



## **PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting**

**July 21, 2025**

**3:00 p.m. - 5:00 p.m.**

### **Meeting Attendance and Minutes**

#### **In-Person Collaborative Members Attending:**

##### **Name**

Dr. Neil Hockstein, Chair  
Steven Costantino  
Stephanie Hartos  
Cristine Vogel  
Jason Hann-Deschaine  
Michelle Deveren  
Kate Masino

##### **Appointment**

Delaware Health Care Commission  
Department of Health and Social Services  
Chair, State Employee Benefits Committee  
Department of Insurance  
Medical Society of Delaware  
Delaware Nurses Association  
Insurance Carrier, Designee for Kevin OHara  
(Highmark Delaware)

#### **Virtual Collaborative Members Attending:**

##### **Name**

Dr. Rose Kakoza  
Deborah Bednar  
Senator Bryan Townsend  
Maggie Norris-Bent

##### **Appointment**

Delaware Healthcare Association  
Insurance Carrier (Aetna)  
Senate Health & Social Services Committee  
Federally Qualified Health Center (Westside  
Family Healthcare)

#### **Collaborative Members Absent:**

##### **Name**

Representative Nnamdi Chukwuocha  
  
Andrew Wilson

##### **Appointment**

House Health & Human Development  
Committee  
Division of Medicaid & Medical Assistance

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

**Delaware Health Care Commission Staff:** Elisabeth Massa, Executive Director

**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**

Dr. Hockstein called the meeting to order at approximately 3:00 p.m. A quorum was present.

**Review and Approve PCRC June 23, 2025, Meeting Minutes**

The draft minutes were sent to the Collaborative for review in advance to the meeting. An updated draft was also sent incorporating edits from Cristine Vogel. Dr. Hockstein asked for a motion to approve the edited minutes. Ms. Vogel made a motion to approve, seconded by Steven Costantino. All members were in favor. The approved minutes are available on the [Delaware Public Meeting Calendar](#).

**Current State of PCRC**

Dr. Hockstein opened the meeting highlighting the current state of the PCRC, where things are headed, and opportunities for improvement. As background, Delaware faces a significant primary care shortage statewide. Increasing access to primary care is seen as essential to bending the healthcare cost curve, but it is acknowledged as a costly and some of the value-based care plans can be challenging to implement. The Health Care Commission is tasked with convening the PCRC and can develop recommendations to strengthen the primary care system, monitor the uptake of value-based care models, and advise on a primary care model.

Over the last 7 years it has been very challenging as the PCRC can not compel payers to adopt a particular model. It is therefore very challenging to implement one plan. Under SB120, covers only about 10% of the Delaware's patient population (around 44,000 people), which is insufficient to make a meaningful impact. The recent federal HR1 bill is expected to shrink this population further as subsidies are lost. Value-based care, intended as a mechanism to improve access and quality while controlling costs, has not achieved the intended results. Metrics used to measure impact are not effectively reaching providers, who do not feel the benefits of the investments.

Dr. Hockstein shared the medical loss ratio is increasing despite primary care investments and access to care is not.

## **Goals for Improving Access to Health Care**

Dr. Hockstein commented there is a consensus on the urgent need to improve workforce capacity by importing primary care providers, training more advanced practice nurses and physician assistants (PAs), and expanding Graduate Medical Education (GME) programs. The licensure process and making Delaware a desirable place to practice for all healthcare providers are critical areas under review by the DHCC Workforce Subcommittee.

## **Value-Based Care Strategies**

Dr. Hockstein commented when we improve value-based care, patients benefit and in the long term it will bend the cost curve. One of the challenges has been looking at Delaware's small population, however, Dr. Hockstein proposed one perhaps "flip the script" and maybe it is not a weakness and instead, one can talk to payers and stress the opportunities Delaware has as a small state to be a laboratory where we can try new things and ideally be a model for the country – could be a multi-payer strategy, AHEAD model, global budget, etc.

## **Discussion**

Dr. Hockstein opened the floor to discussion.

- Cristine Vogel agreed the PCRC has not been able to make the progress it had hoped. She stressed the critical need to focus on access as the key problem; without improved access, other benefits are limited
- Maggie Norris-Bent agreed the scope has been so narrow and PCRC has not been able to make a lot of change. She commented access and quality are paramount, however, one can does not have quality without access.
- Dr. Michael Bradley commented with regards to health care, he has been disappointed in leadership, the Governor, and previous Governor. He is interested in somehow improving the capture of more primary care physicians in the state. He shared the 12 residents in primary care from Kent this July are all leaving the state.
- Kate Masino noted Highmark's significant investment (\$37 million) in primary care and the challenge of using these investments to create real access.
- Stephanie Hartos asked Dr. Bradley is there was an exit survey that asked why the residents at Bayhealth chose to leave. Dr. Bradley shared he asked the same question but does not know and it would be a question to ask Bayhealth leadership.
- David Cruz encouraged addressing broader life factors affecting provider retention such as work-life balance, education, housing, and benefits. Dr. Hockstein commented Delaware needs to be a net importer of talents and to import talent.
- Dr. Rose Kakoza added she thought the slides presented at the meeting captured the challenges the PCRC has faced and was supportive of a new path forward and focusing on access. She shared successes at ChristianaCare in retaining some residents through proactive contracting and noted the importance of flexibility for new providers

- Susan Conaty-Buck emphasized the importance of recognizing and fairly compensating nurse practitioners and PAs, as well as increasing visibility and communication about PCRC efforts among clinicians.
- Ms. Norris Bent commented primary care access work is being explored by the DHCC Workforce Subcommittee.
- Ms. Vogel added the primary care investment component should remain intact.
- Lori Ann Rhoades agreed with Ms. Vogel's sentiments on not scratching SB 120
- Senator Townsend commented from a legislative perspective. There were unintended consequences of PCRC framework and not enough agreement amongst the Collaborative. DOI developed a framework proposal in May and June, but there was not enough time in the legislative session for it to move forward.
- Anthony Onugu added it is important to understand what did not work, what did work, what was impacted, what patient population was impacted, and what was never captured to help inform next steps.

Dr. Hockstein asked if there were any PCRC members that wanted to make a motion to develop strategies before the next full PCRC meeting to determine what the PCRC's next strategies should be and what can the PCRC recommend to the legislators. When session starts in January, is there something the PCRC can stand beside.

Ms. Vogel made a motion to convene that VBC workgroup. Second by Dr. Hann-Deschaine. All PCRC members were in favor and motion carries.

### **Public Comment**

Dr. Susan Conaty Buck added she has noticed there has been a lack of visibility with the PCRC. She stressed it is very important that primary care clinicians are recognized and paid the same. Also, there is a concern with patients who are going to need Medicaid or Medicare. Dr. Hockstein added DHSS is looking very closely at the potential federal cuts and impacts.

Lisa Gruss, Medical Society, asked who is on the VBC workgroup. Dr. Hockstein suggested emailing Elisabeth Massa if interest joining the workgroup to ensure adequate representation.

### **Adjourn**

Hearing no additional comments, Dr. Hockstein asked for a motion to adjourn. Motion made by Stephanie Hartos and seconded by Michelle Deveren. All PCRC members in favor. The meeting adjourned.

### **Virtual Public Meeting Attendees:**

Michael Bradley	MSD/MedNet
Brian Frazee	Delaware Healthcare Association
Donna Pugh	
Latoya Wright	DHSS

Kathryn Kleese	Nemours
Kristin Dwyer	Highmark
Pamela Price	DOI
Tanisha Merced	
Susan Conaty-Buck	
Lori Ann Rhoads	Medical Society of Delaware
Lauren Graves	ChristianaCare
Chris Haas	DOI
Sarah Owens	HMA
Faith Dyson-Washington	HMA
Craig Schneider	HMA
Laura Knorr	Aetna
Ainsley Ramsey	HMA
Brittany Danoski	Mercy Health
Berkley Powell	HMA
Cari Miller	Labcorp
Randall Fornwalt	Aetna
Manny Markantone	Highmark
Megan Werner	Westside Family Healthcare
Meredith Stewart Tweedie	ChristianaCare
David Cruz	Nemours
Saoirse Laing	AmeriHealth Caritas
Diana Santiago	Aetna
Erica Steele	Wilmington University
Donna Gunkel	UMUSA
Michelle Adams	Westside Family Healthcare
Cathleen Tinker	Aetna
Sheila Saylor	DHSS
Wayne Smith	
Lisa Gruss	
Anthony Onugu	
Kevin Myers	Governor's Office
Michelle MacDonald	
Meghan Walls	
Carling Ryan	Delaware Healthcare Association