



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

January 9, 2025

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

### **Meeting Attendance and Minutes**

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

**Commission Members Attending Virtually:** Dr. Jan Lee (DHIN), Dr. Kathy Matt, Dr. Stephanie Traynor (DSCYF), and Mike Quaranta

**Commission Members Absent:** Cabinet Secretary Rick Geisenberger

**Meeting Facilitator:** Dr. Nancy Fan, Chair

**Health Care Commission Staff:** Elisabeth Massa (Executive Director), Latoya Wright (Manager of Statistics and Research, Colleen Cunningham (Social Service Senior Administrator) and Sheila Saylor (Admin)

**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 9:05 a.m. Public attendees were reminded 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.

### **BOARD BUSINESS**

#### **ACTION ITEM: Approve October 3, 2024, Meeting Minutes**

The Commissioners reviewed the meeting minutes from October 3, 2024. Dr. Fan asked if there were any comments. Hearing none, Dr. Jan Lee (DHIN), made a motion to approve the minutes

and Dr. Kathy Matt seconded. No objections were made. The commissioners approved the minutes which are available on the [DHCC Website](#).

**ACTION ITEM: Approve November 22, 2024, Strategic Retreat Meeting Minutes**

Dr. Fan thanked Dr. Devona Williams for facilitating the Retreat and helping DHCC pull the retreat together.

The commissioners reviewed the Strategic Retreat Meeting Minutes from November 22, 2024. Dr. Fan asked if there were any comments. Hearing none, Dr. Jan Lee (DHIN), made a motion to approve the minutes and Mike Quaranta (Delaware Chamber of Commerce), seconded. Nick Moriello (Highmark Delaware) recused himself as he was not at the meeting. No objections were made. The commissioners approved the Strategic Retreat Meeting Minutes which are available on the [DHCC Website](#).

**Review and Discuss DHCC Strategic Retreat Meeting Summary**

Dr. Fan stated that there were action items discussed at the Retreat that the DHCC should discuss how to move forward.

There was a lengthy discussion about what the Health Workforce Subcommittee is doing, and how the commissioners can help them with the work that they are doing.

One area being looked at was education. There were recommendations for new partners as we move forward with the concept of a healthcare legislative roundtable that would help develop solutions around our workforce crisis as well as how to develop short-term, mid-term, and long-term goals for both the DHCC, and the Workforce Subcommittee.

Dr. Fan stated that the Workforce Subcommittee would meet the following week and deferred to Kathy Matt the Co-Chair, who was in attendance, if they planned to discuss the concept of a legislative roundtable. Dr. Fan asked what the Subcommittee recommended for short, mid, and long-term goals. Dr. Matt advised that these items would be discussed at the meeting along with the Healthcare Workforce Initiative Fund. Dr. Matt said she would like to be able to take back to the committee any additional comments or thoughts from the commissioners on how to craft this in a way that would be most successful in getting action.

Dr. Fan clarified that the roundtable and the Healthcare Workforce Initiative Fund were two different concepts. The roundtable was more of a discussion forum for recruitment and retention. The Healthcare Workforce Initiative Fund is a legislative item where funding would be put aside specifically for health care initiatives. Dr. Fan stated that the roundtable should be the first step and have specific goals, which would probably be short-term goals as well as long-

term goals. Dr. Fan thought that the Healthcare Workforce Initiative Fund would be useful if we had somebody who could do a deeper dive into the goals and funding. This would give us a good idea of the initiative and how we can make it scalable to Delaware. We need more details and a deeper dive into what's being done and if that is a concept that people want to do.

Mike Quaranta spoke in terms of the roundtable and that the workforce has to look at what the immediate needs are now, and start measuring how we are making progress, filling gaps, and where we are at in three years, five years, et cetera. Mr. Quaranta felt that we must be creative about recruitment and filling immediate gaps. Dr. Fan stated that Mr. Quaranta's comment sounded like data collection. Dr. Fan spoke of the upcoming surveys that would collect some of that data such as the Primary Care Survey and the DIMER survey. Dr. Fan surmised that to meet the workforce gap challenge and if we want to bring it from the source, then at this round table, we need to make sure we have the right stakeholders and make sure that they are aware that this is a piece of information we would like them to bring to the table. Mr. Quaranta agreed and said this is a problem that we have to solve ourselves because the government can set the tone, but we have to set the pathways.

Dr. Matt clarified she appreciated the discussions around data, but that the purpose of the roundtable is to bring hospitals and academic institutions together, along with the Department of Education and Labor to work together to solve the immediate problem, which is the education piece and training piece which needs to happen now. The discussion led to being specific in what the healthcare employers and communities need in terms of short-term, mid-term, and long-term goals.

Steven Constantino (DHSS) introduced an article regarding primary care shortages from a student's perspective about what they are going through as they are in medical school and the environments they are exposed to in medical school. The article addresses the salaries of primary care doctors, which is symptomatic of the choices they make.

The next action item discussed was access to care. Dr. Fan stated that you cannot have good access without a good workforce. Dr. Fan stated that we are still a healthcare delivery system that unfortunately is acute-driven. The whole concept when we look at the workforce is not just not just the number, it is also who comprises that workforce. Jan Lee (DHIN) stated that it's also an issue of geographic distribution. We have a problem right now Delaware has a big cluster of healthcare professionals in New Castle county and the further south you go, the thinner healthcare professionals become. We have to simultaneously look at what are the things that would attract healthcare providers to the geographical area where there is a great need for them. If we are hiring more doctors to all be in New Castle county that is not going to solve Delaware's problem. Nick Moriello (Highmark Delaware) suggested that DHCC could look at a year-over-year population and access county by county, which could tell us what's working or not working in terms of access in the desert areas.

The next action item discussed was to consider whether we are managing all our programs and do we need to manage all our programs or should we tighten down our focus. All these action items that we're talking about require deeper dives and the limited infrastructure needs to be considered.

The next action item was that the DHCC needs a commissioner to function as a liaison for DIDER and the DHCC. Dr. Fan stated that if any Commissioner has an interest in attending the DIDER meeting to see what DIDER does, please contact Elisabeth Massa.

The last action item was the DHCC needs to provide a clearer response to the Administration and legislature where DIMER and DIDER students who graduate practice. Dr. Fan stated that even though DIMER and the DHCC release an annual report, the legislature still has a lot of questions about the DIMER program and we are hoping to bridge that gap.

Dr. Matt asked if the DHCC would engage and finance another report by Tom Ferry. Dr. Fan said yes but was doubtful if Tom Ferry would produce the report, but the DHCC could find another vendor.

The Review and Discuss DHCC Strategic Retreat Meeting Summary presentation is available on the [DHCC Website](#).

### **Set DHCC 2025 Seasonal Calendar**

Dr. Fan presented the DHCC Seasonal Calendar. She stated that the Reinsurance Program was slated for November, but we normally do not meet in November because of the Strategic Retreat. Mr. Morelli suggested the DHCC moves the Reinsurance Program to December and cancel the November meeting. The suggestion was approved.

The commissioners reviewed the DHCC 2025 Seasonal Calendar. Dr. Fan asked if there were any comments. Hearing none, Mr. Morelli made a motion to approve the DHCC 2025 Seasonal Calendar and Dr. Lee seconded. No objections were made. The commissioners approved the DHCC 2025 Seasonal Calendar which is available on the [DHCC Website](#).

## **UPDATES**

### **Loan Repayment Programs**

Elisabeth Massa (Executive Director DHCC) and Colleen Cunningham (Social Service Senior Administrator DHCC) provided an update on the DHCC Loan Repayment Programs. Ms. Massa started the presentation with a brief description of each program stating that the federal program is the State Loan Repayment Program (SLRP) and the state program is the

Health Care Provider Loan Repayment Program (HCPLRP). Ms. Massa explained that both programs have specific advantages. They have different eligibility and award amounts based on the medical professional's degree and specialty, but each program requires a two-year contract with the state of Delaware in return for partial loan repayment. The applicants can only participate in only one loan repayment program.

Ms. Cunningham provided statistics on both programs. Ms. Cunningham started with the different disciplines in HCPLRP, the percentage breakdown, and their average debt. Dr. Lee commented the actual debt is barely being touched. Ms. Cunningham said that last summer the DHCC revised the scorecard, which is the guideline for awarding funds, and that awards will be larger moving forward. Mr. Quaranta asked how the award amounts compare with other states because that is a key factor when deciding where to work. Ms. Cunningham answered that she wasn't sure about other state-sponsored loan repayment programs, but the federal program would be comparable. Dr. Fan advised that at the inception of the program, the DHCC looked at other states and Delaware's allocations were higher, but surrounding states had higher salaries. So those factors were recognized when looking at how much to invest into the state loan repayment program.

Ms. Cunningham showed statistics on the undergraduate institutions the providers attended and the medical schools they attended. Dr. Lee comments how great it is that 78% of the undergraduate institutions are outside of Delaware and they have chosen to practice in Delaware. Dr. Lee asked what is bringing the providers here and what we can do to sustain the trend. Ms. Cunningham thought it might be the loan repayment programs. Ms. Massa added residency programs are what is driving and keeping them in Delaware.

Ms. Cunningham shared awardee practice site data by county and employer. New Castle county had 65% of the providers and 48% of the providers were in private practice. Dr. Lee asked if we have data from Beebe and Bayhealth from their first residency program graduates on if they remained in Delaware. It was discussed that the residency programs at BayHealth and Beebe are in the infancy stage, and it was believed that all graduates stayed in Delaware.

Ms. Cunningham provided an update on the HCPLRP applications. Dr. Lee asked if we had any information regarding why applicants withdrew or declined the contract. Ms. Cunningham shared providers sometimes have concerns about the contract language and associated penalties for withdrawing from the two-year contract. Secretary Manning asked what the rationale for the requirement that applicants must apply within two-years of graduation. David Bentz (DHSS) answered that the two-year application was used as a recruitment tool to get recent graduates to come to Delaware. Mr. Bentz also shared that for providers at health systems to receive the state award, their employer must agree to match the award and that may be why you see more ChristianaCare awardees than the southern hospitals. Mr. Bentz said that the public-private partnership aspect could have prevented some of the southern hospitals from participating, at least in the initial years as maybe they decided they didn't want to offer a match. We are seeing that pick up at the southern hospitals. Mr. Quaranta asked if there was a 1-pager explaining the

financial aspects of the program. Dr. Fan asked Mr. Quaranta if he could facilitate that because that information needed to come from the private sector, not the state.

Dr. Lee advised that there is a notice of proposed rulemaking that would update the HIPAA security rule. This will be a burden for the smaller practices, and they are going to have to partner with somebody to be able to meet these requirements. Dr. Lee asked if we have thought about this, and whether should it be a part of our longer-term strategic thinking. Dr. Fan said she would bring it to the Primary Care Reform Collaborative (PCRC).

Ms. Cunningham shared the providers under contract by discipline, practice, county, contract dates, and award amounts. Ms. Massa explained that the first cohort that started in December 2022 ended in December 2024 and that the DHCC currently has reapplying awardees.

Ms. Cunningham presented the corresponding slides for the federal program State Loan Repayment Program (SLRP). Which included different disciplines in SLRP and the percentage breakdown and their average debt, undergraduate institutions the providers and the medical schools they attended, awardee practice site data by county and employer, and SLRP application statistics.

Dr. Matt suggested that we continue to track whether these individuals stay in Delaware and how good we are at retaining individuals. Dr. Fan stated that historically with SLRP, the majority of the awardees are retained in Delaware. The SLRP program is only 3 years old and maybe an exit question for anyone finishing their contract could be “Are you planning to stay in the state in the next 5 years?” Secretary Manning asked how come for the SLRP program there are just a couple of private providers it is hospital-heavy. Dr. Fan explained that awardees must be in a Health Provider Shortage Area (HPSA) and work for a non-profit. Christina Bryan (Delaware Healthcare Association) asked if the DHCC had a breakdown by specialty. Ms. Cunningham said she would share the breakdown at the next meeting.

Ms. Massa outlined the marketing campaign for the loan repayment programs. The DHCC contracted with Aloysius Butler & Clark (AB&C), with the goal to increase awareness of enrollment in the HCPLRP among future healthcare professionals, as well as informing individuals about the benefits of working and living in Delaware. The DHCC will launch this campaign in January as the DHCC identified a need to increase marketing efforts. The target audience is broad and consists of new primary care, behavioral health, and dental providers who are about to graduate or who have graduated within two years of the application, and who fall within the eligible degrees and specialties. The campaign will target all Delawareans to help them understand what our state is doing to build our healthcare workforce and awareness of the program and refer friends and family to the programs. The strategy is multifaceted including video testimonials, leadership information toolkit, infographic fact sheet and flyer, and paid Media (Facebook, Instagram, LinkedIn). The DHCC’s loan repayment has been revamped including content and design. The campaign will conduct more partnership outreach targeting medical school career centers, HR departments, and recruitment managers. The DHCC plans to

host a virtual loan repayment informational webinar (date to be determined). The Loan Repayment Programs presentation is available on the [DHCC Website](#).

### **Primary Care Reform Collaborative (PCRC)**

Dr. Fan provided an update for PCRC.

Dr. Fan confirmed that the PCRC decided the meeting cadence to be quarterly, with the next meeting scheduled for March 3, 2025.

In the fall of 2024, PCRC convened three workgroups: Value-Based Care Model, Quality Metrics, and Practice Model. These workgroups will provide the detailed level of work needed with the support of Health Management Associates (HMA).

Value-Based Care Workgroup has met several times and Cristine Vogel (Department of Insurance Office of Value-Based Health Care Delivery) is the Chair. Their focus is on increasing multipayer participation and alignment in VBC initiatives to ensure buy-in for primary care spending and the importance of practice transformation. The Value-Based Care Workgroup will develop strategies to align attribution and payment models across different payors and work on policies that promote primary care investment and maintain or reduce overall healthcare costs.

The Quality Metrics Workgroup is chaired by Cari Miller (Lab Corps). The Workgroup's goal is to promote and advocate for quality measures aligned across payers based on the highest cost of care drivers. The Workgroup has come up with the original planning metrics for the enhanced primary care payment model and will mesh that with some of the recommendations from the VBC workgroup as well as the Practice Model workgroup.

The Practice Model Workgroup is chaired by Dr. Nancy Fan (PCRC Chair). The Workgroup's goals are to decrease administrative burden and cost. Billing transparency from both payors to practices and from health care systems as employers for the work of their employed practices. Educating practices regarding Practice Transformation and success in VBC. Create ideas to incentivize all practices to participate in VBC.

Dr. Fan advised that there will be an inter-workgroup meeting at the end of the month to ensure alignment across all of the work groups with no redundancy.

Dr. Fan stated that there are a couple of Governor appointment vacancies on the PCRC and hopes the vacancies will be filled before the next PCRC meeting in March. The PCRC presentation can be viewed on the [DHCC Website](#).

**PUBLIC COMMENT**

Mr. Moriello commented that January is National Birth Defect Awareness Month. Wearing pink for that cause is raising awareness of all the challenges that newborns and their families face when dealing with different abnormalities. Dr. Fan added that highlighting a specific outcome such as birth defects helps us recognize what kind of work needs to be done to be able to address that issue.

Christina Bryan (Delaware Healthcare Association) mentioned that we are seeing an increase in respiratory illnesses at our hospitals in Delaware. It is important to let people know that if you have a respiratory illness first go to your primary care provider before utilizing the emergency departments for those types of illnesses. Dr. Fan encouraged vaccinations recommending COVID vaccinations and boosters, influenza vaccinations through April, and RSV vaccinations.

**ADJOURN**

Dr. Fan adjourned, the meeting at 10:45 a.m.

**UPCOMING MEETING**

The next DHCC meeting is scheduled for February 6, 2025, from 9:00 a.m. to 11:00 a.m.

**Public Meeting Attendees  
January 9, 2025  
Public Meeting Attendees (Virtual)**

Bria Greenlee	
Christina Bryan	Delaware Healthcare Association
Christina Haas	DOI
Christine Vogel	DOI
David Bentz	DHSS
Delaney McGonegal	MACHC
Jessica Luff	DOI
Lisa Gruss	Medical Society of Delaware
Maggie Norris-Bent	Westside Family Healthcare
Nicole Moxley	DHSS
Ryan Schultz	Oliver Wyman
Sely-Ann Headley Johnson	Freedman Healthcare
Sherry Nykiel	DMMA
Stephanie Hartos	DHR
Steven Costantino	DHSS
Susan Jennette	DOI



Victoria Brennan	Leg Hall
Nicole Freedman	
Christina Haas	DOI
Chris Fraser	Westside Family Healthcare
Lori Ann Rhodes	Medical Society of Delaware
Megan McNamara Williams	Delaware Healthcare Association
Pamela Price	Highmark Delaware