



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

**June 5, 2025**

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

### **Meeting Attendance and Minutes**

**Commission Members Present In-Person:** Dr. Neil Hockstein, Dr. Jan Lee, Dr. Kathy Matt, Insurance Commissioner Trinidad Navarro (DOI), Dr. John Powell, and Dr. Stephanie Traynor (DSCYF)

**Commission Members Attending Virtually:** Mike Quaranta and Cabinet Secretary Michael Smith (DOF)

**Commission Members Absent:** Cheri Clarke Doyle, Cabinet Secretary Josette Manning (DHSS), and Nick Moriello

**Meeting Facilitator:** Dr. Neil Hockstein, Chair

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

#### **Anchor Location:**

Department of Health and Human Services (DHSS)  
Herman M. Holloway Sr. Health and Social Services Campus  
The Chapel  
1901 N. DuPont Highway  
New Castle, DE 19720

#### **CALL TO ORDER**

After confirming a quorum, Dr. Neil Hockstein (DHCC Chair) called the meeting to order at approximately 9:00 a.m. Dr. Hockstein shared June is Alzheimer's and Brain Awareness month. A few tips on what one can do to keep their brain working well: challenge your mind, exercise, protect your head, avoid tobacco, manage diabetes and blood pressure, and eat well.

## **BOARD BUSINESS**

### **ACTION ITEM: Approve May 1, 2025, Meeting Minutes**

Dr. Hockstein asked the commissioners if there were no objections, a motion to approve the May 1, 2025, meeting minutes. No objections were made. The commissioners approved the minutes. The minutes are available on the [DHCC website](#).

Next, Dr. Hockstein introduced Alexa Scoglietti, Chief Policy Advisor for DHSS. Ms. Scoglietti introduced herself. She started the role in April and prior she was a staff member for the House Majority Caucus.

Next, Dr. Hockstein made a few comments regarding House Bill (HB) 350. Pending litigation there are several commissioners that are not in a position to comment on HB 350 and he recommended refrain from discussing pending the lawsuit. He looks forward to everyone working together on behalf of Delawareans to support great cost-effective care for all.

### **Commission Strategy Session**

Dr. Hockstein took a few minutes to expand and have an open discussion on the quadruple aim (access, cost, quality, and provider well-being). Dr. Kathy Matt shared the DHCC Health Workforce Subcommittee is moving forward with legislation, Senate Bill (SB) 122, which will allow the Division of Public Health and the DHCC the ability to obtain comprehensive workforce-related data from the Division of Professional Regulation. The bill passed the Senate and is now with the House Committee. There are several other items the Subcommittee are discussing – trainings, pipelines, and creating an innovation fund which would require a fiscal note. Dr. Hockstein added the innovation fund would be helpful especially for nurse preceptorships. As an action item, Dr. Matt, commented she would send some language of what has been put together around the innovation fund which includes preceptorships. An innovation fund could also support help Federally Qualified Health Centers and other interprofessional trainings.

Access: Dr. John Powell asked about key strategies maximizing Conrad 30 J-1 Visa Program. Dr. Hockstein shared Nichole Moxley with the Division of Public Health has that information, and DHSS is in the process of rebooting the Department's website including the Conrad 30 webpage, a key entry point for individuals searching which could increase potential candidates looking at Delaware. Other institutions are also promoting the program. Ms. Moxley added currently there are 17 slots filled with 13 remaining. In the next couple of weeks, the data will be finalized, and she will share with the Commission. The Division of Public Health is also working with other institutions on recruitment. Dr. Hockstein asked Ms. Moxley to comment on the 10 flex positions. Ms. Moxley shared all 10 flex positions are open. Flex spots are for those J-1 clinicians to work outside of a Health Professional Shortage Area (HPSA). DPH has not received a request for flex, everything has been located within a HPSA. DPH submitted an application to update all HPSA designations in the State. Dr. Powell added the program has been a very big help in Sussex County. Dr. Hockstein added "prior authorization" legislation is making its way through the General Assembly that can impact provider wellbeing and patient access.

Cost: Dr. Hockstein added there is a lot of work in the background on a handful of items – Nemours global budget, Medicare fair pricing for prescription drugs, and the benchmark data.

Provider Wellbeing: Dr. Powell commented efficient provider credentialing could help decrease administrative burden on clinicians. Dr. Lee added when one talks about the cost of health care, no one talks about the administrative burden which is added to the cost of health care. Dr. Powell added it can take 6-8 months to process credentials. Dr. Hockstein suggested if it could be done in three months that change, while perhaps small change, could ultimately help patients. Commissioner Trinidad Navarro commented Department of Insurance could assist with credentialing and have helped on a case-by-case basis. DOI can be a resource and if the Commission thinks that is a worthy endeavor, he would be happy to have friends in the industry have a round table. Dr. Matt commented this has come up in the Workforce Subcommittee.

Dr. Hockstein thanked the commissioners for their thoughtful discussion and expressed his interest in a future industry roundtable.

### **Public Comment**

Chris Frazer (Westside Family Healthcare) –

- Appreciated the comments on workforce development.
- Where do we go next with the Primary Care Reform Collaborative? How can the State support and incentivize investment in prevention and primary care to get ahead in access and cost.
- Comment in the Chat Box: *Statewide investment in prevention/primary care potentially falls in cost and some of the other strategic categories.*

Mike Quaranta commented in the Teams Chat Box: *This is a very important topic. We create layers upon layers of well-meaning regulations, but review of the entirety of all processes is long overdue. What was created in the early '00s may not be relevant today. The future destination for professionals will be largely determined by who can streamline these processes while keeping the balance between care/safety/quality.*

### **Benchmark Data Workgroup Update**

Dr. Hockstein shared DHCC Commissioner Cheri Doyle has been working behind the scenes to determine the best mechanisms to provide more data to help the Commission better understand the benchmarks. She has been meeting with other states and entities to learn more and will report out to the Commission as she learns more.

### **Commission Meeting Cadence**

A meeting cadence survey was sent to the commissioners for their feedback on the meeting cadence. Dr. Hockstein shared a summary of the results:

- Thursday is the preferred day of the week to meet
- Meetings should have a virtual option

- Meetings every other month
- Meeting duration – 1.5 to 2 hours
- Meeting format - status updates, presentations, and a retreat
- 1 half-day retreat

Dr. Hockstein asked if there were any strong disagreements. Hearing none, he asked if the commissioners would like to make a motion. Dr. Powell made a motion to change the meeting structure – every other month for 2 hours and a half-day retreat. Mr. Quaranta seconded. Hearing no dissents, the motion passed. The Commission meetings for the remainder of calendar year 2025 will be held in August, October, and December. Dr. Kathy Matt expressed concern if the meetings are every other month, momentum could be lost. She asked the Commission to consider developing subcommittees, if needed, to keep things moving forward. Dr. Lee agreed and stated the real work gets done in a subcommittee setting. Dr. Hockstein commented he is fully supportive.

## **POLICY DEVELOPMENT**

### **Delaware Health Information Network (DHIN) Update**

Dr. Jan Lee, DHCC Commissioner and DHIN Chief Executive Officer, provided an update to the Commission highlighting DHIN's statutory purpose, DHIN's private-public partnership, what data DHIN collects, DHIN's data services, and recent and upcoming initiatives. Dr. Lee also shared insight into DHIN's financials - revenue streams and expenses.

DHIN operates as a self-sustaining not-for-profit that aggregates clinical and claims data from hundreds of sources across Delaware and neighboring states. The presentation highlights the complexity of identity matching, data curation, and enrichment processes necessary to create a unified patient health record from disparate systems. DHIN provides multiple services including clinical results delivery, community health records, notifications of hospital admissions and discharges, and analytics combining clinical and claims data to assess healthcare value. Major recent efforts include upgrading technology infrastructure and expanding data exchange capabilities, such as onboarding the Qualified Health Information Network (QHIN) for broader interoperability. Significant challenges remain in incorporating behavioral health data due to federal privacy regulations and social determinants of health (SDOH) data are currently not well integrated. DHIN has partnerships with neighboring states' HIEs to exchange data for Delaware residents receiving care out of state and vice versa. DHIN is currently wrapping up year 4 of a 5-year strategic plan selecting a partner to facilitate development of next multi-year strategic plan.

Dr. Hockstein opened the presentation to questions:

- Commissioner Navarro asked how DHIN partners with other states. Dr. Lee shared Maryland and Pennsylvania have a regional HIE system that shares data with DHIN via an agreement that is in place with the State HIE's. There was previously a DHIN agreement with New Jersey, but they went bankrupt and is continuing to try to work together again.

- Dr. Lee commented she would like DHIN to do more around public health and collect behavioral health and social determinants of health data.
- Dr. Lee shared DHIN is very close to getting an agreement with the Department of Corrections for them to start having their contracted care providers be required to send data to DHIN.
- Commissioner Navarro thanked Dr. Lee for her presentation and commented it was helpful to learn more about all the different things DHIN does.
- Dr. Lee added at this moment in time, EPIC cannot provide all the services DHIN offers.

Dr. Lee's presentation is available on the [DHCC website](#).

### **PUBLIC COMMENT**

Dr. Hockstein opened the meeting to public comment and any other comments from the commissioners. There were no comments.

### **ADJOURN**

Dr. Hockstein asked for a motion to adjourn. Commissioner Navarro made a motion, seconded by Dr. Powell. All commissioners were in favor, and the meeting adjourned.

### **PUBLIC ATTENDEES**

#### **In-Person**

Steven Costantino	DHSS
Alexa Scoglietti	DHSS

#### **Virtual**

Kristin Dwyer	Nemours
Christina Miller	Department of Insurance
Nichole Moxley	Division of Public Health
Jules Villecco	Delaware Healthcare Association
Jessica Luff	Department of Insurance
Julie Devlin	DHSS
Breana Kupis	ChristianaCare
Cristine Vogel	Department of Insurance
Wayne Smith	
Chris Fraser	Westside Family Healthcare
Susan Jennette	Department of Insurance
Richa Shah	United Medical
Delaney McGonegal	MACHC
Rita Landgraf	University of Delaware
Nicole Freedman	YMCA
Ryan Paisley	
James Berryhill	DHSS
Christina Bryan	Delaware Healthcare Association

Sherry Nykiel  
Brian Frazee  
Krishna Upadhya  
Meredith Tweedie  
Christina Haas  
Ceil Tilney  
Pamela Price  
Maggie Norris-Bent

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Highmark Delaware  
Westside Family Healthcare