Delaware Health Care Commission (DHCC) Retreat
November 7, 2025
1:00 p.m. – 5:00 p.m.

Meeting Attendance and Minutes

Meeting Attendance

Commission Members Present: Cheri Clarke Doyle, Dr. Aileen Fink (Department of Services for Children, Youth & Their Families designee), Dr. Neil Hockstein, Dr. Jan Lee, Dr. Kathy Matt, Nick Moriello, Insurance Commissioner Trinidad Navarro (Department of Insurance), Dr. John Powell, Michael Quaranta, Cabinet Secretary Christan Linke Young (Department of Health and Social Services)

Commission Members Absent: Kylie Taylor-Roberts (Department of Finance) and Dr. Stephanie Traynor (Department of Services for Children, Youth & Their Families)

Meeting Facilitator: Dr. Neil Hockstein, DHCC Chair

Delaware Health Care Commission Staff: Elisabeth Massa (Executive Director), Kaitlyn Arthur (Public Health Administrator I), Latoya Wright (Manager of Statistics and Research), and Colleen Cunningham (Social Services Senior Administrator)

Meeting Location:
Bayhealth Conference Center at Blue Hen
665 Bay Road
Dover, Delaware, 19901

Meeting Minutes

The Delaware Health Care Commission (DHCC) Retreat convened in-person at the Bayhealth Conference Center in Dover. Attendees included members of the Delaware General Assembly, health systems, public health and health care stakeholders, state officials, regulators, and policymakers to discuss policy and legislative initiatives for the

2026 legislative session. The Retreat focused on the quadruple aim: improving access, enhancing quality of care, supporting provider well-being, all at a reasonable cost.

Dr. Neil Hockstein, DHCC Chair, opened the Retreat and provided welcoming remarks. He introduced the new Department Health and Social Services Cabinet Secretary, Christen Linke Young, who was confirmed by the Delaware Senate in October. He thanked the stakeholders present for attending the Retreat.

To open the Retreat, Dr. Hockstein provided an update on the Rural Health Transformation Program (RHTP) application that the State submitted on Wednesday, November 5, 2025, to the Centers for Medicare & Medicaid Services. The RHTP is funded by HR1 (the Reconciliation Bill) with a $50 billion budget over five years, split between formula and competitive funding. Highlights of

- Delaware submitted a $1 billion application, likely to be adjusted during negotiations.
- The program targets preventive care, sustainable access, workforce development, innovative care, and technology integration.
- Delaware's application includes 15 initiatives serving approximately 400,000 residents, focusing on Kent and Sussex counties and Federally Qualified Health Centers (FQHCs).
- Key initiatives:
    - Establishment of Hope Centers in Kent and Sussex, including medical respite care.
    - Introduction of mobile health units, school-based and library-based health centers.
    - Creation of Delaware's first four-year medical school with a rural health and primary care focus (target enrollment: Fall 2028). A memorandum of understanding was signed with a partner institution.
    - Increase NIH research funding, resulting in increased dollars per capita, jobs, improved health care.
    - Development of Graduate Medical Education (GME) programs across multiple healthcare disciplines.
    - Implementation of a real-time insurance verification and prior authorization IT system.
    - Launch of diabetes wellness pilot and food as medicine programs.
    - Development of a healthcare workforce data center to leverage SB 122 to its maximum capacity. The program aims to expand access, build a sustainable workforce, innovate care delivery, and improve population health outcomes.

Dr. Hockstein thanked attendees for participating in the Retreat and added it was valuable for the Commission to hear from them. He encouraged stakeholders with a table tent to engage in the Retreat sessions and to consider themselves "deputized healthcare commissioners" for the afternoon. There would also be a time for public comment during each of the sessions. In the interest of time, Dr. Hockstein added discussions may need to

be cut off to keep the meeting running on time, however, the Retreat is meant to be a jumping off point. There will be an opportunity to continue to engage in meaningful discussions after the Retreat so ideas can cross the finish line and reach legislators and regulators' hands. The Retreat sessions will focus on the quadruple aim: access, cost, quality, and provider well-being.

Session 1 – Access
Facilitator: DHCC Commissioner, Kathy Matt, Ph.D.

Dr. Matt opened the Access session highlighting healthcare workforce challenges and strategies:

Challenges:

- Workforce shortages and maldistribution are major barriers to access.
- Aging workforce and retirement of educators can compound challenges.
- Changing work patterns and roles (e.g., part-time work, administrative burdens) affect workforce capacity and alleviate healthcare professional burnout.
- Emphasis on data gathering and analysis through initiatives like the Delaware Health Force to better track workforce distribution and needs.

Strategies:

- Expanding clinical training and preceptorships.
- Increase in rotations (ie: nursing, residency, third and fourth-year medical students, pharmacy, physical therapy, speech) leveraging technology such as high-fidelity simulation training to supplement clinical hours.
    - Dr. Hockstein noted that the RHTP application will include opportunities to apply for preceptor funding, loan repayment funding, and for training funding.
- Enhancing healthcare workforce pipelines with scholarships, increased loan repayment, and stipends.
- Support for career ladder development from entry-level roles (CNAs, LPNs) to advanced practice providers.
- Nora Hoban (Mid-Atlantic Association of Community Health Centers) offered an online medical assistant training program that is self-paced with a structured career ladder around the program with a toolkit, currently being used in Maryland, for Delaware to consider.
- At University of Delaware, students enrolled for their bachelor's in nursing are automatically enrolled for the master's program upon graduation and are given a limited timeframe to determine if they want to pursue graduate education. Dr. Matt suggested this approach for CNA's to LPN's.
- Increasing diversity in healthcare professions
- Exploring interstate licensure compacts to attract out-of-state providers.
- Developing and supporting programs like mini-med school for high school students to inspire healthcare careers.

    - Beebe hospital hosted 75 students from targeted high schools in Sussex County and census tracks in Kent County. It was very successful and garnered a significant amount of interest.
    - Considering innovative models like healthcare high schools and health sciences campuses, with an emphasis on biomedical and health science education.
    - Chris Fraser (Westside Family Healthcare) suggested programs with technical schools have co-ops with medical assistance could be an option for Kent and Sussex Counties.
- Adoption of a program providing stipend to students who can acquire training and education in parallel allowing for increased readiness upon graduation
- Special focus on long-term care workforce, addressing shortages in CNAs, LPNs, and personal service assistants.

Mr. Quaranta mentioned the possibility of using underutilized schools and buildings for senior centers or senior housing.

Recognizing importance of community integration and retention, including support for families and quality of life factors. Acknowledging that spouses will require employment, prospective healthcare professionals seek schools for their children, childcare availability, and a community they feel included in.

Access to primary care is critical; however, spending is disproportionately higher on inpatient care.

Dr. Matt noted that Delaware is one of the states where nurse practitioners can run primary care clinics and felt this was an area that could be utilized to increase primary care.

Mr. Quaranta, in response to Kathy Neal's (Delaware Nurses Association) question about the role of demographics in planning, noted that adult workers who left the workforce because they didn't understand the career ladder, and older adult workers or retirees who can be recruited from out of state.

Joanna Staib (Delaware Workforce Development Board) noted that many school-age individuals make a pathway choice in 8th grade, and engagement with that generation is necessary in middle school before their pathway decision is made.

Legislative and cultural barriers exist; scope of practice expansion is considered necessary.

- Expanding scope of practice for Advanced Practice Clinicians (APCs) such as nurse practitioners, physician assistants, dental hygienists, and pharmacists is seen as a key solution to address access gaps.

Dr. David Tam (Beebe) commented advancement of electronic medical record integration statewide would standardize clinical practice pathways up and down the career ladder. He

also emphasized identifying a list of tasks that can be performed with clear standards established.

Need for training and certification pathways for expanded roles (e.g., virtual reality, simulation, online modules as accessible alternatives to traditional classroom learning) enabling progression to higher levels of responsibility.

Emphasis on team-based care models enabling providers to work at top of their license with collaboration and support.

Dr. Matt discussed exploring limited or special permits for recently retired nurses (within 3–5 years of last licensure) to allow them to contribute beyond volunteer work. Potential roles include mentoring, preventive care, and primary care support. Noted that other states, such as California, have introduced legislation enabling similar pathways.

Dr. Hockstein concluded the Access session recognizing Nichole Moxley with the DHSS Division of Public Health. In a new tradition at the Delaware Health Care Commission, he presented Ms. Moxley with a proclamation from the Governor. Dr. Hockstein read the proclamation aloud - hereby known to all that Matthew Meyer, Governor of the State of Delaware, is his sincere appreciation to Nicole Moxley for 30 years of distinguished service to Delaware and outstanding leadership in advancing rural health and primary care has improved access, equity, and outcomes for countless Delawareans. Dr. Hockstein also presented Ms. Moxley with a glass plaque from the Delaware Health Care Commission in appreciation for her many years of service.

Session 2 – Quality
Facilitator: DHCC Commissioner, Nick Moriello

DHCC Commissioner Nick Moriello opened the Quality session by highlighting value-based care and the AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model. He shared value-based care is trying to make a monumental shift from a system that's been many, many decades in the making of a fee for service-based arrangement, to one that looks more towards performance and body, in particular. and try to align incentives around things like efficiency and patient metrics with that high focus on quality. Mr. Moriello shared a few points on value-based contracts:

- Shift reimbursement from fee-for-service to performance-based payments, aligning provider incentives with quality, cost efficiency, and patient experience metrics.
- Value-based care models: shared savings, bundled payments, capitation, and performance-based incentives, and Accountable Care Organizations (ACOs)

Mr. Moriello posed to the question, when one thinks about how to increase quality and how to continue to move as a state in this continuum towards more value, what are some things that can be done? He shared there is an opportunity currently, the federal AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model, for the State of Delaware to consider. He added AHEAD is an opportunity for states to participate and collaborate amongst multiple organizations paying, whether that's the state as paying for Medicaid, the state as an employer of benefits for our workforce or private commercial employers. The AHEAD model has a strong focus on primary care – it incentivizes some investments in primary care and then looks at a population and the overall health of that population.

Discussion of the AHEAD model:

- Introduced by the Centers for Medicare & Medicaid Services (CMS) in September 2023 and still onboarding.
- A voluntary, 10-year state model emphasizing total cost of care and primary care investment.
- Offers federal resources but carries risks, such as long-term commitments and population-specific challenges. Dr. Hockstein noted in response to concern about the measurement period that the measurement period of 3.5 years retroactive. If hospitals are being paid well, they would be measured against that well-paid system. He also brought up a primary care model as a component of the AHEAD model, which can increase the amount of payments based on risk taken.
- Concerns about impact on Delaware's unique population dynamics, especially aging and rapid growth.
- Recognition that uninsured populations remain a challenge outside the scope of value-based models and is not resolved with the AHEAD model.
- Emphasis on integration of clinical and claims data to better measure outcomes and costs.
- Importance of population health management and upstream preventive care to improve quality of life and reduce costs.
- Brian Frazee (Delaware Healthcare Association) commented AHEAD has both pros and cons. Con – tenure commitment and significant risk in terms of limiting the growth. Pros – a significant amount of federal resources to the state.
- Emphasized need for customized Delaware-specific model leveraging learnings from other states, such as Maryland.
- Nora Hoban (Mid-Atlantic Association of Community Health Centers) encouraged primary care investment be prioritized to help with cost-savings for hospitals.
- Kristin Dwyer (Nemours Children's Hospital) expressed objection to the AHEAD model stating Nemours' global budget model is Medicaid focused but applied to the commercial population as well.
- Andrew Wilson (Division of Medicaid and Medical Assistance (DMMA)) expressed eagerness for the AHEAD model with the Medicaid population. He noted that it

could be customized for Delawareans and is confident it could work from the Medicaid perspective.
- It was also noted that the AHEAD model does include demographic and severity adjustments.
- Dr. David Tam (Beebe) suggested looking at what Maryland is doing – model it, test it, while they're going through it, and see what it would be like if Delaware were on it while they're doing it, and try to identify holes or things to make it better for Delawareans.

Dr. Hockstein moved to the break and asked to reconvene at 3:15 p.m.

Session 3 – Cost
Facilitator: DHCC Commissioner, Cheri Clarke Doyle

The third session of the Retreat was focused on cost. The segment was opened by DHCC Commissioner, Cheri Clarke Doyle. She first reflected on cost transparency and highlighted the website CostAware, a website developed in collaboration with DHSS/DHCC and Delaware Health Information Network (DHIN). She posted the question to think about value-based care and think about the data needed to determine how best to get to that – what data points does one need to use and how do you measure? Next, DHCC Commissioner and DHIN Chief Executive Officer, Dr. Jan Lee, commented on DHIN's unique capability with integrated clinical Health Information Exchange (HIE) and all-payer claims database allowing the matchup between claims data and clinical data generated during the episode of care.

- The Health Care Claims Database (HCCD) current claims data covers about 60% of Delaware residents, including Medicare and Medicaid but missing some employer self-insured plans and uninsured populations.
- DHIN's data quality checks and audits are rigorous to ensure accuracy.
- Potential for enhanced dashboards to inform policymakers, payers, and providers about cost, quality, and utilization.
- Federal funding supports ongoing development and maintenance with an enhanced 90% match for technology-related and design, development, and implementation projects, or 75% match for maintenance-related projects.
- Challenges remain in expanding data coverage and incorporating behavioral health data.
- Outcomes are long-term and when evaluated on a short-term scale, you will miss long-term benefits that aren't realized in a limited time frame.
- Kathryn Fiddler (TidalHealth) noted that most of Delaware health systems utilize EPIC and it is a large data program that could be leveraged on the clinical side and marrying that to the claims side to understand utilization.

The session then shifted to a discussion around Delaware's Certificate of Need (CON) and the Health Resources Board. The CON in Delaware has multiple inefficiencies and in need of modernization.

CON Concerns:

- Private equity and for-profit entities cherry-picking profitable patients.
- Workforce availability assurances in CON applications.
- Equipment cost thresholds that may be outdated.

CON Suggestions for Improvement:

- Increasing monetary thresholds for CON triggers.
- Removing low-cost equipment from CON requirements.
- Enhancing transparency around ownership transitions and mergers.
- Adding financial analysis expertise to the review board.
- Streamlining the application process for minor changes.
- Need to balance oversight with fostering access and cost containment.
- A recommendation was made that if an application is submitted, a resubmission to the board is not required if there are changes (e.g., number of beds or square footage).
- Interest was expressed in streamlining the process, citing House Bill 394 as a starting point.
- Consensus among discussion that equipment is not a good use of HRB resources.
- HRB should focus on consolidation, acquisition, nonprofit for profit in both directions and mergers.
- HRB could use a financial analyst

At approximately 4:00 p.m., Dr. Hockstein wrapped up the cost session and introduced the final session of the Retreat, Provider Well-Being.

Session 4 - Provider Well-Being
Facilitator: DHCC Commissioner, John Powell, M.D.

Dr. Powell kicked off the session by setting the stage – cementing Delaware as a healthcare talent destination. Providers face significant administrative and operational burdens, including mandatory training requirements that may not correlate with improved outcomes and restrictive scope-of-practice rules that limit efficiency. Well-being initiatives must focus on structural and operational reform, not superficial morale boosters.

The session highlighted:

- Payer Credentialing
- Expansion of Positive Prior Authorization Changes
- Targeted improvements such as 1) Create initial licensure visibility, and 2) Reimaging education & CME requirements

Prior Authorization successes noted but further improvements needed:

- Standardization.
- Electronic processing.
- Extending authorization durations for chronic medications.
- Extending authorization for medications with dosage changes
- Streamlining behavioral health and emergency care authorizations.

First State Health Leaders Alliance has done some work related to prior authorization and would be willing to collaborate on efforts related to prior authorization.

Chris Haas, Senior Policy Advisor with the Delaware Department of Insurance presented briefly on uniform credentialing highlighting legislative goals:

- Enhance onboarding and provider speed-to-market
- Uniformity in application to reduce administrative burden
- Require retroactive reimbursement
- Provisional credentialing
- Create access to processes, appeals, and a regulator

Credentialing process improvements:

- Secure online portals for applicants.
- Delegation options for application management (with limitations).
- Backlogs largely resolved, but communication and transparency issues persist.
- Credentialing emails by delegates create an issue during renewal process as the incorrect email receives the notice.

Next, there was a discussion of mandatory continuing education requirements, calling for:

- Modernized, accessible formats (e.g., podcasts, online modules).
- Reassessment of relevance and burden, including decreased clinical time and increased burnout (e.g., child abuse education for those professionals who never interact with children)
- Consideration of unintended consequences like workforce shortages from training time away.
- Recognition of the need for cultural shifts to embrace collaborative, inclusive healthcare teams.

Wrap Up/Next Steps/Adjourn

The DHCC retreat highlighted Delaware's proactive and collaborative approach to tackling complex healthcare challenges through data-driven strategies, workforce investment, innovative care models, and regulatory improvements. The successful implementation of the Rural Health Transformation Program, alongside workforce development and value-based care initiatives, promises to enhance healthcare access, quality, and sustainability

in Delaware. Ongoing stakeholder engagement and policy advocacy remain crucial for achieving these goals. This comprehensive dialogue demonstrated Delaware's commitment to reimagining healthcare delivery with a patient-centered, efficient, and equitable system for the future.

At 4:45 p.m., Dr. Hockstein provided closing remarks. He commented there are not many opportunities where 60 or 70 healthcare leaders, legislators, policymakers, and regulators are in the room at the same time – it needs to be done more often. More talking to each other, the more advocating on behalf of patients. Dr. Hockstein thanked everyone for attending and participating in the Retreat, especially on a Friday afternoon. He added the DHCC wants to work with and listen to the stakeholders and partners in the room, and advocate for the things that are important to the stakeholders.

Attendees

Name	Organization
Alexa Scoglietti	Delaware Department of Health and Social Services
Andrew Wilson	Division of Medicaid and Medical Assistance (DMMA)
Brian Frazee	Delaware Healthcare Association
Cheryl Heiks	Delaware Health Care Facilities Association
Chris Fraser	Westside Family Healthcare
Christina Bryan	Delaware Healthcare Association
Christina Haas	Department of Insurance
Cristine Vogel	Department of Insurance
Dava Newnam	Delaware Department of Health and Social Services
David Singleton	Diamond State Hospital Cost Review Board
David Tam	Beebe Healthcare
Donna Antenucci	ChristianaCare
Joanna Staib	Delaware Workforce Development Board
Jody Roberts	DE Division of Developmental Disabilities Services
John Goodill	DMOST Steering Committee Chair
Kat Rogers	TidalHealth (Director of Community Initiatives)
Kathleen Neal	Delaware Nurses Association
Kathryn Fiddler	TidalHealth (VP of Population Health)
Kevin Myers	Governor's office
Kristin Dwyer	Nemours Children's Health
Kyle Benoit	Bayhealth Medical Center
Lori Rhoads	Medical Society of Delaware
Louis Rafetto	DIDER
Mark Thompson	Medical Society of Delaware
Nichole Moxley	Division of Public Health
Nora Hoban	Mid-Atlantic Association of Community Health Centers

Omar Khan	Delaware Health Sciences Alliance
Ray Seigfried	Delaware State Senate
Sarah Stowens	Office of Lt. Governor Gay
Shauna Slaughter	Division of Professional Regulation
Shay Scott	Henrietta Johnson Medical Center
Shekelia Hines	DHSS/Division on Services for Aging and Adults with Physical Disabilities
Spiros Mantzavinos	Delaware State Senate
Stephanie McClellan	Delaware Nurses Workforce Institute
Tammie Kanich	DE House of Representatives - Minority Caucus
Tanisha Merced	Delaware Department of Insurance
Tim Gibbs	Delaware Health Force
Tracey Johnson	State of Delaware Division of Public Health
Susan Moore	DNHRQAC
Douglas Ditty	DSDS President
Adam Sydell	DSDS Member
Pamela Gardner	DHSA
Adrienne Wallace	DHA
Heather Patosky	Westside Family Healthcare
Kathryn "Kiki" Evinger	State Senate
Nicole Carrington	Delaware Outpatient Center for Surgery
Kristi Jensen	Surgery Partners
Maggie Norris-Bent	Westside Family Healthcare