 - Additional surveys.
 - Additional questions upon new license and renewal of license process for healthcare providers.
 - Standing up new requirements for the registration of Community Health Workers, Direct Service Providers, Certified Nursing Assistants, and other groups currently unregistered or licensed in Delaware.

Kathy Matt, Co-Chair of the Workforce Subcommittee presented the Workforce Subcommittee report on the status of the Healthcare Workforce, nationally and in Delaware, what we can learn from other states (National Governor’s Association Report), and strategies and recommendations for Delaware. Highlights shared:

- Nationally, HRSA data shows demand for health care increasing. Supply of behavioral health providers continues to decline while supply of primary care and other professionals is starting to show some improvement, however the gap in supply is still far exceeded by demand.
- According to HRSA, Delaware’s total adequacy for all healthcare workforce is at 68% for 2023, 80% for primary care. In the year 2036, these percentages are projected to decline to 55% and 75%, respectively.
- The National Governor’s Association report of state strategies for recruitment and retention of healthcare workforce showcases successful strategies of other states. Among different approaches, states are expanding partnerships and engaging stakeholders, investing in health care workforce initiatives, and increasing data collection efforts.
- Suggestions for growing Delaware’s healthcare workforce are:
 - Grow Medical Residency programs.
 - Grow the Pipeline for Healthcare Workforce, reaching out to Middle School and High School.
 - Grow High Fidelity Simulation Programs at hospitals and educational institutions.
 - Important to link health workforce with state agencies, healthcare systems, educational institutions, DOL, DOE, DHSS, etc., by
 - Establishing a new position “Director of Healthcare Workforce” to work across the agencies, healthcare systems, community, and philanthropic groups, is this 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 healthcare workforce
 - Review proposed healthcare legislation.
 - Data refinement and analysis including more surveys and analysis.
 - Funding. Grow investments in education pipelines of Health Workforce, enhance Loan repayment Programs, and offer student loans for service in rural, and underserved populations.
 - Sponsor an Annual Health Workforce Summit to brainstorm ideas to enhance the health workforce.

Discussion:

Commissioners voiced concerns about adding another organization such as a task force, and instead felt strongly about expanding the existing subcommittee to

include additional stakeholders from DOE, DOL, and higher education. Commissioner Manning added that the Family Services Cabinet Council is looking at career pathways, so DHCC should avoid duplication.

HEALTHCARE WORKFORCE STRATEGY FOR THE DHCC

Dr. Williams asked the group to agree on a strategy to drive the healthcare workforce issue for the DHCC over the next 2 to 3 years. A clear strategy will help narrow the scope of the work of the subcommittee and the DHCC. The group began with a draft statement she presented and agreed to the following goal statement:

To better address public and individual health needs, the DHCC will leverage resources across both public and private sectors to promote and drive policies and initiatives that sustain and grow Delaware's healthcare workforce aligned with projected needs.

Policy recommendations based on this strategy/goal the DHCC should pursue:

1. Specific short- and long-term objectives for the subcommittee with a 3-to-5-year timetable.
2. Expand public and private partnerships already in place with the subcommittee. It should not be a new body or taskforce.

WRAP UP AND FUTURE ACTIONS

Actions:

- Commissioner Geisenberger suggested the DHCC write a white paper for the new administration in 2024. This should be completed by the end of October 2024. This matter can be discussed further at the December DHCC meeting.
- The Workforce Subcommittee will meet in January to reach agreement on a final goal statement and policy and other recommendations for the DHCC.

Reflections

- Several commissioners commented that the session was productive with a lot of useful information and discussion on Workforce Issues.

Dr. Fan thanked everyone for participating. Dr. Williams stated the notes from the meeting will be summarized along with the action steps.

ADJOURNMENT

The meeting was adjourned at 5:17 pm.