

DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)



Delaware Health Care Commission **Commissioners' Strategic Retreat**

TRANSITIONING TO A MORE COMPREHENSIVE HEALTH POLICY

November 22, 2024

Facilitator:

*Dr. Devona Williams
Goeins-Williams Associates, Inc.
www.goeinswilliams.com*



Welcome and Introductions

Dr. Nancy Fan

In Memoriam

Ted Becker
DHCC Commissioner



Welcome New DHCC Commissioner!



Kathleen S. Matt, PhD

DHCC Commissioner

Speaker of the House Appointment



Agenda

- 12:30 p.m. Welcome and Introduction
- 1:00 p.m. Health Workforce Subcommittee
- 1:45 p.m. Public Comment
- 2:00 p.m. Break
- 2:15 p.m. DHCC Review and Refresh
- 2:30 p.m. DHCC Highlights, Progress, and Challenges
- 3:15 p.m. Commissioners' Transition Discussion
- 3:45 p.m. Wrap Up
- 4:10 p.m. Public Comment
- 4:30 p.m. Adjournment



Purpose and Objectives

Purpose: 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:

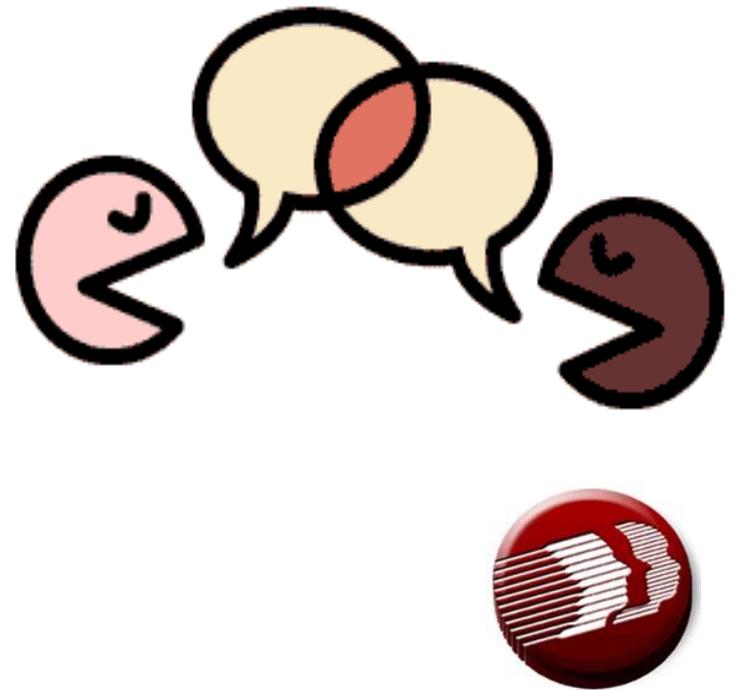
1. Review the core mission and progress of DHCC initiatives.
2. Review and discuss the Health Workforce Subcommittee update and recommendations.
3. Discuss and develop recommendations regarding future DHCC priorities and goals, for the next administration.



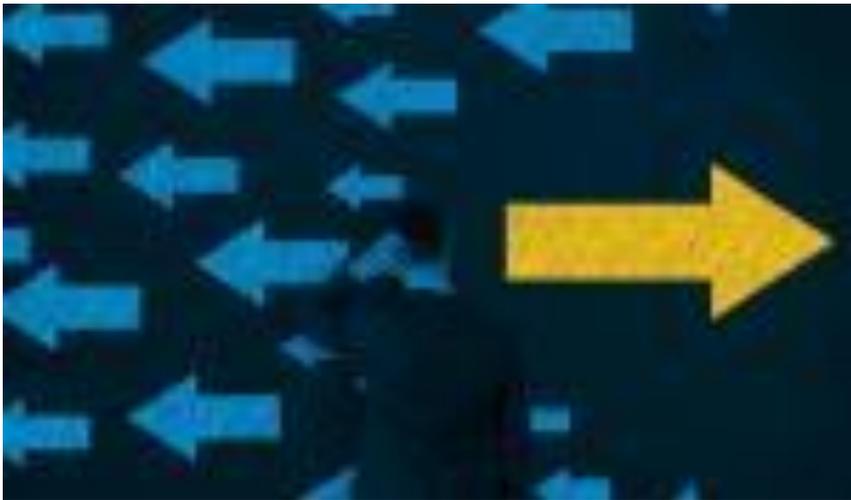


Ground Rules

- No right or wrong
- Everyone participates
- Brainstorming – let ideas flow
- Respect others' opinions
- Bucket list for tangents
- Expect unfinished business



Strategic Role of Commissioners



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- **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



Icebreaker: Strategic Role of Commissioners



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- *What do you like best about the DHCC?*





DHCC Health Workforce Subcommittee

*Dr. Kathy Matt and Secretary Rick Geisenberger
Subcommittee Co-Chairs*

DHCC HEALTH WORKFORCE SUBCOMMITTEE REPORT

■ COMMITTEE MEMBERS:

ELISABETH MASSA, DELAWARE HEALTH CARE COMMISSION

MARK THOMPSON, MEDICAL SOCIETY OF DELAWARE

TIMOTHY GIBBS, DELAWARE ACADEMY OF MEDICINE / DELAWARE PUBLIC HEALTH ASSOCIATION (DAM/DPHA)

BRIAN FRAZEE, DELAWARE HEALTHCARE ASSOCIATION

AVANI VIRANI, HIGHMARK

CHRISTOPHER OTTO, DELAWARE NURSES ASSOCIATION

SHAUNA SLAUGHTER, DIVISION OF PROFESSIONAL REGULATION

MIKE QUARANTA, DELAWARE CHAMBER OF COMMERCE

MAGGIE NORRIS-BENT, WESTSIDE FAMILY HEALTHCARE

GWENDOLYN SCOTT-JONES, DELAWARE STATE UNIVERSITY

NICK CONTE, THE DENTAL GROUP

CHERYL HEIKS, DELAWARE HEALTH CARE FACILITIES

NICHOLE MOXLEY, DIVISION OF PUBLIC HEALTH

DELAWARE HEALTH CARE COMMISSION (DHCC) STAFF

COLLEEN CUNNINGHAM AND SUSAN WALTERS



PRESENTED IN THE LAST RETREAT: RECOMMENDATIONS FOR DELAWARE: (DRAFT)

- ➔ **Workforce Summit** to bring together thought leaders from across the state to discuss current data, projections, and path forward
- ➔ **Data refinement and analysis** through the addition of surveys as a part of the licensure process
- ➔ **Simulation as a possible solution by allowing use of high fidelity simulation to replace some clinical hours**

Invest dollars in education of Health Workforce

Other states are requiring hospitals to exercise preference to in state programs training health professionals

- ➔ **Create training tracks linking academic programs to hospitals for clinical rotations**

Payment for preceptors

Enhance Loan repayment Programs

Student loans for service in rural, and underserved populations

Development of accelerated education programs, certificate and digital badge programs



DHF Delaware Health Force

**2024
DELAWARE
HEALTHCARE
WORKFORCE
SUMMIT**

Recruit, Reframe, Retain, Retrain, Resilience

In partnership with the Office of Healthcare Provider
Resources Delaware Department of Health and Social
Services, Division of Public Health

n/ev/reg/6bjdum4



RECOMMENDATIONS FROM THE HEALTH WORKFORCE SUBCOMMITTEE

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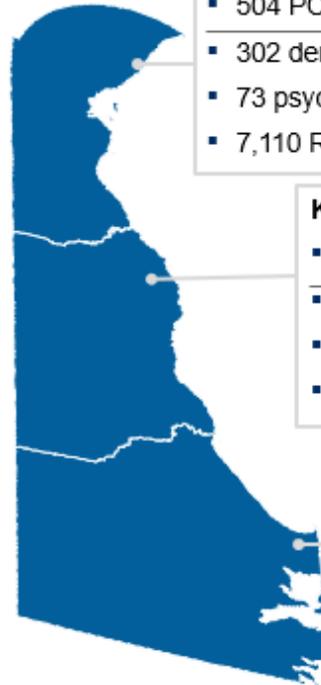
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DE's health care workforce today by county

DE workforce facts

- Above national average for PCPs, NPs, PAs and dentists
 - ~715 PCPs (1:1,269 physician-to-person ratio)
 - 79 NPs per 100,000
 - 33 PAs per 100,000
 - 45 Dentists per 100,000
 - 10 Psychiatrists per 100,000¹
 - 1,103 RNs per 100,000
- 92.2% PCPs say 'will be' or 'may be' practicing in 5 years
- 33% PCPs did residency in DE
- 49 schools, universities and colleges in the area (DE, NJ, PA and MD) offering 100 health care related programs



New Castle County

- 504 PCPs (95 per 100,000)
- 302 dentists (57 per 100,000)
- 73 psychiatrists (14 per 100,000)
- 7,110 RNs (1,345 per 100,000)

Kent County

- 77 PCPs (51 per 100,000¹)
- 50 dentists (33 per 100,000¹)
- 9 psychiatrists (6 per 100,000¹)
- 1,279 RNs (840 per 100,000¹)

Sussex County

- 122 PCPs (66 per 100,000)
- 43 dentists (23 per 100,000¹)
- 7 psychiatrists (4 per 100,000¹)
- 1,481 RNs (804 per 100,000¹)

Data from 2012

*** With shortages in some counties how do we compensate to insure care delivery**

SOURCE: Delaware Health Care Commission Health Care Workforce Report; Health Care Workforce Recommendations, December 2012; Toth: Primary Care Physicians in DE (2011)

¹ Below national average

PROPRIETARY AND CONFIDENTIAL



Select Report on Delaware's Health Care Workforce as of October 2024, and related data

Select Statewide datapoints based on license data from Delpros and enrollment data from CMS

Primary Care Providers (PCP) ¹	1466	139 PCP per 100,000*	498 CMS enrolled ²	156 retirement age	10.6%
Obstetrics & Gynecology (OB/GYN)	131	28 PCP per 100,000 ³	108 CMS enrolled ²	48 retirement age	36.6%
Pediatricians (PEDS)	305	130 PCP per 100,000 ⁴	75 CMS enrolled ²	80 retirement age	26.2%
Family Nurse Practitioners (FNP)	820	78 FNP per 100,000*	804 CMS enrolled ²	97 retirement age	11.8%
Nurse Practitioners (NP)	1,389	133 NP per 100,000*	#CMS enrolled ²	203 retirement age	14.6%
Registered Nurses (RN)	13,508	1,289 RN per 100,000*	#CMS enrolled ²	1,688 retirement age	12.5%
Physician Assistants (PA)	515	49 PA per 100,000*	Not applicable	34 retirement age	6.6%
Dentists (DENT)	248	24 DENT per 100,000*	Not applicable	75 retirement age	28.6%
Psychiatrists (PSYC)	103	10 PSYC per 100,000*	84 CMS enrolled ²	64 retirement age	62.1%

¹ includes family physicians, certain types of internists, adult medicine, and adolescent medicine (does not include pediatricians, ob/gyn, and geriatric medicine)

² direct CMS enrollment (as opposed to a medical group or group practice)

³ population adjusted for women only (all ages)

⁴ population adjusted for children only (0-19)

*Statewide based on providers per 100,000 population

Population numbers: State: 1,047,251, New Castle County: 584,426, Kent County: 192,507, Sussex County: 270,818 from Delaware Population Consortium 2025 projection.

% of Primary Care Providers who are at or past full retirement age (as defined by the social security administration)

67.6% of Primary Care Providers did their residency in Delaware

37 primary care providers list themselves as being concierge practices

Within approximately 100 miles of Delaware there are:

- 17 Schools of Medicine (MD, DO)
- 5 Schools of Dentistry (DDS, DMD)
- 20 Accredited Schools of Nursing (ADN, BSN, MSN, DNP, PhD)



About the Area Deprivation Index (ADI)

The Area Deprivation Index (ADI) is based on a measure created by the [Health Resources & Services Administration](#) (HRSA) over three decades ago, and has since been refined, adapted, and validated to the [Census block group](#) neighborhood level by [Amy Kind, MD, PhD](#) and her research team at the University of Wisconsin-Madison. It allows for rankings of neighborhoods by **socioeconomic disadvantage** in a region of interest (e.g., at the state or national level). It includes factors for the **theoretical domains of income, education, employment, and housing quality**. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups.

"Neighborhood" is defined as a [Census block group](#).

ADDITION OF SURVEYS TO LICENSING PROCESS TO ENHANCE DATA AND ANALYSIS

NICHOLE MOXLEY, DIVISION OF PUBLIC HEALTH

There are 28 states that collect health workforce data as part of the licensing process. The data collected facilitates the understanding of supply, demand, and distribution of the health care workforce across health professions. Collecting consistent, core data at the time of provider licensure renewal can provide significant information need to inform healthcare workforce planning, priorities, employment needs, funding requests, addressing health disparities, and policy.

Data is critical to understanding the health workforce on multiple spectrums: performance, shortages, distribution (urban/rural), supply, retention, practice characteristics, demographics, payor mix, degree/credential, disciplines, specialties, clinical hours, and future state of practice. The development of robust data and analytic capacity is critical to expanding the scope and accuracy of information available about the healthcare workforce practice characteristics, provider availability, and engagement.

DATA FOR NURSING WORKFORCE

CHRISTOPHER OTTO, DELAWARE NURSES ASSOCIATION

Nursing has surveys attached to licensing and relicensing in Delaware. That has given them a robust data set.

Establish a dedicated state nursing workforce organization titled, **Delaware Nurses Workforce Institute (DNWI)**, that has full membership in the National Forum of State Nursing Workforce Centers. We also need to establish and strengthen partnerships between DHCC, Delaware Health Force, DHSS, LOL, LOS, DHA, DHCFA, DAHCC, Universities and Colleges, Employers, and Specialty Nursing Associations, etc.



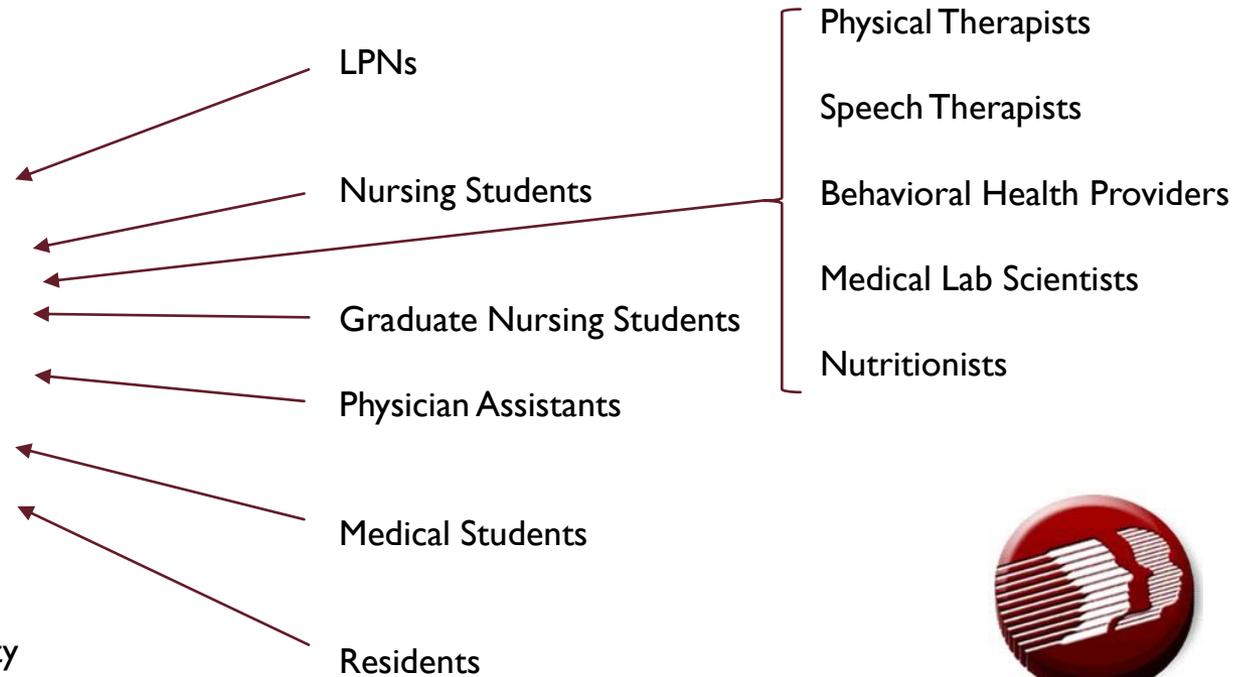
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EDUCATION: BOTTLENECK FOR CLINICAL TRAINING



Hospital Beds
Determine clinical training capacity



STRENGTHENING THE WORKFORCE

UD SCHOOL OF NURSING, BAYHEALTH PARTNER TO CREATE WORKFORCE PIPELINE



Four UD nursing seniors are part of the first cohort of scholars assigned to Bayhealth's medical-surgical (med-surg) unit. Next year, the SON aims to have eight scholars. All will spend their senior year clinicals at Bayhealth before committing to work at the hospital for two years.





Opportunities for College Students and Recent Grads at Bayhealth

- Thank you for your interest in joining our team and helping us meet the healthcare needs of our community. Outlined below are our current opportunities for college students and recent grads, and links to learn more about each.
- We are hiring! There are positions available in all areas of the organization—both full-time and part-time, and clinical and non-clinical. And we are offering signing bonuses for select positions for a limited time.
- Our Student Loan Repayment Program for recent and soon-to-be college graduates provides qualified applicants up to \$30,000 of loan repayment.
- Complete your service hour, or other academic-related requirements at Bayhealth this summer.
- We look forward to hearing from you!
- Not looking for anything now? Be sure to bookmark this page for quick access in the future.



UD, Beebe Healthcare, and Delaware Technical and Community College (DTCC)

The University of Delaware (UD), Beebe Healthcare, and Delaware Technical Community College (DTCC) have partnerships that allow students to earn degrees in nursing and other programs:

Beebe Healthcare and UD

- The Margaret H. Rollins School of Nursing at Beebe Healthcare and UD have a partnership that allows students to earn a Bachelor of Science in Nursing degree while working as a registered nurse. Students can enroll in both the school of nursing and UD's Associate in Arts Program (AAP) to earn a Diploma in Nursing and an Associate in Arts degree. UD also offers primary healthcare resources for students on the Lewes Campus, including sick visits and some laboratory testing.

DTCC and UD

- DTCC offers Connected Degree programs that allow associate degree graduates to transfer to UD as juniors to complete a bachelor's degree program. DTCC offers affordable tuition and small classes, which can help reduce the overall cost of a college education.



CREATE A HEALTH CARE WORKFORCE INITIATIVE FUND

- **We need the state to invest funds (\$3-5M) in the creation of a Health Care Workforce Initiative Fund** to grow and strengthen our health care workforce. **We have large gaps in funding for health care education at all levels of health care professionals.** We need to financially support the development of strong pipelines for development of the healthcare workforce we need in Delaware. The committee overseeing the funds would review collaborative proposals that foster different aspects of the education, training, recruitment, and retention of our health care workforce. These proposals would require showing joint investments by the partners submitting the proposals, and would require a plan to show sustainability for the initiatives. These funds could be used to **initiate pipeline programs across middle schools and high schools and their partnerships with universities and hospitals.** The funds could help support the **development of preceptors, and payment of preceptors across our clinical sites** and thereby enhance clinical training for our Delaware students. Funds could be used for the **development of clinics throughout the state for medical and dental** that help enhance our ability to recruit specialists from outside the state to come to Delaware to set up their practices. Funds could be used for these types of initiatives as well as **many other innovative ideas.**

HEALTH CARE (BIOMEDICAL SCIENCES) HIGH SCHOOL

With an aging provider population, we are losing more providers at all levels than we are creating. This occurs at a time when we need to be improving our health outcomes throughout the state, and at a time that our aging population downstate is growing dramatically.

Barriers exist up and down the pathway to educating our future healthcare provider workforce. Creating a Biomedical High School would address one barrier by encouraging and empowering our youth, starting in 9th grade with a dedicated educational setting, to either graduate ready to work or ready to advance with further education.

This concept impacts five areas: Healthcare, education, workforce, economic development, and public health.



DELAWARE
ACADEMY of
MEDICINE

DPHA
DELAWARE PUBLIC HEALTH ASSOCIATION

DHF Delaware Health Force

TIMOTHY GIBBS, MPH, DELAWARE HEALTH FORCE

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HEALTH CARE PROFESSIONAL SHORTAGES

- We need to grow the number of health care professionals in the state and enhance the distribution of our healthcare workforce.
- We can do this through growing our own health care providers, but also very importantly through recruitment of health care professionals from outside the state, and through strong efforts to retain and improve the lives of our current healthcare professionals
- We need health professionals at all levels to have effective delivery of health care. We need a robust health care workforce.
- For new health care professionals and residents in the state of Delaware, we need to support their housing needs, education, and social needs for young families to grow our network.
- Medical School? or expanding our partnerships with other Medical Schools, and expanding residency programs.

DENTAL

NICK CONTE, DIVISION OF PUBLIC HEALTH

- Implement a State Loan Repayment Program with eligibility open to both public and private practice dental providers.
- Advancements in Educational Opportunities: Continued education is critical to providing exceptional care, especially for diverse populations. The task force emphasized the importance of the entire dental team receiving training to care for underserved populations. Additionally, with the lack of a Delaware dental school, the task force discussed further investments in current dental hygienist programs, residency programs, and entities like DIDER to recruit and retain providers.
- Increase the Scope of Practice for Dental Hygienists.
- Flexible Licensure Pathways: Policy Proposals to Increase Licensure Flexibility for Recruitment and Retention.

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LONG TERM CARE

CHERYL HEIKS, DELAWARE HEALTH CARE FACILITIES ASSOCIATION

Challenge is a severe shortage of health care providers which greatly affects quality of care.

- Recruit and Retain a Long-Term Care Workforce Strategy
- Inclusion in state and federal disaster and pandemic planning and funding grants
- Inclusion of long-term care health care professionals in all state sponsored health care loan repayment or grant programs
- Inclusion of a Long-Term Care Representative on the Health Care Commission:
- State Embracing Immigrants to address Caregiver Shortage
- Medication Aides in Skilled Nursing Facilities
- Behavioral Health and Seniors



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IDEAS FROM FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

MAGGIE NORRIS-BENT, WESTSIDE FAMILY HEALTHCARE

- Address barriers to care that negatively impact care coordination – eliminating external drivers of clinician and nurse burnout
- Long-term public/private investments in the training infrastructure at FQHCs
- Incentivizing clinicians to practice in underserved communities
- Expand loan repayment eligibility to include frontline positions
- Establish unique learning experiences in partnership with the State to make FQHCs attractive and includes funding, stipends, technical assistance, etc.



HEALTH CARE EDUCATION ROUND TABLE

- Bayhealth
- Beebe
- CCHS
- Tidal
- St. Francis
- Nemours
- UD
- DSU
- DTCC
- DHSA



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DISCUSSION

Dr. Devona Williams

- *Discussion: What actions do we suggest for the transition in each of these areas?*
 - Education
 - Partners (aligning priorities and programs private and public)
 - Attracting and recruiting specialists
 - Other





Public Comment



DHCC Review and Refresh

2023 Focus, Priorities, and Principles

Focus and Priorities

- Workforce

Principles (how we should operate)

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

Update 2023 Action Plan



Mission Statement, Roles, and Goals

The DHCC 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.

Roles, responsibilities and/or goals:

- Collaborate with other state agencies, instrumentalities, and private sector
- Convene stakeholders
- Initiate pilots
- Analyze the impact of previous and current initiatives
- Recommend policy changes to support improving equitable access to high-quality, affordable care



Refresh:

Duties and Authority of the Commission

- Develop pilot health access projects, consult with public and private entities, assign implementation to the appropriate state agency, and monitor and oversee program progress to ensure that each pilot program is evaluated by an outside, independent evaluator § 9903
- Administration of the Delaware Institute of Medical Education and Research (DIMER) § 9903(c) and the Delaware Institute for Dental Education and Research (DIDER) § 9903(d) which serve as advisory boards to the Commission



Refresh:

Duties and Authority of the Commission

- Collaborate with the Primary Care Reform Collaborative to develop annual recommendations that will strengthen the primary care system in Delaware § 9903(f) and § 9904(f)
- Administration of the Delaware Health Insurance Individual Market Stabilization Reinsurance Program and Fund § 9903A
- Administration of the Health Care Provider Loan Repayment Program § 9903(j)
- Administration of the Health Care Spending and Quality Benchmarks § 9903(k)
- Administration of the Diamond State Hospital Cost Review Board § 9903(l)





DHCC Highlights, Progress, and Challenges

DHCC Highlights

- Initiatives to improve workforce and access:
 - Health Care Provider Loan Repayment Program (HCPLRP)
 - State Loan Repayment Program (SLRP)
 - Primary Care Reform Collaborative (PCRC)
 - DHCC Health Workforce Subcommittee
 - Delaware Institute for Medical Education and Research (DIMER)
 - Delaware Institute for Dental Education and Research (DIDER)



INITIATIVES TO IMPROVE WORKFORCE AND ACCESS

■ **Health Care Provider Loan Repayment Program (HCPLRP)**

- Launched in May 2022, DHCC is responsible for administration of HCPLRP and may award education loan repayment grants to new primary care providers up to \$50,000 per year for a maximum of four years.
- As of November 2024, DHCC has awarded 20 providers.

■ **State Loan Repayment Program (SLRP)**

- Since 2000, DHCC is responsible for administration of SLRP, a loan repayment program supported by Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- SLRP strives to create healthier communities by recruiting and retaining quality health care professionals to practice in rural and urban settings designated as Health Professional Shortage Areas. 47



INITIATIVES TO IMPROVE WORKFORCE AND ACCESS

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

- SSI for SB 120 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.
- PCRC will meet quarterly in 2025 (next meeting March 2025).

■ **DHCC Health Workforce Subcommittee**

- Created in December 2020, Subcommittee is a public/private body that examines Delaware's health workforce capacity and develops policy initiatives and recommendations.



INITIATIVES TO IMPROVE WORKFORCE AND ACCESS

■ Delaware Institute for Medical Education and Research (DIMER)

- Founded in 1969 as an alternative to an in-state medical school
- Address the concern of access to high-quality medical education for Delaware residents.
- 20 admission slots with Thomas Jefferson University Sidney Kimmel Medical College and 10 admission slots at the Philadelphia College of Osteopathic Medicine (PCOM).

■ Delaware Institute for Dental Education and Research (DIDER)

- Founded in 1981, as an alternative to an in-state dental school
- Promote dental education and help the State to meet its health-care needs
- 4 admission slots at Temple University Kornberg School of Dentistry.



DHCC Highlights

- Initiatives to improve cost, quality and access to care:
 - Spending and Quality Benchmarks
 - Health Resources Board
 - CostAware
 - Reinsurance Program
 - Diamond State Hospital Cost Review Board
 - Delaware Medical Orders for Scope of Treatment (DMOST)



INITIATIVES TO IMPROVE COST, QUALITY AND ACCESS TO CARE

■ Spending and Quality Benchmarks

- 2018 - Executive Order 25 (EO) established the Health Care Spending and Quality Benchmark initiative.
- 2022 - Governor Carney signed HB 442 with HAI replacing EO 25. The codification supports the continuation of Delaware's Road to Value by improving the transparency of health care spending and quality, as well as providing attainable goals needed to achieve better health care, lower costs, and healthier communities.
- DHCC currently collecting calendar year 2023 spending and quality data.

■ Health Resources Board

- Health Resources Board (HRB) Certificate of Public Review (CPR) is regulated by 16 *Del. C.* § 9301.
- Foster the cost-effective and efficient use of health care resources and the availability of and access to high quality and appropriate health care services.
- HRB under Sunset review since 2019.



INITIATIVES TO IMPROVE COST, QUALITY AND ACCESS TO CARE

■ **CostAware**

- 2020 – DHSS/DHCC began working with Delaware Health Information Network (DHIN) to develop and implement various health care cost and quality analyses leveraging data in the Delaware Health Care Claims Database (HCCD), managed by DHIN
- Analyses are summarized in reports and made available through a public-facing, consumer-friendly website, CostAware, launched in spring of 2022, <https://costaware.dhss.delaware.gov>.

■ **Reinsurance Program**

- Established in 2019 under a Section 1332 State Innovation Waiver effective January 1, 2020, through December 31, 2024, to implement a state-based reinsurance program.
- Helps stabilize Delaware's Individual market by lowering premium rates, increasing enrollment, and improving the morbidity of the single risk pool overall.
- Delaware approved for a new five-year waiver effective January 1, 2025, through December 31, 2029.



INITIATIVES TO IMPROVE COST, QUALITY AND ACCESS TO CARE

■ **Diamond State Hospital Cost Review Board**

- Board responsible for an annual review of hospital budgets and related financial information.
- The submission of hospital budget and financial information will begin in 2025 for calendar year 2026.
- DHCC responsible for the administration of the Board.

■ **Delaware Medical Orders for Scope of Treatment (DMOST)**

- DMOST form allows Delawareans to plan ahead for health-care decisions, express their wishes in writing, and both enable and obligate health care professionals to act in accordance with a patient's expressed preferences.
- SB 195, enacted September 2024, creates a DMOST Program at DHSS.
- DHCC responsible for the administration of DMOST.



DISCUSSION

- *What issues should be considered to address ongoing challenges with regard to access and cost, for the next administration?*
 - *DIMER*
 - *DIDER*
 - *Health Care Provider Loan Repayment Program (HCPLRP)*
 - *Health Resources Board (HRB)*
 - *Other*





Commissioners' Transition 2024

DISCUSSION

Dr. Devona Williams

- *What should we start, stop, or continue in health care policy moving forward?*
- *What should be done differently?*
- *How should the work of the DHCC be carried out?*
- *What advice do we want to give the new administration?*





Wrap up and Future Actions

Wrap up and Future Actions



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- Summary
- Action item summary, timetable, and responsibility
- Reflections





Public Comment

Thank you!

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