



**Delaware Health Care Commission (DHCC)
Strategic Retreat
“Transitioning to a More Comprehensive Health Policy”
Friday, November 22, 2024
12:00 p.m. – 4:30 p.m.
Hilton Wilmington Christiana**

MEETING SUMMARY

INTRODUCTION

The meeting convened in-person at the Hilton Wilmington Christiana, November 22, at 12:30 pm by Dr. Nancy Fan, Chair, who welcomed everyone. Dr. Fan asked for a moment of silence for the late commissioner Ted Becker. She recognized Dr. Kathy Matt, who was recently appointed as a commissioner.

Dr. Fan introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) welcomed the group, asked for introductions, and stated the theme of this year’s retreat, *Transitioning to a More Comprehensive Health Policy*, to emphasize issues and thinking related to the transitioning of Federal and State administrations. 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 the future focus and priorities of the DHCC during the transition to a new administration and leadership.

Objectives:

1. Review the core mission and progress of DHCC initiatives.
2. Review and discuss the Health Workforce Subcommittee update and recommendations.
3. Discuss and develop recommendations regarding future DHCC priorities and goals, for the next administration.

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 following were in attendance:

Commissioners

- Dr. Nancy Fan, Chair
- Secretary Rick Geisenberger, Department of Finance
- Dr. Jan Lee, DE Health Information Network
- Dr. Kathy Matt, Dean (retired) University of Delaware
- Trinidad Navarro, Insurance Commissioner
- Michael Quaranta, Delaware State Chamber of Commerce
- Dr. Stephanie Traynor, Department of Services for Children, Youth and Families

Attendees

- David Bentz, DHSS Office of the Secretary
- Steven Costantino, DHSS Office of the Secretary
- Pamela Gardner, Delaware Health Sciences Alliance (DHSA)
- Tim Gibbs, Delaware Public Health Association
- Dr. Omar Khan, DHSA
- Nichole Moxley, DHSS Division of Public Health
- Dr. Louis Raffetto, Chair, DIDER
- Judy Butler, League of Women Voters
- Cristine Vogel, Office of Value-Based Health Care and Delivery

DHCC Staff

- Elisabeth Massa, Executive Director
- Latoya Wright, Manager of Statistics and Research
- Susan Walters, Public Health Treatment Program Administrator
- Sheila Saylor, Administrative Specialist III

Facilitator

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

Dr. Williams reviewed the strategic role of the commissioners which is to primarily provide thought leadership to the DHCC and share their expertise to add value to the healthcare system.

ICEBREAKER: *What do you like best about the DHCC?*

The facilitator asked Commissioners and staff to respond to the question: *What do you like best about the DHCC?* Responses were as follows:

- Getting to see other leaders and sharing lots of different perspectives.

- Relationships that are built amongst Commissioners and the ability to reach out to discuss important matters with one another.
- Time is spent in the moment to think through complex issues. Commissioners spend 20% of the time thinking.
- Appreciate that the DHCC brings people together who care about health care issues. Not as much interaction during and after COVID. It would be good to get back to pre-COVID participation.
- Feel comfortable that the perspectives of commissioners are thoughtful, open, and people are engaged, accountable and responsible.
- The Commissioners are experienced and competent.
- Different perspectives. In my role, I hear from employers about price and quality of healthcare.

Health Workforce Subcommittee

Dr. Kathy Matt and Secretary Rick Geisenberger provided the summary update of the Workforce Sub-Committee and recommendations:

A Healthcare Workforce Summit was held September 25. Recommendations from the Summit are in five major areas:

1. **Data/Surveys/ Licensure** - need to refine the data further to provide more information on the current workforce and their statewide distribution as well as information to enable forecasting of the future workforce needs.

Tim Gibbs highlighted the data which showed a deterioration in the number of primary care physicians. RNs and Psychologists have increased along with physician residencies. The data provides information on retirement ages. License data is mostly for active physicians versus practicing. Surgeons are more likely to retire early. The data reveals that Delaware is in a worse position with the healthcare workforce than in 2012. Programs which create retention are essential now. It is also important to create a more intentional way to manage the data.

Nichole Moxley highlighted issues relating to licensure and shared how Delaware could change its method of collecting data through licensing by embedding questions. Twenty-eight states collect health workforce data this way. The Department of regulation has pushed back on adding information,

however, nursing has done this.

Action items: Create a more intentional method of collecting data. Embed a general questionnaire into the licensing process to gather needed data.

2. **Clinical Training / Preceptors/ Enhancing healthcare workforce pipelines-** need to work out financing and partnerships of hospitals and educational institutions, high schools, and middle schools to create health care career pipeline. Also need mechanisms to grow the next generation of health care workforce educators and fill the ever-expanding demand.

Dr. Matt stated that preceptorships take a lot of time but do not necessarily add to the workforce. Student debt is also an issue. Bayhealth helps to pay off student loans if students commit to two years of employment with Bayhealth. Mr. Costantino added that student debt will be a bigger issue under the new Federal administration. Hospitals must work with educational institutions to recruit and train the healthcare workforce.

It is expensive to train the healthcare workforce. The creation of a healthcare initiative fund would be an investment that would pay for the cost of preceptors.

Action item: Create an Initiative Fund to fund the cost of preceptors. The range of funding needed is between \$2M and \$5M.

Mr. Gibbs discussed the concept of creating a biomedical high school which is now underway.

3. **Health care professional shortages** – need to solve shortages of physicians, dentists and dental hygienists, nurses, specialists, behavioral health specialists, etc. How do we grow our own in the state, and recruit and retain the workforce needed in our state?

Dr. Matt and Secretary Geisenberger discussed the ongoing need to grow and retain a healthcare workforce and the possibility of creating a medical school for Delaware. Changing the scope or practice of dental hygienists is a way to expand the workforce.

4. **Long term care-** need to grow all levels of health care professionals to serve in much needed areas, create career ladders for individuals so they can enter at all different levels and achieve credit for their work in the field.

More health aides and LPNs are needed to address the growing aging population in Delaware.

5. **Delivering care to Rural and Underserved populations** – need to work on geographic distribution, and telehealth options, etc. Can we establish more clinics in underserved areas so that we can then recruit health care professionals to establish practices there?

Using telehealth and retirees are ways to reach the underserved and expand the workforce.

Dr. Matt stated the hospitals are struggling with the current staffing levels. A collaboration of all major health providers with institutions of higher education could help solve the problem.

Action item: Create a roundtable with hospital systems and higher education to address health care workforce recruitment and training.

Mr. Gibbs provided an update on preceptors. Recently \$200K in stipends have been awarded to preceptors. He also suggested the Initiation Fund could be matched with contributions and offered for cost-saving ideas.

Commissioner Mike Quaranta stated that public/private partnerships are the solution.

Discussion: What actions do we suggest for the transition in each of these areas?

The facilitator asked the group to respond to the above question regarding the healthcare workforce with respect to each of the following topics. Responses centered mostly on developing incentives for recruitment and the expense of clinical programs. Commissioners liked the idea of a healthcare roundtable with healthcare systems and higher education to develop solutions. Specific responses are below:

Education

- Recruiting costs – how do we funnel funds on the front end?
- Behavioral health specialties – should encourage people to make recruitment possible.
- The pipeline is poor and starting at middle school is needed.
- The Healthcare Roundtable idea with healthcare systems and higher education to stimulate students to go into healthcare and seek more innovative funding. Pilot programs exist. How do we make them scalable?
- We need to talk to DOE and plan for it. We are in a crisis mode.
- The problem is the expense of running a clinical program. The demand is there but there are not enough preceptors.
- To solve the problem, look at the tax code, attract people, more part time people. Open the treasury to retirees and keep them in the profession longer.
- We need people who can help others through it – mentors.
- What are the barriers and health policies? Can we use retention grants or mentoring grants to aid recruitment?
- The Initiative Fund in Rhode Island is \$3M to \$5M.

New Partners

- Department of Education
- Chamber of Commerce
- Department of Finance

Action Item: Develop short term, mid-term, and long-term goals.

PUBLIC COMMENT

- Judy Butler, League of Women Voters, asked the question about the “silver tsunami,” or the aging of Delaware, and where does DHSS bring education, childcare, public health outcomes to bear? She asked, who is in charge?
- Dr. Omar Khan, DHSA, stated that the data on PCPs that Mr. Gibbs referred to was incorrect. He also stated the primary care physicians are hiring more specialists. He further suggested that two institutions should be at the table.
- Mr. Gibbs stated that the healthcare workforce data update will change the count of the PCPs.
- Pam Gardner, DHSA, suggested that DHSA’s HOSA program should be a

part of the discussion. It provides health sciences opportunities to high school students.

DHCC REVIEW AND REFRESH

Dr. Williams reviewed focus from 2023 Strategic Retreat which was workforce and operating principles which help to guide decision making which are:

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

Action items from the 2023 retreat were referenced and provided as a handout.

Action Item: The commissioners suggested that the priority for 2025 should be the workforce, but access should also be added as a new priority.

Dr. Williams reviewed the mission of the Commission which strives to foster initiatives, design plans, and implement programs that promote access to high-quality, affordable care, improve outcomes for all Delawareans and foster collaboration among the public and private sectors regarding health care. The roles, responsibilities, and goals are to collaborate with other state agencies, instrumentalities, and private sector convene stakeholders, initiate pilots, and analyze.

According to the Delaware Code, the commission is to develop the pilot health and access projects, consult with public and private entities, and administer the DIMER and the DIDER boards. Additionally, the DHCC collaborate with the Primary Care Reform Collaborative annual recommendations, to administer the Delaware Health Insurance Individual Market Stabilization Reinsurance Program, the Health Care Provider Loan Repayment Program, the Health Care Spending and Quality Benchmarks Initiative, and the Diamond State Hospital Cost Review Board.

Discussion:

Commissioners discussed the added requirements of the DHCC over the past few years and current staffing levels. The DHCC has responsibility for eleven programs. The DHCC has six staff members but over the past year only four have been active. Much of the work is labor intensive.

Action items: Consider streamlining the DHCC to combine legislation or determine if other agencies can better manage some of the programs. Determine if additional DHCC staffing is needed, such as two or three policy analysts.

DHCC Highlights, Progress, and Challenges

Dr. Fan reviewed initiatives to improve workforce and access and reviewed slides and made additional comments:

- Health Care Provider Loan Repayment Program (HCPLRP) and State Loan Repayment Program (SLRP) - In May of 2022, eligibility for the HCPLRP was expanded. A marketing campaign is expected to launch in early 2025. New brochures have been created as part of our new marketing program. The Federal program (SLRP) is a little bit more restrictive. The DHCC has done a much better job of making people aware and educating people about these two programs.
- Primary Care Reform Collaborative (PCRC) – The PCRC was created in 2018. Appreciation for Cristine Vogel being here today from the Office of Value-Based Health Care Delivery, who works very closely with the PCRC. We decided it would be a much larger oversight board with very specific work groups. The PCRC meets quarterly in 2025.
- DHCC Health Workforce Subcommittee – This report has already been given today and the work is very comprehensive.
- Delaware Institute for Medical Education and Research (DIMER) – IN September 2024, DIMER Code was updated with Governor Carney signing House Bill 432 with House Amendment 1. Dr. Lee is the DHCC DIMER liaison. A special thank you to Dr. Lee for taking this on.
- Delaware Institute for Dental Education and Research (DIDER) - Ted Becker was the DHCC DIDER liaison. A new liaison is needed for DIDER. The representative does not necessarily have to be on the DIDER Board, but they should be able to provide updates to the DHCC.

Action Item: A commissioner is needed to function as a liaison with DIDER and the DHCC.

David Bentz, DHSS Deputy Director of Health Care Reform reviewed initiatives to improve cost, quality, and access to care:

- Health Care Spending and Quality Benchmarks – This program was created

in 2018 by Executive Order 25. In 2022, House Bill 422 codified the Health Care Spending and Quality Benchmarks program and repealed EO 25. Currently the DHCC is collecting spending and quality data for calendar year 2023.

- Health Resources Board (HRB) - The HRB has been under Sunset review since 2019.

Mr. Costantino reviewed the following initiatives:

- CostAware- This program has new data and new features. The data comes from the Health Care Claims Database with the Delaware Health Information Network (DHIN). It is getting some traction. It shows the variation in the costs of providers. People who use this have high deductible health insurance plans.
- Reinsurance Program – This program was established in 2019 with a 1332 State Innovation Waiver. The program lowers the cost of premiums. Subsidies for the program will end under the Trump administration.

Mr. Bentz highlighted the following initiatives:

- Diamond State Hospital Cost Review Board – This effort is in a holding pattern. Board members have not yet been appointed. The legislation (House Bill 350) was passed in May and signed by the Governor in June 2024. The DHCC is responsible for the administration of the Board.
- Delaware Medical Orders for Scope of Treatment (DMOST) – This legislation was passed by the legislature in June 2024 and signed by the Governor in September. The DHCC is responsible for the administration of the DMOST program.

Discussion

Dr. Williams asked Commissioners: *What actions should be taken to address ongoing challenges regarding access and cost, for the next administration?*

The following responses were stated by Commissioners for the major initiatives.

DIMER

- DIMER will have new membership on its Board of Directors. DIMER will choose its own chair and associate chair.
- The funds for DIMER are supporting schools that are out of state.

- More dollars are needed for Delaware.

Action Item: The DHCC needs to provide a clearer response to the Administration and legislature where students who graduate practice.

DIDER

Dr. Louis Raffetto, DIDER Chair, highlighted issues and challenges related to DIDER:

- The relationship with Temple University has unrecognized value.
- Mentoring is needed for students with mentors who have been through dental school.
- Expand the mission for training to work with people who have disabilities.
- Provide recruitment and training opportunities for dental hygienists and assistants.
- Expanding the GPR program.
- More funding.
- More recruitment at the college level with greater access to pre-dental students.
- Develop programs for a US dental degree for practitioners outside of the US and Canada to link with underserved populations.
- Exp and the loan repayment program.
- Currently there are twenty-seven students in the program, but DIDER only supports five. The students who qualify are not mindfully connected to DIDER.
- More focus on transition of retirees is needed.
- Consider support for historically underrepresented individuals.
- Want to connect students with DSU graduates who are dentists.

HCPLRP

Elisabeth Massa highlighted issues and concerns with the HCPLRP program:

- The DHCC is working with PR firm, AB & C, to develop a marketing campaign to be launched in early 2025.
- Applications have increased this year for State and Federal programs.
- The program takes a lot of internal effort for due diligence of loan process. Staff must manage the expenditure of funds and loan amendments.
- Another State agency could be better suited to handle the program.

Action Item: Determine how the loan application process can be shortened to the

front end and the back end.

HRB

Mr. Constantino identified major issues and challenges with HRB.

- The major issue with the program is it is under Sunset Review since 2019. Do we want to continue it?
- Most applications are from Delaware and the applications are detailed and complex. We accept applicant proposals, but do not have the subject matter expertise to fully vet the information.
- Additional expertise such as a policy analyst or health economist are needed to dissect and analyze applications.
- The concern is that it is increasing health care costs.

Federal Issues

Mr. Costantino highlighted anticipated changes to programs based on the recent national election:

- Enhanced subsidies for the Marketplace will expire next year, affecting 10k people.
- Medicaid may be block-granted, and the current expansion program which covers childless adults will be rescinded. The State will have to decide to fund it. The program is a 90:10 Federal to State match.
- A total of 45K Delawareans are currently on the ACA program and they could lose their insurance.
- Medicare – the current pharmaceuticals program may not be kept.
- Medicare Advantage – this program has lots of controversy and commercials were misleading.
- Navigator funding will go away.
- Skinny health insurance plans will be pushed.

Commissioners' Transition Discussion

Commissioners agreed that the DHCC should continue to be a patient advocate and educate the new administration. The focus of the work in the future should be on the workforce and access to care. Concern was raised about the future for people who may be uninsured in the coming Administration. Commissioners expressed optimism about working with the new Administration in Delaware. Commissioners

who will transition out of the DHCC plan to continue to connect with people who care about healthcare issues.

Wrap Up

Dr. Williams reviewed all the action items from the meeting:

1. Create a more intentional method of collecting data. Embed a general questionnaire into the licensing process to gather needed data.
2. Create a roundtable with hospital systems and higher education to address health care workforce recruitment and training.
3. Develop short term, mid-term, and long-term goals.
4. The DHCC priority for 2025 should be workforce, but access should also be added as a new priority.
5. Consider streamlining the DHCC to combine legislation or determine if other agencies can better manage some of the programs. Determine if additional staffing is needed, such as two or three policy analysts.
6. A commissioner is needed to function as a liaison with DIDER and the DHCC.
7. The DHCC needs to provide a clearer response to the Administration and legislature where students who graduate practice.
8. Determine how the loan approval process can be shortened on the front end and the back end.

Reflections

Commissioners said the Retreat gave them a chance to look at strategic issues and have thoughtful conversation. Commissioners expressed their appreciation working with one another. Secretary Geisenberger said this is his last meeting and how productive it has been to be a part of the DHCC. Dr. Fan, chair, announced that she plans to step down as chair. Commissioners thanked her for her leadership of the DHCC.

Commissioners thanked Elisabeth Massa and her staff, Latoya Wright and Sheila Saylor, for the quality and amount of work they carry out for the DHCC.

PUBLIC COMMENT

Dr. Omar Khan stated that he would encourage Commissioners to have better metrics on retention. About 20% of physician residents come to practice in Delaware.

Adjournment

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

The meeting adjourned at 4:15 pm.