



**Delaware Health Care Commission (DHCC)
Health Workforce Subcommittee Meeting**

March 19, 2025

9:00 a.m. to 10:30 a.m.

Meeting Attendance

Subcommittee Members Present

- Dr. Kathy Matt, University of Delaware, Co-Chair
- Nichole Moxley, Division of Public Health, Co-Chair
- Timothy Gibbs, Delaware Academy of Medicine / Delaware Public Health Association (DAM/DPHA)
- Brian Frazee, Delaware Healthcare Association
- Shauna Slaughter, Division of Professional Regulation
- Mike Quaranta, Delaware Chamber of Commerce
- Elisabeth Massa, Delaware Health Care Commission
- Mark Thompson, Medical Society of Delaware
- Gwendolyn Scott-Jones, Delaware State University
- Christopher Otto, Delaware Nurses Association
- Rose Wurster

Subcommittee Members Absent

- Melissa Jones, The Dental Group
- Maggie Norris-Bent, Westside Family Healthcare
- Dr. Nicholas Conte, Bureau of Oral Health and Dental Services
- Dr. Avani Virani, Highmark
- Cheryl Heiks, Delaware Health Care Facilities Association

Delaware Health Care Commission (DHCC) Staff

- Neil Hockstein, Delaware Health Care Commission
- Elisabeth Massa, Delaware Health Care Commission
- Latoya Wright, Delaware Health Care Commission
- Colleen Cunningham, Delaware Health Care Commission
- Sheila Saylor, Delaware Health Care Commission

Public Attendance

- Eschalla Clarke, DHSS
- Lisa Gruss, Medical Society of Delaware
- Ceil Tilney, League of Women Voters
- Jules Villecco, DHA

Meeting Minutes

CALL TO ORDER

Dr. Kathy Matt, Subcommittee co-chair, presided over the meeting and opened discussions at approximately 9:05 a.m.

ACTION ITEM: Approve January 15, 2025, meeting minutes

The board voted unanimously to approve the January 15, 2025, meeting minutes. The committee members approved the minutes which are available on the [Workforce Subcommittee Website](#).

DELAWARE HEALTHCARE ASSOCIATION UPDATE

Brian Frazee (President and CEO) presented some of the workforce efforts that the Delaware Healthcare Association has been leading over the past couple of years. Mr. Frazee explained that the DHA represents Delaware's hospitals, health systems, and healthcare-related organizations.

Mr. Frazee highlighted the Board of Nursing regulation that was changed to mandate an E-notify workforce data survey every time nurses reapply for their licenses.

Mr. Frazee touched on the CNA training with the National Guard during COVID operations, and the State Primary Care Office provider capacity surveys and reports. Mr. Frazee mentioned that DHA is supportive of the Healthcare Provider Loan Repayment Program and emphasized the program as an underutilized resource.

Clinical preceptor pay and providing financial compensation to team members who are training and educating the next generation of healthcare leaders in our hospitals is a priority for DHA. Each DHA member invests resources in the professional development program and clinical ladder which offers voluntary and paid opportunities for growth through different activities like precepting, coaching, and mentoring. Depending on the hospital, tuition and fees are fully covered for participants in some of these programs. Many of the participants receive an hourly

stipend for attending classes and clinical sessions and DHA is also making sure that they are offering job opportunities to keep participants in Delaware.

The clinical nurse scholar role that DHA partners with the University of Delaware, Delaware Tech, and Warwick Community College is something that some DHA members invest in to offer a hands-on experience with operations, special projects, customer service, patient assistance, and other skills participants can be paid while they are in school to help support the workforce and also incentivize them to stay in Delaware.

DHA tries to capture students in middle school, to get them interested in the healthcare field, and to get them motivated and excited about going into any healthcare profession. DHA has programs and partnerships with schools across the state and some of DHA members have their own scholarship and loan repayment programs.

Dr. Matt asked if there were specific challenges that organizations are all bringing up that perhaps the Workforce Subcommittee is not addressing. Mr. Frazee answered that DHA just completed a governance enhancement of their association and made some changes to the structure of how they operate and the membership structure. One of the changes made was a new Workforce Council that focuses on that issue. DHA is hearing from their members in the hospital world about physician shortage, nursing shortage, and tech shortages and are all on the same page in terms of where we need to go.

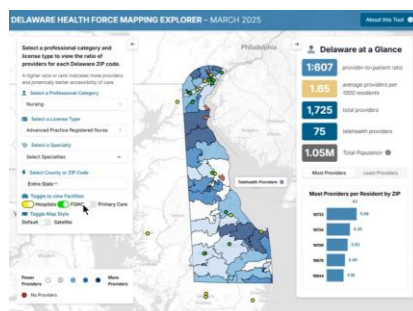
Mike Quaranta asked regarding CNAs, is there an average tenure of someone holding a CNA credential, how many go on to something else as they go up the ladder, how many drop out, and if they do after how long a period of time. Is there anything that can be done to rescue those who drop out and move them through and up the ladder? Mr. Frazee stated he did not have that information but would follow up to see what kind of data DHA has on the average tenure how many drop out and all of the questions Mr. Quaranta raised. The DHA presentation can be viewed on the [Healthcare Subcommittee Website](#).

Data/Surveys/ Licensure

Dr. Matt emailed the committee, requesting committee members review the recommendations for the Health Care Commission and identify the top two priorities. These priorities included data surveys and licensure, as well as the pipeline, preceptorships, and securing funding to support them. Collecting accurate health workforce data was emphasized as a key focus. Dr. Matt then passed the discussion to Ms. Moxley.

Ms. Moxley emphasized the importance of collecting accurate health workforce data, as current licensure information lacks details on practice site hours, populations served, and other key factors. She noted the 20% response rate for primary care survey instruments is insufficient to address workforce shortages. Ms. Moxley shared that a legislative liaison inquired about oral health and dental data, but she stressed the need for broader data collection beyond MDs and DOs to include nurses, advanced practice providers, and technicians. She also referenced legislation and survey tools from Vermont and Indiana for Delaware's consideration. She handed the presentation to Tim Gibbs of the Delaware Health Force.

Mr. Gibbs shared DHF's mapping tool and explained the "at a glance" fields and the new toggles for hospitals, FQHCs, and primary care which gives a more granular look at where the institutions, not just the individuals who are licensed are located. DHF also turned on a new layer to bring in a satellite view to show shortage areas. Mr. Gibbs showed that the tool can now group nursing specialties together to aggregate the numbers.



DHF is bringing on a tool that shows how many people are at or beyond retirement age, which will begin to show how much of our workforce are we losing.

The primary care taxonomy that DHF with a panel of physicians and advanced practice disciplines worked on is complete. There will be a new menu set at the top of the mapping tool that will allow DHF to view primary care comprehensively, which will be primary care. as independent practices, so there will be physicians and advanced disciplines. Mr. Gibbs shared a spreadsheet where DHF is taking the data from independent surveys and putting it into a usable format where its goal is to develop survey questions that can be added to the existing Del Pro licensing system. This would become a new data set that can be incorporated into the mapping tool to bring more clarity of information to the general public, policymakers, and agencies that need to report out on this information.

Shauna Slaughter (Division of Professional Regulation) stated there have been conversations with leadership in the secretary's office and there is concern about this data running through the Del Pro licensing system. Particularly demographic data that are not required for licensure. Leadership would prefer that data be gathered using an external survey that is linked, but that does require an interface to be built for each of the professions.

Tim Gibbs explained that they do not ask questions that are not actionable. We have or set things up in such a way that we are both on Salesforce platforms between the division and Delaware Health Force and can trade information back and forth. Dr. Matt interjected that the collection of data needs to be simple enough that individuals will be willing to do this. Maybe keep considering what are the data that we want and need in these data sets. At the Delaware Healthcare Commission meeting there was a lot of discussion about this issue, and since legislators are now interested, the question emerged around whether or not this is something that should be legislated or can data collection be accomplished through DPR as a part of the licensure process without legislation.

Dr. Hockstein (Chair, DHCC) was concerned because the schedule of licensure for physicians is every two years, and passed a few weeks ago putting us two years away from the next data point through physician relicensing. If we could capture the separate controlled substance license registration that is in June, we could pilot, a survey, associated with the CSR program. If that is doable in the next few months we can get more data sooner. Dr. Hockstein stated that this is important to our new governor and how we leverage that data to find short, intermediate, and long-term solutions so our neighbors can find doctors, nurses, and offices that are not struggling to do all the things that are needed to care for patients. Mr. Gibbs stated that this is doable by June from DHF perspective, we could set up a trial. The question would be to DPR how we would set up a loop out from the CSR relationship recertification process and DHR would work with DPR, but can it be done from a timing standpoint.

Ms. Slaughter stated one of the biggest concerns for DPR if there needs to be legislation that would go into every board statute allowing DPR to collect that data. DPR wants to make sure data collection is done the right way and gives us the right to be able to collect the data. A bill would be needed that allows the collection of data. If there was an external survey that DPR could communicate asking people to do voluntarily DPR could communicate that in a renewal notice. If this turns out to be something that we do and if DPR must build in an external survey a fiscal note would be required. DPR is willing to work with the committee. Dr. Matt asked if

this was something that would need to happen in concert with working with DPR. Ms. Slaughter said yes and that would be easier to perform if it were legislated. Chris Otto (Delaware Nurses Association) asked if it would be too much to ask for the attorney if could they put together some model legislation, for us to review. Could they recommend if there were specific data points and questions in the legislation? Ms. Slaughter answered she thought the idea would be just to give DPR the authority to ask for workforce data. DPR would need the capability of the information to be massaged and updated over time. If we need to make changes, we wouldn't want to outline those specific data points in a bill. Ms. Slaughter interjected that the CSR renewal will be pushed out April 1, 2025, so there would not be time to get the survey connected at this point. Dr. Hockstein asked if the legislation that DPR's legal counsel is suggesting enables DPR to ask the questions, or mandates that the questions be answered. Ms. Slaughter stated that the wording probably could handle both, but we can't make every question mandatory. Dr. Hockstein agreed and stated that how we encourage answering the survey without adversely adding another burden is key. Mr. Otto said that the largest portion of the largest sector of the healthcare workforce, nurses, are up for renewal by September 2025. It was stated that nursing does currently have their E-notify survey and that DPR is already collecting data for them.

There was discussion about other states that are already collecting health workforce data and how professional shortage areas in our state, don't give us the picture of shortage because of the limiting factor of only looking at specific provider types. It was discussed if the committee should ask for voluntary responses or legislate.

Mr. Gibbs shared data from DHF on a study on chronic disease and the healthcare workforce in Delaware based on Delaware Health Information Network (DHIN) data. The study's exploratory analysis goals were to explore the prevalence of chronic disease, identify the potential shortage of providers, multi-morbid patients versus regular patients, and stratify by gender and age. DHF chose the top 30 chronic diseases in Delaware, and what they found relative to the workforce, is that depression, bipolar, and other depressive mood disorders are at the top. Mr. Gibbs said there are a lot of ways to look at shortages but this study hones in on chronic disease and adds another layer to the data which can then be another actionable data point.

Dr. Matt stated that data gives the committee the foundation that allows us to go forward and take action steps to enhance the access and quality of healthcare delivery throughout the state. Dr. Matt asked as we are making recommendations and presenting data from information to

the Healthcare Commission, what other things are important to bring up to the Healthcare Commission. It was mentioned that we could reach out to other states that are collecting data and ask what some of their stumbling blocks and lessons that were learned.

Meeting Day and Time, and Meeting Cadence

There was a discussion on the best day and time for the Health Workforce Subcommittee meetings. The committee decided on Thursday from 9:00 am to 10:30 am on the second week of the month.

Meeting Cadence was discussed, and it was decided that the Health Workforce Subcommittee would meet once a month.

Public Comment

None

ADJOURN

The meeting was adjourned at approximately 10:22 am.

UPCOMING MEETING

The next Health Workforce Subcommittee meeting is scheduled for Thursday, April 10, 2025, 9:00 a.m. – 10:30 a.m. The anchor location for the meeting:

The Chapel
Department of Health and Social Services
Herman Holloway Campus
1901 N. DuPont Highway
New Castle, DE 19720